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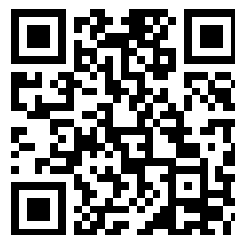
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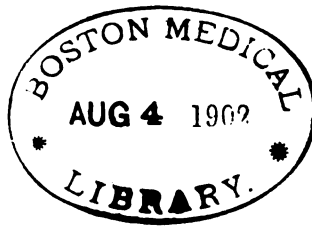
OF

MEDICINE AND MEDICAL AFFAIRS.

FROM JANUARY TO JUNE,

1902.

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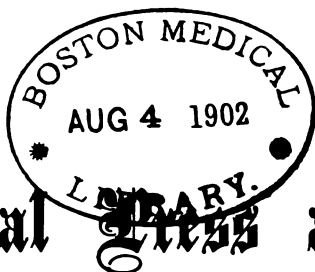
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GLYCOSURIA AND INSANITY (a)

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NOWADAYS, when it is freely asserted that many, if not most, forms of mental disease are due to toxic influences, sometimes rather remote, the study of states undoubtedly toxic, in their relation to morbid psychical phenomena, has acquired an added interest. To such states belong certain cases of glycosuria associated with insanity, of which an unusual proportion, some seven in all, have come under my observation during the past fifteen months, and these I propose to discuss briefly here.

Disregarding minute distinctions, such cases may be said to come under one of two heads, viz., those in which morbid mental phenomena have arisen in the course of glycosuria, which presumably gave rise to them, and those in which glycosuria developed as a symptom during an attack of mental disease, the former class being rare, the latter fairly common. It is not, indeed, unusual to meet with some mental depression and irritability of temper in persons suffering from diabetes, but in few do these phenomena advance to actual insanity. That they do so sometimes, however, has long been recognised, the typical form of psychosis being a mental depression which, as Maudsley (b) says, "is inclined to be of a whining and wailing character, tedious and chronic, largely hypochondriacal in its complexion." Of this uncommon "diabetic insanity" the following case seems to be an example:—

CASE I.—Married woman, *æt.* 43, admitted October 15th, 1900, suffering from simple melancholia. There was some neuropathic heredity. Though not robust, she had had no serious illnesses, but at the birth of her youngest child, about 3½ years before, there had been severe hæmorrhage, from the results of which she suffered for a long time. Menstruation was always normal, and she had three children, all living. For about twenty years, however, there had been an excessive flow of urine, worse at times, and of late a sweet smell had been observed from it; but her doctor was not informed, and no urinary examination was made. In her younger days she was of a cheerful disposition, but about eighteen years back she had had an attack of mental depression, and ever since similar seizures about twice a year, which, however, have been increasing of late in severity, duration and frequency. On two previous occasions the attacks were very severe (*i.e.*, after her marriage, and from fatigue and anxiety in nursing a sick relative), but she had never been in an asylum. The character of the attacks was always the same, viz.,

simple melancholia, accompanied by failure of memory, somnolence, dulness of the special senses, and constipation. During her pregnancies and for about three months subsequently she was always mentally well.

In the spring of 1900, during one of her ordinary periods of depression, she undertook some work in connection with the death of a relative, and though better while it lasted she afterwards somewhat suddenly became depressed and physically weak. Change of scene failed to bring mental improvement, though physically she became unusually strong and well for her, still, however, suffering from constipation and some insomnia. As she was restless and miserable, spoke of suicide, and once struck a relative in a fit of excitement, she was seen by Dr. Revington, who advised her removal to an asylum.

She was a tall, spare, pale woman, with a neurotic type of face, and looking fully her age. Mentally, it soon became apparent that she suffered from a weak and fretful depression, persistent but not very acute, and shown by restlessness and querulousness, constant questions in a whining tone as to whether "nothing could be done to make her more contented," and complaints of failure of attention, loss of interest in life, and of affection for her relatives, and the like. Her sleep was poor. Temperature subnormal. The pupils were found to react normally, and it may be said that the fundus oculi, when examined at a later date, showed no morbid appearances. The acuteness of the senses (except perhaps touch) was impaired. Both knee-reflexes were exaggerated. The heart was healthy, but blood-pressure was high (130 mm.). The lungs seemed healthy also, though there was some relative dulness of the right apex. The bowels tended to be constipated, but the appetite was large, and there was no special thirst. Micturition was frequent, and the urine on the day after admission was pale, *sp. gr.* 1018, and contained sugar. During the earlier part of her residence a sweetish smell was sometimes noticed from her breath. Treatment was at first merely tonic and directed to the relief of symptoms, especially constipation and insomnia, the latter of which yielded to moderate doses of equal parts of sulphonal and trional, which were given nightly, the dose being gradually lessened until after six or seven weeks it could be dispensed with altogether. At first an attempt was made to influence the mental state through the blood-pressure, by giving erythrol tetranitrate, but without success. Nevertheless, some slight improvement soon began to be perceptible, and in ten days she was looking better and had gained a little in weight. On November 25th the urine, which measured 40 ozs. for the twenty-four hours, contained a trifle over ½ oz. of sugar, and on the 30th she was put on anti-diabetic diet, though carbohydrate food was not entirely stopped. Micturition had previously become less frequent, and mental improvement speedily manifested itself, the patient becoming less depressed, and losing her whining ways. On November 8th the quantity of urine had fallen to 26 ozs., and on the 9th it was 30 ozs., the amount of sugar present on the latter date being only .09 oz. Six days later the patient rather suddenly brightened up and became cheerful and contented, and from this time (with the ex-

(a) Read before the Medical Section, Royal Academy of Medicine, Ireland, Dec. 15th, 1901.

(b) "Pathology of Mind," 1895, p. 118.

ception to be presently noted) she continued so, showing indeed, perhaps, a little reactionary elation. Her physical health was also good, but she lost weight considerably during the first fortnight under antidiabetic diet, after which she slowly regained it. On November 27th the twenty-four hours' urine measured 31 ozs., and contained an infinitesimal amount of sugar, which had completely disappeared by December 5th, though the quantity of urine had increased to 50 ozs. On December 6th the diet was somewhat relaxed, but four days later the extra carbohydrate was reduced again, as there was a slight return of the feeling of weariness and also of the quernulousness, while at the same time a good deal of sugar reappeared in the urine. The mental change was noted, however, before the diet was altered. By December 11th the patient was better again, while the amount of sugar had diminished to a mere trace, the quantity of urine being 33 ozs., and on the 13th, the morning urine was found to contain no sugar, while after breakfast there was a trace, and at 5.30 p.m. a little more, the specific gravity rising from 1011 to 1026. On the 18th the urine measured 52 ozs., and was free from any appreciable amount of sugar, and the patient was physically well, and mentally bright and cheerful. Blood pressure had fallen to 90 mm.. It should be said, however, that some enlargement of the liver was detected on this day, but this had not previously been looked for. On this date she was discharged. During her residence menstruation was regular and normal. Since leaving she has persisted with the special diet, and I have recently been informed that she has steadily improved, and has gained in weight, while the urine, whenever examined, has been free from sugar. On three occasions there were signs of slight depression, but notwithstanding this her own opinion is that she has not been so well for twenty years.

We have here, therefore, a history of polyuria and recurrent melancholia running contemporaneously over many years, with general debility, the melancholia being of the type characteristic of diabetic insanity. In a severer mental attack sugar is found, and with the disappearance of the sugar under treatment the mental symptoms recover, returning slightly with recurrence of the glycosuria, to disappear again as it diminished. Lastly, persistence in the treatment has produced a continuance of physical and mental health such as the patient had not enjoyed for a long time, and this has lasted for nearly a year. It therefore seems probable that this is a case of very chronic diabetes giving rise to mental symptoms, although it must be admitted that some of the phenomena are unusual, such as the long duration (especially as the disease began in youth) and the absence of sterility; while the non-examination of the urine previous to admission unfortunately precludes absolute certainty. Interesting points in the later attack are the small quantity of urine passed, and the blunting of the special senses, especially that of taste.

The remaining cases may be more briefly dealt with, as they all probably belong to the second class, that in which the glycosuria is merely a symptom of the insanity, or rather of the disorder of the nervous system underlying it. In the first two cases, however, there appeared to be a definite relation between the glycosuria and the mental symptoms.

CASE II.—The first is that of a man, *æt.* 34, without known neuropathic heredity, who was admitted last May, with the following history. He had an attack of mental depression seven years before, since when he had worried a good deal about a scarcely noticeable facial deformity, imagining that people observed it and blamed him for causing it. A second attack of depression had followed influenza, and the present one developed after what appears to have been influenza also, about two months before admission. He manifested marked suicidal tendencies, which were the cause of his removal to an asylum, and the mental pain was acute at times, but his mind could be diverted from it by cheerful surroundings. His bodily health was good,

and the organs sound. The pulse was 56, the blood-pressure high, tongue furred, bowels constipated. The knee reflexes were increased. The urine was pale, of high specific gravity, and contained sugar, and he said that sometimes the quantity was large. Thirst was not complained of. The diagnosis was an attack of acute melancholia grafted on a mildly delusional state of mind, and the treatment was tonic with attention to the bowels and sleep, substitution of saxon for sugar in his diet, and as much amusement and occupation as possible. The sugar disappeared from the urine in about a month, the depression coincidentally dwindling. A fortnight later he was discharged, the melancholia being practically gone, though he still worried a little about his fancied deformity. Blood-pressure was normal. After leaving he went for a prolonged change to various places of resort, continuing to improve (though he soon dropped the treatment), and I heard three or four days ago that he was doing his work, and was in excellent health. The urine when examined a few weeks after his discharge contained no sugar.

I am inclined to think that in this case both the mental symptoms and glycosuria were the result of the influenza, but that the latter may have had a prejudicial effect in increasing and keeping up the former.

CASE III.—The next case was that of a man of 77, of splendid physique, and very sound for his age. Fourteen years before he had received a blow from a block on the back of his head, and six months later was seized with an attack of mental depression accompanied by religious delusions, from which he recovered in about two months, remaining well mentally since. General health was good, but he had suffered from phlegmon of the leg about five years before, and the veins of both legs were thrombosed. He had been unusually quiet during the winter, but in the middle of February was suddenly seized with depression, accompanied as before by religious delusions. He was admitted about a month later, and was then acutely melancholic and delusional. Physically there was little abnormal, but the urine was of high specific gravity, and contained a trace of sugar. Blood-pressure high, pulse 84. The treatment, as before, was mainly general, but after a time sugar was withdrawn from the diet. After a few days he began to improve mentally, and he was discharged practically recovered in about six weeks, the sugar being then reduced to the least possible trace. He has since remained well.

It is just possible that in these cases the glycosuria may have preceded the mental symptoms, being caused in the former by toxic influence, in the latter by some slight injury to the cerebellum or medulla; but the data are quite insufficient to lend any colour to this theory, and the previous physical health of the patients is against it.

The remaining cases, four in number, only gave evidence of glycosuria on isolated occasions, and there is, therefore, no difficulty in classifying them. They are as follows:—

CASE IV.—A case of paranoia, with delusions of suspicion and persecution, in a man, *æt.* 32, who is morose, ill-tempered, and generally depressed. Albumen was found in the urine several times, but sugar on two occasions only—on May 27th and 30th last, at a time when his delusions were unusually rampant. He had also a prejudice against meat at this period, and was, therefore, living largely on carbohydrates. He always takes a good deal of fluid.

CASE V.—A case of subacute mania of nine months' standing in a girl of 27, with a tendency to stupor. Her urine reduced Fehling's solution on one occasion shortly after admission (in Dec., 1900), and there was a trace of sugar again ten days later. Slight traces of sugar were again detected in April and May, by which latter month the patient had practically recovered, but it had disappeared again before her discharge. The quantity, though always minute, increased somewhat after thyroid treatment, possibly owing to the milk diet given. [The treatment itself, however, may have been partly or

wholly responsible.] She has remained well since leaving, and gained in weight.

CASE VI.—An attack of acute mania, with stupor, and delusions of an unpleasant type, in a female paranoiac of 33. A trace of albumen and some sugar were present on June 5th last. On the 8th the total quantity of urine was only 14½ ozs., sp.gr. 1030, and it contained albumen and a trace of sugar (4½ gr. in all). The sugar had practically disappeared by June 13th, and was not again found. Blood-pressure was high, but fell with improvement, and she made a good recovery from the acute seizure in about four months.

CASE VII.—The last case was one of acute confusional insanity of about two and a-half months' duration in a girl, aged 29, admitted November 1st. There was a trace of sugar on admission, and also of albumen, while on November 4th, when the quantity of urine was 24 ozs., sp.gr. 1022, the albumen had disappeared, but there was still a trace of sugar. On December 1st sugar had disappeared, and the urine was otherwise normal except in quantity, which was 80 ozs. There has been no return of the glycosuria, but the patient is still passing a large quantity of urine (81 ozs. on the 11th). Blood-pressure was high at first, but has fallen considerably, and the patient is otherwise progressing favourably.

Taking all the cases together, it will be seen that their predominant characteristic was mental discomfort in varying degree and kind, except perhaps in one case (the fifth) where the glycosuria was so slight as to be negligible; and correspondingly the blood-pressure was high whenever taken during the acute stage. This association of glycosuria with melancholia was found by Dr. Leeper (a) also in three cases which were published by him recently, and corresponds with the more extended observations of Emil Raimann (b) and others, so that the connection must be essential. In cases of true diabetic insanity the form of the melancholia is that characteristic of cerebral anaemia, and if this be taken in conjunction with the atrophic character of the secondary morbid changes found in diabetic brains, it becomes clear that the mental symptoms are due to cerebral malnutrition, in whatever way this may be caused. It follows also from this that persistent glycosuria, or rather glycaemia, even if it be of secondary origin, is not unlikely to act injuriously on the nervous centres. As to the origin of the sugar in this second class of cases, it is highly probable that Raimann is right in considering it of alimentary origin, and due to a deficiency in the capacity of assimilating sugar (a deficiency which he has found to exist in the highest degree in melancholia, though also present in acute confusion and some other forms of insanity) and which is merely a part of the general disorder of metabolism in the insane.

In conclusion, it may be pointed out that glycosuria is not necessarily a symptom of bad prognostic import in insanity, as five out of my seven cases made good recoveries, and one more is in a fair way to do so, while the remaining case is for other reasons hopeless.

HEMICHOREA AND PAROTITIS COMPLICATING A CASE OF DIABETES. (c)

By GEORGE PEACOCKE, M.D., F.R.C.P.I.,
Assistant Physician, Adelaide Hospital, Dublin.

ON April 29th of the present year a man, æt. 64, was admitted to the Adelaide Hospital under my care. He stated that his present illness began about two months previously with loss of appetite, great thirst, and increased flow of urine. He had also lost

about five stone in weight during this period. Diabetes was suspected as the cause of his trouble, and an examination of the urine confirmed the diagnosis. Quantitative analysis of the urine by Fehling's solution showed on May 2nd 2·7 ozs. of sugar per diem, the amount of urine passed being 89 ozs. A subsequent analysis gave 9 ozs. of sugar per diem, the amount of urine passed being 100 ozs.

From the outset he seemed an unfavourable case, drowsiness, at times almost approaching coma, was a marked symptom throughout his illness, and he died on May 28th, just four weeks after admission to hospital.

On May 4th it was noticed that his left arm and leg were in almost constant movement. These movements were choreiform in character, irregular and purposeless. Their severity altered at different times—emotion always made them worse. So severe did they become that it was practically impossible without constant watching to keep the clothes on his bed and an acute eczema of the legs resulted, mainly, I think, from the constant friction of one limb against the other. By a strong effort of will he was able to control these movements for a few minutes, but they soon returned again. They ceased during sleep. I first tried chloral, bromide of potassium and tincture of hyoscyamus without any effect, then hypodermics of hyoscyne with a similar result.

On May 8th I gave 10 minim doses of liq. arsenicalis every eighth hour, and that night he had 20 grs. of trional, partly to procure sleep and also in the hope that it would have a directly beneficial effect on the chorea.

The following day there was a decided improvement in his condition, the arsenic was continued and he was given trional every night. The movements ceased entirely on the 13th May. Whether this result was due to the arsenic or to the trional is open to question. The value of arsenic in the treatment of chorea is well known. Trional has, as yet, been seldom employed.

In the *British Medical Journal* of November 2nd, 1901, Dr. Meade records a case of acute chorea in a lady, æt. 25, who was six months pregnant. Her symptoms, which were severe, had resisted treatment by arsenic and bromides. When trional was given 25 grs. at night and 15 grs. the following morning improvement rapidly followed, and by June 1st, or ten days after the first administration of the drug, her condition was so much better that only 12 grs. was given at bedtime, and this was discontinued a week later.

Last January a girl, æt. 11, was admitted to the Adelaide Hospital under the care of one of my colleagues. She was suffering from acute chorea, and the ordinary sedative drugs were tried without success. I advised the use of trional in 3 gr. doses every fourth hour. Improvement rapidly followed, and the drug was discontinued a fortnight later, all the choreic symptoms having subsided.

In the "Medical Annual" for 1900, Dr. Adams has a short note on the use of sulphonal and trional in chorea. He considers the latter drug more preferable, and is also of opinion that it is more useful than the drugs of a sedative nature that are usually employed. I have as yet had few opportunities of testing the value of trional in the treatment of chorea. My experience so far will, however, lead me to give it a further trial when a suitable case comes under my care.

The occurrence of chorea in a man over sixty is a rare event. The types of chorea known as Huntington's chorea and senile chorea, which occur in patients passed middle life, are chiefly characterised by their chronicity, the former being incurable and showing a strong hereditary tendency

(a) *Journ. of Ment. Science*, October, 1901, p. 758.

(b) *Wien. Klin. Woch.*, No. 21, 1901 (*B.M.J. Epitome*, November 9th, 1901, p. 73).

(c) Read before the Medical Section, Royal Academy of Ireland, Dec. 13th, 1901.

Recovery from the latter occasionally occurring after months or years, treatment having apparently little or no effect on the result. The present case is evidently not an example of either of these forms; can we regard it as pathologically related to Sydenham's chorea? Little that is certain is at present known of the pathology of this affection. The embolic theory so long held, especially by English writers, is now rightly discarded, as there is no evidence pathologically to support it. Many consider that it is merely a functional brain disorder, an instability of the nerve cells, and instance in proof of this those cases which occur as the immediate result of some sudden fright or violent emotion.

Whilst others account for the symptoms by the action of some toxic agent, the result either of an altered blood state or of some infective organism introduced into the system from without. In favour of this view it has been urged that both rheumatism and endocarditis, which so commonly occur in association with chorea, have their origin in a common cause—some infectious agent, that cases are frequently met with in the course of the infectious fevers, notably scarlet fever (according to Ross), in puerperal fever, and also after gonorrhœa.

Denne records a remarkable case which appeared after the use of iodoform in a fistula connected with caries of the cervical vertebra, the symptoms of which ceased when the iodoform was suspended and returned on resumption of the treatment. The poisons which circulate in the blood in diabetes can produce a profound effect upon the nervous system, the occurrence of coma, of peripheral neuritis, of toxic amaurosis are sufficiently striking examples. May they not also in other cases so act on the nerve cells controlling the motor apparatus as to cause symptoms, such as occurred in the present case, symptoms that were at any rate clinically identical with those of chorea.

The second complication which occurred in the present case was parotitis. On May 11th I first noticed a swelling over the parotid region on the right side. At first this seemed to give little trouble, but as it increased in size it became tender and gave rise to considerable pain. It was not until the 16th that there was any elevation of temperature, and then only a very slight one. During the last few days of the patient's life the temperature varied between 100° and 101.6° —the latter being the highest recorded. When it appeared to me that a suppurative process was going on in the gland I asked Mr. Gordon to see the case with me, but owing to the patient's general condition, and also to the fact that no part was specially presenting, no surgical interference was attempted.

I can find no mention of a similar condition occurring in the course of diabetes, nor can I offer any explanation of its cause in the present case. Apart from specific parotitis or mumps, inflammation of the parotid gland has been observed in the course of the infectious fevers, typhus, enteric, pneumonia, pyæmia, &c., and in connection with injury or disease of the abdomen or pelvis. Of 101 cases collected by Stephen Paget and mentioned by Osler, 10 followed injury or disease of the urinary tract, 18 were due to injury or disease of the alimentary canal, and 23 were due to injury or disease of the abdominal wall, the peritoneum or the pelvic cellular tissue. One gland only is usually attacked, and in 78 cases in which the termination is recorded 45 suppurated and 33 resolved without suppuration.

That in many cases the origin is septic there can be little doubt, and when occurring in the course of pyæmia the condition is usually regarded as metastatic. In others it may possibly arise from irritants which proceed from the decomposition of matters

retained in the mouth and gain access to the gland through Steno's duct, or as the result of dryness of the buccal mucous membrane leading to an obstructed state of Steno's duct with decomposition of the retained salivary secretion. "For such an opinion," says Hilton Fagge, "there seems to be no sufficient foundation." Whether the presence of diabetes had any direct influence in the production of parotitis in the present case I must leave to others more competent to form an opinion than I am; its relation to the choreic symptoms, though obscure, seems perhaps more intelligible. The occurrence of two unrecorded complications in the course of the disease is at any rate a matter of some curiosity, if not considerable interest.

NOTES OF A

CASE OF CÆSAREAN SECTION. (a)

By ANDREW J. HORNE, F.R.C.P.,

Examiner in Midwifery, Royal College of Physicians of Ireland,
Master of the National Lying-in Hospital, Dublin.

Of the many absorbing topics of medical literature of the many changes in the art of surgical treatment made in the two last decades, and of the many glorious achievements attained in this period under aseptic and antiseptic methods, to the obstetrician the surgery of the uterus, when complicated with a living fœtus at or near the full term of pregnancy, is the most interesting and important subject he may be called upon for his opinion. In drawing your attention to the subject of Cæsaean section this evening it is not my desire that any very special inference is to be drawn from the case I report, but my desire is simply to put it on record among the Transactions of the Obstetrical Section of the Royal Academy of Medicine in Ireland; secondly, my desire is that it may bring forth a discussion from the members present; and last, my desire is to thank Dr. Elizabeth Massey for the notes; also for her promptitude in bringing the case into hospital I chiefly attribute the success. Mrs. T., æt. 23. Second pregnancy. Was admitted into the National Maternity Hospital, at 11.30 a.m., on Sunday, July 21st, 1901. She was born in the North, and was considered a weakly child in her first years. She was reared in a chair, as she had not the use of her legs, until she was five years old. First labour, October, 1898, took place in the Rotunda Hospital. Patient was in labour some ten hours, when, after a prolonged instrumental delivery, a dead fœtus was extracted. Her last menstruation was on October 22nd, 1900. At 6 a.m. on Sunday, July 21st, the membranes ruptured. At 10 a.m. she was visited by Dr. Elizabeth Massey, and she diagnosed a highly contracted pelvis, and had the patient at once removed to hospital. I saw her at noon. Examination.—The patient was small, delicately built. Height, 4 ft. 4 ins. Measurement from crest of ilium to sole of foot, 29 ins.

From symphysis pubis to umbilicus $6\frac{1}{2}$ inches.

From ensiform cartilage to umbilicus ... 9 inches.

From left ant. spine to umbilicus... 9 inches.

From right ant. spine to umbilicus ... 9 inches.

From ant. sup. spine to other in front ... 12½ inches.

Around pelvis at head ant. spine ... 32½ inches.

From symphysis pubis 2 x 1 to middle of spine ... 13 inches.

Internal.—From promontory of sacrum to lower angle of symphysis pubis, 2½ inches.

The cervix was dilated to about the size of a florin, the head of the child could be felt above the brim. On external palpation it was movable. Back of fœtus to the left. The heart sounds were audible immediately below the level of umbilicus, and to the left about 140 beats to the minute. I at once telephoned to the

(a) Paper read and patient shown before the Royal Academy of Medicine, Ireland, December 20th, 1901. Discussion will be found under Meetings of Societies.

Rotunda, and have to thank Dr. Lloyd for having supplied me with the particulars of her previous delivery, and as the measurement of the pelvis corresponded with my own, I decided on performing Cesarean section, the mother having previously expressed the desire that her child should be born alive.

Operation.—At 3.30 p.m. patient was placed under chloroform by Dr. Massey, when ether was substituted, assisted by my colleague Dr. Barry. An abdominal incision was made, extending from three inches above umbilicus to two inches of symphysis pubis. The uterus was delivered through the abdominal wound, which was temporarily united behind it. An incision was made through the uterine wall, commencing high up at the fundus but avoiding the lower uterine segment. The placenta was in front and was rapidly cut through; bleeding was at once profuse. The child was seized by the buttocks and extracted, the head followed without any difficulty. The infant, a female, at once cried out. The assistant's hand grasped the uterine edges until I applied an elastic ligature. The placenta was detached without difficulty. The uterus contracted well, hot sterilised towels being applied, the wounded surfaces were brought together by means of six deep sutures and four superficial silk sutures. The abdomen was closed likewise, using silk for the deep sutures and silkworm gut for the superficial. The operation lasted forty minutes, the patient leaving the table in good condition. Pulse 105.

The child, a healthy girl, weighed 7 lbs. The progress of the case was most satisfactory. Pain was experienced for only some four hours after operation, which was relieved by $\frac{1}{2}$ gr. of morphia hypodermically. Thirty hours after delivery she was given 5 gra. of calomel, during that night she vomited on four occasions what was described as dark, bilious-looking matter. The bowels were moved by an enema of soap and water to which a teaspoonful of common salt was added. The further convalescence was uneventful. The mother was able to suckle her child. She sat up on the twenty-first day, and left the hospital on the thirtieth day after operation. The three important questions I had to decide on my first visit to this patient were:—First, should I allow the labour to proceed, with the object of giving nature a chance of so moulding the head, that I might eventually deliver by means of forceps or symphysiotomy; secondly, should I perform a Porro's operation; or finally, a Cesarean operation. I chose the latter for two reasons—namely, the mother was most anxious a living child should be born, and knowing the result of her previous labour, besides the most important condition that there had been no examination previous to her admission to hospital. The important points to my mind of this case, and upon which I would like to have the opinion of this Section of the Academy, are in connection with the uterine incision, whether one should adopt what is known as the classical anterior incision, or longitudinal, or the transverse incision as recommended by Fritsch. Recent authorities, notably Schroeder, are much in favour of the latter. The advantages he claims: When made on a woman in the Trendelenburg position this incision allows the waters to escape over the thorax of the patient; the peritoneum is thus exposed to far less risk of infection. Moreover, it is the best way to avoid the placenta, and finally, as the incision is parallel to the vessels of the fundus, it is not followed by more hemorrhage than the longitudinal one; in fact, among ninety-four cases of the transverse incision, Schroeder has only found fourteen in which any considerable hemorrhage at the time of the incision is recorded, and in most cases it is stated that the bleeding ceased when the uterus contracted. Again, by the incision of Fritsch a more rapid extraction of the fetus is accomplished. By it one almost invariably comes upon one end of the child, either the head or the breech, by the longitudinal incision upon the trunk. When the fetus has been removed it is perfectly easy to inspect the whole of the uterine cavity down to the lower segment. Objection has been made that the transverse incision is likely to be followed by adhesion to the intestine, but in a paper published in the

Centralblatt f. Gyn., 1899, by H. Ludwig, of Vienna, in two Cesarean operations on the same woman the uterus was opened by a transverse incision through the fundus, and the child extracted alive. The result of the first operation was blameless in so far that the adhesion to the uterine cicatrix was only evident through the old silk suture.

I shall not discuss the Cesarean operation in its relations to other operations, such as symphysiotomy, craniotomy, and the Porro's operation, as the time at my disposal is too limited, even if I had the desire. We cannot, however, shut our eyes to the fact that the Cesarean operation is gradually being restored to a position not unlike that of ovariectomy, so that we can speak with confidence, as a rule, to a favourable result. No longer shall we be confronted with the words or saying:—"Spare the mother, no matter about the child." The dangers attending the Cesarean operation ought not to be as great, certainly not greater, than an ovariectomy, but students must be more fully instructed in the recognition of degrees of pelvic obstruction, so that it will not be necessary for the obstetrician to learn through delay, or through failure with forceps version or craniotomy, that a Cesarean section is demanded. I shall not touch on eclampsia, placenta previa, prolapsed cord, &c., on the light of these forming the most recent indications for Cesarean section. In the performance of Cesarean section our motto should be: Operate early, delay is fatal.

GALL-STONE ILEUS. (a)

By H.R. KAREWSKI,
Of Berlin.

IN general the passage of the gall-stone *per vias naturales* was the most desirable. But sometimes this process caused great danger by inducing blocking of the bowel. The number of cases of ileus from this cause was not large, so that histories of the kind were desirable. Then again, the views as to treatment were decidedly antagonistic, viz., as to whether cases should be treated expectantly or by prompt operation. If Rehn removed calculi from fear of subsequent obstruction, Naunyn was inclined to wait. The group of symptoms of gall-stone ileus was very peculiar, and did not lend itself to the formation of a diagnosis. There was no simple process, no simple obstruction ileus. From numerous observations it was ascertained that the ileus was not dependent on the size of the stones, and stones of a size relatively small might, under certain circumstances, set up fatal ileus, whilst on the other hand large concretions might be passed without trouble. The cause of this difference lay by no means in a narrowing of the lumen of the bowel. Moreover, ileus only exceptionally followed the entrance of the stone into the bowel immediately, it had generally been in the intestines for some time, and the patient in many cases had never before suffered from symptoms of cholelithiasis, or had only had them years before. Under these circumstances an explanation of the course of events was difficult; and treatment was also proportionally so. A change or a temporary cessation of the symptoms was also common. Then came the question how ileus was set up, and what diagnostic factors could lead us to a recognition of it? The communication of some observations might lead to an answer to the question.

Case 1.—In December, 1899, a man, æt. 56, was admitted into hospital with violent colic and vomiting that could not be arrested by morphia, &c. Twenty hours later feculent gases were expelled by eructation; though the bowels had been open. After injection of two litres of water copious evacuation took place, whereupon the threatening symptoms subsided. Five weeks later the symptoms returned after a heavy meal, with vomiting of food, then of bile, and lastly of intestinal contents. By washing treatment and morphia subcutaneously and injection the symptoms again receded in thirty-six hours, and in April, 1899, a large gall-stone was voided per anum.

(a) Read before the Society für Innere Medizin, Berlin.

Case 2.—A lady, *æt.* 73, was attacked with vomiting and severe pain in the gastric region on January 10th, 1894. The vomit was *fecal*, no stool, nor flatus. Four days later a motion was passed, but there was still violent pain; a hardness could be felt to the right, and fever set in. A tumour the size of a child's hand could now be made out distinct from the liver. On account of the serious condition of the patient operation was decided upon; an incision made over the site of the tumour, an abscess was found, and within it a large gall-stone. Complete recovery. The patient stated that fifty years before she had suffered from spasm of the stomach. Had the stone escaped then?

Case 3.—A woman, *æt.* 37, in a poor state of health, suffered from gastric pains and vomiting. For about two years there had been intestinal stenosis, with strong peristaltic movements mostly to the left of the navel, and here some resistance could be felt. At times the patient had had foul smelling vomit and complete ileus, but she had always improved under expectant treatment. He first saw her on November 1st, 1897. Perforating gastric ulcer was first thought of, but the resistance was too deep for that, the patient had also had slight jaundice, so a diagnosis was arrived at of purulent cholelithiasis and passage of a gall-stone into the bowel. Operation was decided on, and extensive adhesions of loops of intestine were found, and on the left an old abscess cavity, at the bottom of which lay two gall-stones, each the size of a hazel nut. The intestinal stenosis was caused by kinking of intestine due to the adhesions. The patient did well.

Case 4.—A woman, *æt.* 60, had for twenty-two years suffered from attacks of pain under the left ribs with bilious vomiting; she was thought to be neurotic. Three years ago she had an attack, and underwent treatment in Wiesbaden. A year ago she had another violent attack after influenza. Improvement took place, but from that time she always vomited after food. In September last, after supper at a restaurant, she had profuse vomiting and severe colic in the left and upper abdominal region, and twelve hours later *fecal* vomiting. The abdomen was distended, and in the region of the navel was a sausage-shaped hardness. After rectal irrigation some improvement, but the *fecal* vomiting returned, and the patient became collapsed. Laparotomy was performed, and the hardness was found to be a loop of intestine filled with calculi. As the vomiting continued after removal of the stones, the stomach was washed out, when (thirty-six hours after operation) the vomiting ceased, and in another twelve flatus was passed. Then uninterrupted recovery.

Case 5 (from the practice of Hr. Wiesenthal).—A gentleman of fifty-four had suffered for years from attacks of pain under the right ribs, with icterus and vomiting. In such an attack the vomit was black; there was great meteorism, notwithstanding the passage of flatus. High oil enemata and aqueous irrigation gave no help and the patient died, and the autopsy revealed a large gall-stone above the ileo-cæcal valve.

The great variety of the symptoms that might appear were illustrated in the cases given. Only in about 5 per cent. of cases in which gall-stones were found after death did symptoms appear during life. It must not be assumed that large gall-stones could pass through the duct into the bowel; it could only be by ulceration preceded by adhesion. It was more favourable when the stone passed in this way into the colon, but even in such a case occlusion has sometimes occurred. The usual course, however, was into the duodenum. Blocking of the bowel by the stone was favoured by certain factors. First, was the unfavourable relation as to size—all intestines were not of the same size, and stones that would pass through some could not through others. The lumen also diminished in size as far as Banhini's valve, and blocking could easily take place in the lower parts. Other circumstances also favoured occlusion. A loop of intestine might be dragged down into the pelvis, and fixed by the weight of the stone, or the stone might become encapsuled, or contraction of the walls might be set up. Small stones were repeatedly the cause of disturbance. Mostly ileus was set up by inflammation. Irritation of

the bowel might set up contractions, and although by paralysis of the bowel the stone might be allowed to pass on, peritonitis might follow with its consequences. A decided diagnosis was very difficult. Diagnosis might be aided by: the advanced age of the patient, the female sex, the variation of the symptoms between ileus and a patent bowel, the high seat of the obstruction, and the unusual retention of the patient's vital powers.

As regards treatment, the usual remedies were sometimes successful, sometimes not. The attempt had been made to prove by statistics that the expectant mode of treatment was the better. But such statistics were not decisive because many of the cures among them would certainly not have been submitted to operation by the surgeon. If statistics of the last ten years were taken they would be in favour of operation. The operation was not a big ore by itself. If treatment by drugs, &c., did not give relief quickly operation should be proceeded with; this permitted of certain diagnosis and removal of the block. He therefore recommended operation when grave symptoms were present, and this should not be deferred too long.

Transactions of Societies.

HARVEIAN SOCIETY OF LONDON.

MEETING HELD THURSDAY, DEC. 19TH, 1901.

Dr. H. A. CALEY, Vice-President, in the Chair.

INFANTILE SCURVY SIMULATING ACUTE EPIPHYSITIS.

DR. E. CAUTLEY showed a patient, a female, who was born on December 13th, 1900, and came under observation on December 2nd, 1901. She was the fourth child. Two had died in infancy from diarrhoea. She was fed on cow's milk and barley water during the first two months of life, and since then on condensed milk and barley water, with the addition of "Brighton Biscuits" at the age of five months. The history of the dietary is not very reliable. The left arm and shoulder had been swollen for two weeks. The child was pale, ill, and cried when moved or touched. Four teeth were out, and the two upper lateral incisors showed signs of eruption. The lower gums were normal, but the upper gums, round the teeth, were swollen and dusky red in colour. There was extensive swelling of the left shoulder, extending half-way down the upper arm. The swelling seemed to be in front of the joint and under the periosteum of the humerus. There were moderate signs of rickets, beaded ribs, and enlargement of the epiphyses, especially of the knees, which were much swollen above the condyles, and very tender. Exploration of the shoulder confirmed the diagnosis of scurvy, pure blood being obtained. In the course of two days the swelling extended down to the elbow. The child made a satisfactory recovery under anti-scorbutic diet, without drugs, but still presented considerable thickening of the left humerus, especially of the lower half. Pyrexia was slight and irregular.

Dr. C. A. SUTHERLAND suggested the possibility of fracture, secondary to the scorbutic condition, causing the thickening of the lower part of the humerus. He recommended that a skiagram should be taken. The fact that the upper arm still showed considerable immobility was to some extent in favour of this suggestion.

The CHAIRMAN remarked on the rarity of the condition simulating an epiphysitis in the upper arm and on the vertical extent of the thickening. He thought that a series of skiagrams in such cases would prove of interest.

Dr. CAUTLEY, in reply, pointed out that at first the swelling only extended as low as the middle of the humerus, and that in the course of two days it extended down to the lower epiphysis. The gradual extension downwards was not in favour of fracture, and there did not appear to be any bending of the bone, he pointed out that the thickening was most marked in the lower half of the humerus by reason of absorption taking place from above downwards, the blood last effused being the last to be re-absorbed.

Mr. F. JAFFREY showed a child, aged ten weeks, with craniotabes. When first seen, a month previously, the child was suffering from congenital syphilis and, on examining the skull, he was found to have craniotabes, which practically affected all the bones of the vertex, but was best marked on either side of the lambdoid suture. The child was at once weaned and put on grey powders and small doses of cod-liver oil. Mr. Jaffrey made a few remarks on the causes of craniotabes, and said that the best marked cases he had seen were in subjects of congenital syphilis, though he had seen the condition not uncommon in rickets.

Dr. L. GUTHRIE pointed out that many cases improved very rapidly, even as rapidly as the one brought before the Society. He believed in the association of the affection with congenital syphilis, but had seen cases in ill-developed infants, independently of either congenital syphilis or rickets.

Dr. E. CAUTLEY thought it important to have a clear understanding as to what was meant by the term craniotabes. He considered that there were several varieties of the affection. One he regarded as due to delayed development. The bones of the vertex are sometimes not ossified at birth, and remain membranous for some weeks. This is especially the case in premature infants, but occurs also in infants born at full time. He thought the present case was one of delayed ossification. To a second variety he gave the name, the Parieto-occipital Type. It is characterised by softening along the sutures, mainly the lambdoid suture. This, he said, is extremely common in infants brought up on condensed milk, and especially so when the infant is kept in close, badly ventilated rooms. Consequently it is found most often in the early months of the year. He ascribed it to a deficiency of the lime salts in the food. The text-book type, that in which scattered isolated spots of softening are found, he regarded as extremely rare, and he had never seen a case during life and verified post mortem. He had also seen very extensive craniotabes associated with congenital cerebral defects and with congenital hydrocephalus. He was extremely sceptical as to any aetiological association with congenital syphilis, beyond the general malnutrition so often present in this disease.

Dr. W. EWART discussed the tendency to primary atrophy of the tissues in connection with congenital syphilis, and suggested that the presence of an analogous process in other bones would be confirmatory of the view that the disease is a cause of craniotabes.

Dr. G. A. SUTHERLAND thought the question was not yet settled and that the book-type of the affection is not very rare, especially in the parieto-occipital region. He believed those cases to be due to congenital syphilis when the patches were circular with surrounding ossified bone. As to the mode of production, he thought that in some cases absorption took place from the outer surface of the bone.

The CHAIRMAN suggested that in view of the possibility of a connection with congenital syphilis it might be advisable to treat all such cases with mercurial preparations.

Mr. JAFFREY shortly replied.

ROYAL ACADEMY OF MEDICINE IN IRELAND. SECTION OF OBSTETRICS.

MEETING HELD, ROYAL COLLEGE OF PHYSICIANS, ON
DEC. 20TH, 1901.

The President, Dr. W. J. SMYLY, in the chair.

A PATIENT was exhibited and paper read by Dr. A. HORNE, entitled

NOTES ON A CASE OF CÆSAREAN SECTION,
which will be found on reference to page 4.

In the discussion that followed, Dr. ALFRED SMITH said he had listened with great pleasure to Dr. Horne's case. It left nothing for criticism, but much for praise. He could say nothing more than that he congratulated Dr. Horne on the successful issue of his operation.

Dr. GLEN agreed with Dr. Horne on the risk of sepsis but vaginal examination is attended with. He thinks

the bold, good cut going right through the placenta, if it lies in the line of incision, is good surgery. The risk of soiling the peritoneum by the liquor amnii may be avoided by binding round the uterus; bringing out the womb through the abdominal incision adds to the shock. For a living child he recommends the Cæsarean section, but if the child is dead he prefers Porro's operation. Removal of the placenta is sometimes difficult, and it is advisable to swab out the cavity with hot water. Packing the uterus with gauze, and bringing a portion of the tissue through the dilated os uteri into the vagina is recommended.

Dr. W. J. SMYLY desired to add his quota of praise to Dr. Horne on the very successful result. Nothing could be better than an afebrile case and an aseptic recovery. Pelvic deformities were not often met with in Ireland compared with other countries. During his seven years' term as Master of the Rotunda he had only four Cæsarean sections and four symphyseotomies, yet from a letter he received from Glasgow he learns that one of the surgeons of the maternity had nine Cæsarean sections in nine months. In all these cases the question arises—should the woman be made sterile at the time of the operation? He thinks not. Can you choose your time for operation? If so, by all means select daylight.

Dr. HORNE, in reply, stated that he used silk sutures, he passed six of them deep through the uterine wall, but not through the lining membrane, and the superficial sutures were through the peritoneum covering the uterine incision. He neither packed nor swabbed the uterus, there having been no risk of infection. He looks on the making sterile of the patient as unjustifiable. After operation he thinks the less interference with the uterus the better. Foreign bodies introduced into it are very likely to set up after-pains.

Dr. HASTINGS TWEEDY then exhibited two ovarian cystomata. During the examination of the patient prior to operation he had no difficulty in detecting the presence of the smaller tumour, but he utterly failed to recognise the larger, though it extended to the umbilicus, and the patient was deeply anaesthetised. He advised an operation. When the patient was on the operating table and deeply anaesthetised she was again examined, but with no more satisfaction than at first. On opening the abdomen a great gush of ascitic fluid came, and he found a large cyst extending to the umbilicus, and all around a "bread and butter" mass, which he looks on as indicative of cancer. Pulling down the peritoneum he found cancerous masses connected with the loops of the intestines. The patient made an afebrile and uneventful recovery. On the Saturday after the operation she talked of going home, but in the evening of the day she was in a state of collapse, with shallow breathing, and she was pale and fallow in appearance. She got an enema and was better in the morning; she was fed for a time by enemata and quickly rallied, going home from the hospital on December 19th, 1901. The tumours are cancerous, with a considerable amount of fibrous tissue.

Dr. GLEN congratulated Dr. H. Tweedy on his honesty in declaring that he failed to diagnose the large tumour prior to operation, even under anaesthesia.

Dr. W. J. SMYLY would like to know what those present thought the tumours were if not cancerous. When ascites is present it makes the diagnosis of abdominal tumours much more difficult.

Dr. TWEEDY: Large cystic tumours are more difficult to diagnose than small tumours. He looks on the pedicle as the characteristic sign of ovarian tumours. The term "bread and butter" would be found in American literature.

France.

[FROM OUR OWN CORRESPONDENTS.]

PARIS, December 25th, 1901.

TOXICITY OF THE URINE OF TYPHOID PATIENTS AS AN INDICATION FOR TREATMENT.

At a recent meeting of the Biological Society of Paris, Messrs. Ingallbans and Dehon read a paper on the

effects of treatment on the toxicity of the urine of typhoid patients. The results are interesting, and not without value in practical medicine.

The observations were made on eight patients, of whom two were submitted to treatment by warm baths, two by cold baths, and two of them got an abundance of water to drink but got no baths. The authors found that the toxicity of the urine of those who got warm baths remained comparatively unchanged; in those who got cold baths it sensibly increased, as it did in those who drank freely but took no baths. In both the two latter classes the coefficient of urotoxine was raised considerably above that of the patients in the first class who got warm baths. There is, however, the possibility that many of the toxins that would otherwise have been passed by the first two patients were eliminated by the skin whilst the patients were in the hot bath.

Without more details it is impossible to draw a conclusion as to the relative value of the different lines of treatment adopted.

WRITING FOR THE BLIND.

The best known system for enabling those afflicted with blindness to write is that of Braille. There are however, various disadvantages connected with this method. In the first place, the blind student has to learn two alphabets, two notations of figures, and two musical notations, one for reading and one for writing. This is a long, difficult, and tedious business for both student and master. Then again, the blind student is obliged to learn to write from right to left and to read from left to right, two cerebral processes which are antagonistic. In order to read over anything he has written, the blind student is obliged to lift up the leaf of paper from between the plaques of zinc and copper and to turn it over, and when he wishes to write again, he has to reverse the process. Finally, he cannot calculate, for to do so he must read and write on the same side of the paper. A new method has lately been invented by Dussaud, which has many advantages over the system referred to. By its means the blind student writes the letters as he reads them. He has to learn only one alphabet, one set of figures, one musical notation. Thus there is an economy of half the time and fatigue in his education. He writes and reads from left to right. He can read over again what he has written, he can correct it, and he can calculate on paper. The construction of Dussaud's apparatus is simplicity itself, and will prove a boon to many of those unfortunates who cannot see the light.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Dec. 28th, 1901.

At the Society for Psychiatry and Nervous Diseases Hr. H. Kron showed a

CASE OF ARSENICAL PARALYSIS.

The patient was a girl, *æt.* 21, whose father suffered from headaches, but there was no further history of hereditary trouble. For a long time she had suffered from migraine, and had taken arsenical tabloids of 0.001 grm. On November 29th, 1899, she took about fifty pills in twenty hours on account of the unbearable headache. On the same day she had paræsthesia of the legs and back, and during the night pain in the abdomen. The

next day there was paralysis of the arms and muscles of the back and abdomen. The central nerves were free, no trouble in speaking, swallowing, or breathing. The mind was clear and there was no rise of temperature. No vomiting nor diarrhoea. The nerves and muscles of the lower extremities were painful on pressure for months. There was no electrical reaction. The menses remained absent for six months after the poisoning, and there was also considerable falling out of the hair. She was admitted into Mendel's Klinik on August 2nd. There was then renewed paralysis of the lower extremities. The right thigh could only be slightly extended outwards and abducted. The toes of the right foot could only be flexed slightly; other active movements were impossible. The tibial and crural nerves with their muscles could be excited by strong currents, but other muscles and nerves did not react. Standing and walking were impossible. All reflexes were absent. The urine contained no arsenic. The blood was normal, pulse 96 to 130. Occasionally there was præcordial distress. In the later weeks fibrillous twitching of the right thigh was present. There was now some improvement. The speaker concluded that the case was one of peripheral neuritis, lesion of the cardiac vagus, and of the motor nerve of the bladder and the splanchnic. The case was in favour of the peripheral site of the arsenical paralysis. He thought that arsenical tabloids should not be given out to patients without proper instructions, as to their use.

Hr. T. Cohn showed a patient from Mendel's Klinik, *æt.* 15. The mother suffered from an attack of fainting, and the patient was similarly affected. She lost consciousness practically without twitching and loss of memory. Nothing further could be made out as regarded epilepsy. The present illness developed three years ago, with increasing pain in the lower leg. She then complained of this and of difficulty in walking. The feet were so put down that the tips of the toes and external margin of the foot touched ground first. Both feet were in a position of equino-vagus, most of the nerves of the leg and feet were affected. There appeared to be some hypertrophy of the muscles of the calves of the legs, but against the diagnosis of anything typical was the commencement of the affection in the peroneal group and in reaction of degeneration. Probably it was a transition case like those of Oppenheim and Cassier.

The second patient shown was a woman of 34, who had probably had syphilis, and who had mitral insufficiency and stenosis. Some years ago she had some attacks, probably apoplectic, one of which was a year ago. The present condition had developed gradually. There was right-sided hemiplegia and athetoid movements in the hands and toes and mimictory movements of the hand. She had also spasm of the left side, especially of the lower extremities, and paresis. The patellar reflexes were sharp, patellar and foot clonus—Babinsky's sign. The bulbar symptoms were remarkable; salivation, difficulty in swallowing and speaking. There was also a complicated form of aphasia. There was disturbance of spontaneous speaking, and also in repeating words. Many words she was unable to repeat. She probably had some sensory aphasic disturbance. There was, therefore, a mixed speech disturbance, an aphasic and a marked dysarthritic bulbar speech. Probably there were multiple centres of brain mischief.

The *Archiv. f. Klin. Chin.*, 65/2, has an article by A. A. Kiesel on the

DIAGNOSIS OF TUBERCULOUS PERITONITIS.

The conclusions arrived at are based on fifty-four cases observed by the writer himself. The conclusions are summarised in a series of numbered theses, and are as follows:—

1. Tuberculous peritonitis in children is more frequent than is generally thought.
2. It may be taken for granted that nearly all cases of spontaneous ascites are nothing else than tuberculous peritonitis.
3. The exudation in tuberculous peritonitis is not unfrequently absorbed under general tonic treatment, so that the health of the children affected is completely re-established.
4. In most cases the disease comes on insidiously. The relatives first remark that the child is evidently, and without any cause, becoming pale and thinner.
5. Diagnosis is much facilitated by the presence of simultaneous serous pleurisy.
6. Thickening of the peritoneum (ascertained by feeling the peritoneum in a fold) may be considered the most important sign of the disease.
7. In tuberculous exudative peritonitis the fluid obtained from the peritoneal cavity is rich in albumen and of high specific gravity.
8. One frequently finds, even when the objective symptoms are insignificant, and the subjective ones good, the whole peritoneum covered by a thick layer of tolerably recent tuberculous deposit.
9. The diagnosis is most difficult in cases of chronic ascites with tuberculous pericarditis, but this affection is but rarely met with.
10. Tuberculous peritonitis begins in a rather violent manner only in rare cases.

Frangui Volk., 31/6, 1901, reports a case of

ABSCESS OF THE UTERUS AND METRITIS DISSICANS

The patient was a woman who had been treated manually for abortion. An abscess the size of a hen's egg subsequently developed in the left uterine wall, then a violent rigor came on, and the patient's condition became serious. The abscess, however, opened spontaneously into the vagina. For six weeks the temperature remained sub-febrile, and for six more the condition, both objectively and subjectively, was apparently good. Four months after the abortion, however, a necrotic piece of the uterine wall was cast off without any further consequences, the patient continuing in good health.

The Operating Theatres.

KING'S COLLEGE HOSPITAL.

OPERATION FOR TUBERCULOSIS OF THE TEMPORAL BONE IN AN ADULT.—MR. ARTHUR CHEATLE operated on a man, *set.* 27, who came to the hospital with the following history: Four months previously the patient's right ear became suddenly deaf after blowing his nose during a cold. The deafness persisted without pain, and seven weeks later he first noticed a discharge; soon afterwards he had severe pain, and he then came to the hospital suffering from a discharge from his ear and a swelling behind the auricle. Owing to the painless character of onset and the facial paralysis tuberculosis was suspected; it was also found that

he had fine crepitations at the right apex. At the operation extensive caries was found involving the bony meatus, the whole of the middle ear, the antrum, the mastoid process, and the skull over the lateral sinus and over part of the cerebellum. The bone was soft and porous, typical of tuberculosis. The affected bone was extensively removed with Hoffman's cutting forceps; the dura mater underlying the affected bone was found in a granulating condition, this was scraped with a sharp spoon, pure carbolic acid was applied to the whole area of operation, and the huge remaining cavity packed with iodoform gauze. Mr. Cheatile said the nature of the disease was suspected by reason of the painless onset and the facial paralysis together with the lung signs; he pointed out that such a condition was more frequently met with in children than in the adult. The mode of infection he thought in all probability was the inoculation of the middle ear through the Eustachian tube at a time when the cold in the patient's nose diminished his resisting power. The onset of a tuberculous affection of the middle ear was, he considered, an insidious one; deafness without pain associated with a dull red swollen and apparently bulging membrane, lasting for some time should, he said, arouse suspicion. After such a condition has lasted for some time a small perforation appears and a slight discharge occurs from the middle ear, perforation being due to the tuberculous ulceration; after perforation has occurred the internal ear through the meatus is likely to become infected with any pathogenic organism. Mr. Cheatile said that a short time ago he had seen a case in a young man with the condition he had described, but before perforation had occurred the patient's chest showed signs of tuberculosis, which condition had been certainly unsuspected; within a week of the diagnosis having been made the man nearly lost his life through a first and most profuse hæmoptysis. Mr. Cheatile was of opinion that in operating in these cases, the surgeon's manipulations being of course consistent with the patient's life, every particle of disease should be removed; the facial nerve must not be considered. He pointed out that in the case he had just operated on the facial paralysis was complete on admission, and even if such had not been the case it would have been the duty of the surgeon to have cut through the nerve if the bone around it, and intimately associated with it, had been found in a diseased condition.

The patient was much benefited by the operation, and although the resulting wound was a huge one, cicatrisation gradually and slowly took place, but a sequestrum, an inch in diameter, formed at a part of the skull over the middle fossa; this gradually separated, and sound healing of the whole wound occurred. Since then the patient has been admitted into the surgical wards with tuberculous disease of his left elbow and a tuberculous abscess in his back.

CENTRAL LONDON THROAT AND EAR HOSPITAL, GRAY'S INN ROAD.

OPERATION FOR CEREBRAL ABSCESS, FOLLOWING CHRONIC DISCHARGE FROM THE EAR.—DR. PERCY JAKINS operated on a boy, *set.* 14, who had originally been in the hospital under his care five years before; at that time he opened the mastoid antrum for chronic

discharge from the right ear. This operation (Schwartz's) was successful, and no more was seen of the lad until five years afterwards, when he came to the hospital with a large fluctuating swelling over the right mastoid; this was incised and a lot of very offensive pus escaped; the following day the boy was semi-unconscious but could be roused, the hand grip on the right side was considerably more feeble than on the left, photophobia, optic neuritis on right side, pulse 62, temperature 98°; bowels very constipated. The patient was put under chloroform, and the lateral sinus exposed to the extent of an inch and a-half; pus was seen welling up on the inner aspect of the sinus. The sinus was drawn aside and then pus freely escaped; the external wall of the sinus was found to be covered with lymph. The sinus was then laid open, and the upper end plugged with iodoform gauze to stop the bleeding. A probe was next inserted, and it went through an opening in the dura to the cerebellum; the instrument was withdrawn, and a pair of sinus forceps put in its place. These were opened, and very offensive pus welled up at once. A drainage tube was inserted, the wound lightly packed with gauze, and the patient returned to bed. His pulse during the latter part of the operation had risen to 78. Dr. Jakins said that the easier course would have been to trephine below the lateral sinus, but as there was already a perforation in the dura he did not feel justified in making another. He thought that the operation done five years ago was not perhaps the proper one for the case, it ought to have been the complete mastoid operation of Stacke instead of the partial one which was brought forward by Schwartz. He pointed out that the parents had informed him that the boy had had a slight discharge on and off ever since the first operation. About seven days before re-admission the lad had complained of severe frontal and parietal pains, shivering, drowsiness, delirium, and he constantly had cried out, "Oh, my head."

On the morning following the last operation the boy was quite conscious, his temperature had risen to 101° and his pulse to 74. He, however, was still complaining of his head. The wound was re-dressed, and was looking very sluggish. A hypodermic injection of morphia was given, and an ice cap applied to the head. Four days after operation the patient was again put under chloroform; the lateral sinus plug was removed and a fresh one inserted, as the sinus was still patent. The patient's temperature fluctuated between 101° and 104°, but dropped to normal on the following day. Three days afterwards, the temperature again rising to 104°, chloroform was again administered and the plug removed. No hæmorrhage occurred on this occasion, so the sinus was only lightly plugged. The temperature since then has been normal, and fourteen days after operation the boy was doing well; he was perfectly conscious, there was no pain or photophobia, the optic neuritis had much improved, the hand grips were equal, the constipation was better, the appetite good, and he sleeps well.

It is unfortunately a rare occurrence that we can record the fact of a man in general practice leaving a fortune behind him. Last week, however, the will of Dr. Thos. Aspinall, late of Darwen, was proved under £69,000 personality.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 1, 1902.

MCMI.

THE first year of the twentieth century has come and gone. Its contributions to medical science have not perhaps been of an epoch-making nature, but still they have been definite, and point to sure and steady progress in the future. Undoubtedly, the event of the year was the British Congress on Tuberculosis, and the event of the meeting was Professor Koch's startling declaration on the relations of human and bovine tuberculosis. His views have not as yet been regarded as definitely proved or disproved. A Royal Commission, whose constitution is such as to ensure universal respect for its findings, has been appointed, and will we trust be able to set at rest the uncertainties which surround this most important question. An event of the year, which it were well should attract to itself as much attention as did Professor Koch's communication, is to be found in the epidemic of small-pox which invaded London towards the end of July, and which shows no signs of abating. The present Government created the conscientious objector, and the conscientious objector created or helped largely to create the present epidemic. If the public at large would recognise this, if they would become a little less indulgent to the vast and noxious army of faddists by which we are beset, the epidemic could not be regarded as unattended with good. Once the public recognise that the term conscientious objector is synonymous with unconscionable neglect, the fate of small-pox in these islands will be that of rabies. Perhaps the most striking practical success of the year has been the extinction of rabies. As a result of the wise and statesmanlike orders of Mr. Walter Long, the opening of the New Year synchronises with the declaration that the British Isles are free from hydrophobia. It is a triumph of scientific government, and it is more, it is a victory over faddists. Districts of England have been visited

during the year by another epidemic, or, perhaps we should say endemic, on which a Commission at present sits, viz., arsenical poisoning. The presence of arsenic in articles of everyday use has come to be recognised not only as a possibility, but under some circumstances as a probability. The Commission issue reports from time to time, and will, we trust, be able to recommend measures which will be a complete prevention to the recurrence of such epidemics. During the last few days, a sensational report has been published, regarding what will undoubtedly be the great aim of medical men during the twentieth century—the discovery of the causation and cure of malignant disease. According to the lay press, Dr. Doyen, of operative fame, has presented in a dramatic manner, to the Academy of Medicine of Paris, the announcement that he has discovered the organism which causes cancer, and further that he has been able to produce a protective serum from it. We await the details of his communication with impatience.

The surgical advances of the year have not been perhaps so marked as in previous years. The field which anæsthesia and asepsis opened up is becoming gradually cultivated, and consequently each succeeding year sees less and less room for original work. The treatment of gastric ulcer, resection of the stomach, intestinal anastomosis, and wounds of the stomach and intestine have received chief attention. A new operation has indeed been introduced for the treatment of hepatic cirrhosis, but it is as yet too soon to do more than chronicle the fact. It cannot be denied that the unsuccessful result of the operation performed in America on the late President McKinley was the cause of much disappointment to those who looked for a triumph of modern surgery. The patient was operated upon under the most favourable circumstances—comparatively speaking. He, apparently, did well at first, but a sudden change came for the worse, from which he never rallied. At the autopsy it was found that no attempt at repair in the wound of the stomach had taken place. There was no septic infection, and it would seem as if the impact of the bullet had caused the actual death of the tissues through which it had passed.

In the realm of obstetrics and gynaecology the past year has not been attended with any notable change or improvement. The treatment of eclampsia has, perhaps, been most prominently brought forward, particularly with a view to determine the value of saline infusions with the object of promoting diuresis. The most interesting event is undoubtedly the establishment of the *Journal of Obstetrics and Gynaecology of the British Empire*. This step was received with almost universal approbation by the leading obstetricians and gynaecologists of the Empire. It is true that some influential and respected specialists did not, and do not regard the proposed journal in this manner. We think, however, that their objection is, in part, based on misconception, in part on unfounded apprehension, and that it will be removed in time. If the journal

meets with the universal support for which it looks, it will be a source of credit to Pan-British specialists, and will not interfere with existing journals. The lumbar injection of cocaine, with the object of obtaining anæsthesia during parturition, has continued to receive attention abroad. At home, we cannot say that it has received much consideration. The possibilities of the drug are so serious, and the limitations for its use are so insufficiently defined as to render it, in the minds of conservative medical men, unsuitable for experimentation.

In the world of dental surgery the two most important events have been the opening of the new buildings of the Royal Dental Hospital of London, and the recognition by the War Office of the importance of looking after the teeth of soldiers. As a result of the latter discovery various appointments have been made, including that of four dental surgeons who have been sent to South Africa.

A great advance must be chronicled under the head of anæsthesia. It is not that a new drug has been found which surpasses the existing ones, nor that a new apparatus has been designed for the administration of an anæsthetic. It is that medical opinion is commencing to recognise that the administration of anæsthetics requires care and experience, and that such can only be imparted to the student or medical man by systematic instruction. From the recognition of a principle to the realisation of it, is a less laborious task than is the primary recognition. Consequently, we hope soon to learn that regular instruction has been rendered obligatory in the case of students.

In the Army Medical Service important changes have taken place and are in course of taking place. As a result of the allegations which were made concerning a breakdown of the Royal Army Medical Corps in South Africa, a Royal Commission was appointed to enquire into the treatment of the sick and wounded. As a result, a unanimous report was issued, which stated, amongst other things, that "in no campaign have the sick and wounded been so well looked after as in this." Subsequent to and consequent on this report a War Office Committee of Experts was appointed by Mr. Brodrick. They sat, and presented a report, or rather a series of recommendations. It cannot be truthfully said that this report has been received with any great degree of favour by the medical profession at large. It is, however, admittedly, but a framework on which to hang the finished article, and with the necessary adjustment it may enable the latter to be made of the required shape. The medical profession earnestly desires the adoption of a scheme which will enable the formation of a service worthy of the British Empire. There have been enough patchwork reforms of the most insufficient and temporary nature. Completeness and finality is what is now required. We are at present on the eve of the issuing of the warrant which may have this happy result. In all probability alterations will be found to have been made with the result that the warrant will be more suited to the

requirements of the Service than was the framework to which we have alluded. If such should turn out to be the case, it will be received by the medical profession in a generous and broad-minded spirit. The Indian Medical Service also calls for reforms. It is undermanned, and in the present stress of national affairs greatly overworked. It will have to be taken into consideration in the general "settling up." The same remark applies to the Royal Navy Medical Service.

We have duly referred throughout the year to the labours of the General Medical Council, and, consequently, do not propose to dwell at any length upon them here. The event of the year has been the question of the course to be pursued by the Council with regard to the attitude of the English Colleges on the subject of preliminary scientific education. The points at issue are matters of common knowledge. They have been approached in various spirits at each meeting of the Council for the last two or three years. At last there seems to be a prospect of some definite action being taken in the matter. At the last session of the Council a committee was appointed to prepare a report on the differences which exist between these licensing bodies and the Council, which report is to be presented to the Council at a special meeting in February next. We trust that the year which is opening to-day will enable a satisfactory issue to be brought to this disturbing question. There are possibilities connected with its solution which cannot be overlooked, and which render a satisfactory settlement of the greatest importance. If the General Medical Council succeed in reaching such a settlement no one will consider that they have wasted the two years which they have devoted to it.

URETHRAL DISEASES AND THERAPEUTICAL STASIS.

THE question may well be asked whether any real progress has been made in the treatment of specific affections of the urethra. The most sanguine would hardly venture to assert that gonorrhœa is cured now in less time than of yore, if we place on one side the evil wrought by too energetic or otherwise improper methods of treatment. The most that can be said is that we are beginning to see the error of our ways, and have abandoned recourse to the so-called abortive methods of treatment which more than anything else tend to defer recovery and prolong convalescence. Knowledge in respect to the pathology and exact nature of gonorrhœa has been of slow growth. Recognised in centuries long past as a morbid entity, gonorrhœa, from early in the sixteenth to the middle of the nineteenth century came to be regarded as one of the manifestations of syphilis, and it was reserved to Neisser, in 1879, to isolate the specific organism of the disease. The bearings of his epoch-marking discovery have since been widened and extended by the researches of Metschnikoff and others in regard to the nature of infective diseases and the reaction of the organism thereto. This fact may lessen the

surprise one cannot but feel at the lack of progress in our knowledge of how to prevent or check the disease. The treatment in vogue to-day does not differ in any essential particular from that employed by our professional ancestors. Were that treatment attended by well-marked curative effects there would be no ground for complaint, but such, alas, is far from being the case. The acceptance of the bacterial origin of the disease has but stimulated practitioners to attempt to bring about a cure by the direct application of germicides to the affected mucous surface, with results which are in general negative, when indeed they are not actually disastrous. This fundamental error is based on the assumption that the discharge constitutes the disease, instead of, as it is, merely the outward and visible evidence of the conflict going on between the tissues and the invading microbe, and an effort on the part of nature to destroy it by means of the bactericidal serum. In a critical article on "Fallacies in the Treatment of Urethral Diseases," from the pen of Dr. Robert Holmes Greene, published in a recent number of the "Journal of the American Medical Association," the author points out that it is an error to suppose that urethritis is limited to the anterior urethra, his experience leading him to believe that the disease, not rarely, but generally, invades the deep urethra and prostate. This view is held by those who initiated what is now known as the irrigation treatment of gonorrhœa, their idea apparently being that the gonococcus can be killed by the direct application to it of some substance inimical to its existence, or that the soil can thereby be rendered unfavourable for its development. The treatment, it is urged, is not in accord with modern views on the pathology of infective diseases, and, according to the author, although it may render the patient more comfortable, the result is but to postpone the outcome of the struggle between the gonococcus and the tissues. If the author had something to offer us more truly curative than the methods he decries we might be willing to place the comfort of the patient and the subsidence of the principal symptoms in the background, but he comes with empty hands. To tell us that the bactericidal serum, the phagocytosis and the chemotactic action of the nuclei with the ptomaine given off by the invading bacteria, should be closely studied, sounds promising, but we are not prepared to sacrifice available methods which temper the sufferings of the victim and modify the course of the disease until these researches shall have been carried out. Dr. Greene deprecates active interference before the sixth week, and even then he lays most stress on purely hygienic measures. We are, indeed, hardly likely to get valuable hints for treatment from a critic who concludes his article by laying it down that urethritis is a disease, often serious in character, apparently established by nature or God as a punishment for immorality, calmly ignoring the fact that its ravages are by no means confined to the incontinent or the ungodly.

THE MEDICAL OUTLOOK.

WITH to-day commences the second year of the century, and if we have read aright the omens a new epoch has commenced for medicine. We have no desire to be too optimistic nor to minimise the good work done in medicine in the past; on the contrary, we hold that it is the good work done in the past that makes possible the great advance medicine is destined to make in the present century. Indeed, the promise of the advance of scientific medicine in the future rests on the recent great advance in the collateral sciences. The greatest and most beneficent function of medicine is shown in the prevention of disease. Now the province of preventive medicine is practically based on knowledge accumulated by workers in natural history, biology, and chemistry. The physician still gives quinine for malaria, but he does so with a knowledge of what malaria is and how it is brought about. Already he has advanced a step further, and seeks to banish the disease from the list of human ills. The biologist, by tracing the life history of the micro-organisms, has shown the influence for good or evil that a modification of the environment makes, and utilising this knowledge, the patient in the early stage of tuberculosis is no longer condemned to an inevitable fate but assured of recovery if certain conditions of life are conformed to. In chemistry the pursuit of knowledge for its own sake has given medicine the X-rays and added phototherapy to the armamentarium of the physician. Fortunately for humanity, information is now so quickly diffused and the schoolmaster has been so diligently at work that the sanitary conditions necessary for health have come to be generally known and appreciated; they have influenced legislation, and the poor in our large towns and country villages in the coming generation will live under hygienic conditions greatly superior to their predecessors. How medicine influences labour for the good of the individual and for the benefit of industry is strikingly evidenced by the hygienic building erected for the workers on the Simplon Tunnel, and the means of ventilating and cooling the tunnel by air-shafts, with the result that this great engineering feat is being carried out quickly and at little cost of human life. Ignorance of how malaria was spread stayed Lesseps' great Panama Canal scheme. One of the most promising signs of medical progress is the confidence, begotten of successes, with which the difficult question of malignant growths is being studied. All the aid the sister sciences can throw on the subject are sought and all submitted to the characteristic study of medicine—clinical observation. For a time in the latter decades of the nineteenth century it appeared as if the amazing progress made in bacteriology was about to lead off medicine to a bacterioid theory fatal as that of Broussais, to the neglect of the patient, and the ignoring of Sydenham's axiom—prescribe for the patient—until the feeding and hygiene of the phthisical demonstrated afresh that the individual, not the disease, was to be

prescribed for. If in the past physicians brought their art to its present condition, working with imperfect instruments for diagnosis and uncertain drugs as therapeutic agents, with little or no idea of the physiological action of the remedy, it is not unreasonable to look for a marked advance in the healing art when aided by the X-rays, chemical tests exploratory incisions, and so forth, supplemented by standardised drugs of known physiological action and the progress of the patient noted hour by hour by trained observers. The outlook is hopeful, very hopeful, for to-day medicine is aided by every collateral science. She does not resist disease single-handed, neither does she appeal to a people indifferent to her cries. If Lister told the value of antiseptics it was Tyndale who told of the germ-laden atmosphere, and how to make it aseptic—both benefited medicine and, through medicine, the world. Both made it possible for the surgeon of to-day to follow in the footsteps of such pioneers as John Bell, Sylvester O'Halleron, E. McDowell, and Marion Sims. The triumphs of medicine have but begun. Already tuberculosis is removed from the list of incurable diseases, and let us hope cancer will also soon follow. The physician who would avail himself of the fruits of scientific progress must learn something of the sister sciences. He must be a scientist, a true physician. Such a man will command respect and attain to honour. For the medical profession and its followers there is a bright future. But it must be borne in mind that every victory over disease will increase the number of camp followers—creatures who keep in touch with the medical profession to loot the camp and pillage all who come in their way. How to deal with the evil is not our present purpose, which is to show that there are good grounds for considering the medical outlook as hopeful, and for the belief that the century on which we have entered is pregnant with good for humanity, rich in blessings for all, physician and patient.

Notes on Current Topics.

Abdominal Contusions and Injuries to Viscera.

THE differential diagnosis of simple abdominal contusion with injury to subjacent viscera is one of the most anxious and onerous duties of the surgeon. The closest study of recorded cases, and the most careful investigation of the patient in a given case, fail to reveal any particular sign or signs which enable the surgeon to form a trustworthy opinion, either positive or negative. In many cases in which subsequent observation proves the injury to have been simple contusion the symptoms—shock, pain, tenderness, &c.—are so pronounced as to appear to justify an exploratory operation, and great is the mortification of the surgeon who has exposed his patient to the risks of such an operation without proper cause. Severe injury of the viscera, such as laceration, on the other hand, is not incompatible

with an absence of grave symptoms, and the too confiding surgeon may easily be lulled into a mistaken sense of security by the delusive state of the victim until the onset of peritonitis or more or less sudden collapse show that the injury was graver than had been anticipated, by which time it is often too late for operative measures to avert impending disaster. The surgeon, therefore, is confronted by two distressing alternatives. He may open the abdomen only to find that the organs are intact, or he may adopt an expectant attitude until too late for his assistance to be of avail. Of the two alternatives the former is, from every point of view, the least distressing. The risks are comparatively small, and the surgeon can comfort himself with the reflection that he has acted for the best, a balm which he cannot apply to his reputation and surgical conscience when he has overlooked the gravity of the injury and has failed, however excusably, to do his duty. The fact remains that we have no means of distinguishing between a simple abdominal contusion and one complicated by severe intestinal injury, except by means of an exploratory incision. This, to give the best results, must be performed within from three to six hours of the receipt of the injury. This being the only certain means of diagnosis, and its success being dependent in great measure on the promptness with which it is done, there are plausible reasons for urging that it ought to be the routine measure in all but the most trivial cases of contusion of the abdomen.

Fear as an Element in Disease.

FEAR has been credited with considerable influence as a determining factor in the production of, or at any rate in predisposing to, disease, not only of the nervous system but of all kinds, nevertheless it is in the department of neurology and psychiatry that the most telling and disastrous effects are met with. Fear, however, is a negative rather than a positive condition, indicating, as it does, a lack of control on the part of the higher psychical centres, associated, it may be, with undue irritability of the purely perceptive area of the brain. The foundation of all fear has for its basis a presentiment of danger. Now this presentiment is subject to extreme variations of intensity in different subjects, according to their experience, judgment, and self-control. It is curious to note that experience and inexperience often lead to the same result, though in widely different ways. Timidity in a child is the safeguard provided by nature against inexperience, and it serves the purpose, more or less efficiently, of protecting the child against contingencies which experience would recognise to be real—or the reverse. Owing to the absence of acquired control *quod* judgment in the young the effects of fear are much more violent and perturbing. Under ordinary circumstances fear, in the adult, has its limits, limits which are only exceeded when the exciting factor is of such magnitude or so unfamiliar as to overrule the judgment or to reduce the adult to the mental state of

an inexperienced child. For this reason emotional disturbances due to occult and purely psychical causes may find the adult as lacking in self-control as the child. When we consider the clinical manifestations of acute fear, their extraordinary comprehensiveness, their violence, and the perturbation of organic functions, of which they are the outward and visible manifestations, it is easy to conceive that the paroxysm leaves the organisms in a debile and prostrate condition, and brings into prominence any latent weakness in functional control. On the other hand, it may fairly be argued that the subjects of these violent emotional disturbances are thereby stamped as neurotic; indeed fear, when it reaches an extreme degree, is distinctly a pathological factor.

A New Tape-worm.

It is an acknowledged fact that the Japanese are an advancing race—indeed, it is thought by some that they form the nation of the future. One of their latest achievements has been the discovery of a new tape-worm. This addition to our intestinal parasites is described by Kurimoto in the *Sei-I-Kwai Medical Journal*, and has been christened by the imposing title of "*Diprogonopolos Grandis*. It is larger than either *tenia solium* or *mediocanellata*, being about ten metres long by ten and a half centimetres broad. Its uteri are in two sets parallel to each other, and the breadth of the individual joint far exceeds its length. On both its dorsal and abdominal surfaces are deep furrows, and its ovum differs in shape from that of other tape-worms. As everyone is aware, the new segments of the ordinary tape-worm are produced by the head, those at the distal point being the most mature; but in Kurimoto's parasite a different arrangement holds, each segment dividing, so that the old and young alternate. The symptoms due to this new variety do not differ from those caused by the common species, except that they are said to be more intense. The treatment is also the same.

The Diet in Epilepsy.

THE directions for diet in cases of epilepsy are usually limited to the avoidance of indigestible articles of food and the avoidance of stimulants. Useful, no doubt, as far as they go, they cannot be regarded as adequate or as commensurate with our knowledge of the deleterious influence of certain articles of food on the organism prone to epilepsy. It has long been held that a diet too rich in albuminoid constituents is harmful to epileptics. Clinical observation has not always confirmed the validity of this view, and, struck by the contradictory nature of the results, Schlöss undertook a series of experiments, which he published in a recent number of the *Wiener Klinische Wochenschrift*. He placed groups of epileptic patients on a strict milk and a meat diet respectively, and after six weeks he failed to detect any noteworthy effect of either regimen upon the number of attacks or the general health of the sub-

jects. Incidentally he found that the suppression of chloride of sodium had for effect to reduce the frequency of the attacks, but at the expense of the general health, marked loss of weight and strength resulting. Alcohol, in moderate quantities, he found to be devoid of injurious action. The fact that meat does not appear to be injurious to epileptics suggests the desirability of reconsidering the views on which this article of food has been placed under a ban. There can be no lack of opportunities for carrying out the necessary observations, and advantage might be taken of these selfsame observations to study the influence of quantity, as well as quality, of food. Obviously no hard and fast rules can be formulated in this direction, for in epilepsy, more, perhaps than in other diseases, it is the patient who requires treatment, rather than the disease. What we require are general rules, to be adapted to individual cases with due regard to the constitution, temperament and habits of life of the sufferer.

A New Constituent of Bone.

AN American physiologist, named Gies, claims to have discovered a new constituent of bone, to which has been given the name "osseo-mucoid," and which is said to be practically the same as the mucoid in tendon, cartilage, and other connective tissues. It not only responds to the general proteid tests, but appears to have the same solubilities and precipitative reactions as the other connective tissue mucoids, and yields the same proportion of reducing substance on decomposition with mineral acids. Furthermore, the combustion equivalents of osseo-mucoid, chondromucoid, and tendomucoid are practically identical, indicating the close chemical relationship of these glucoproteid products. It is probable, then, that ordinary compact bone contains mucin substance, and that in the process of ossification the connective tissue matrix is not completely removed. This act makes it easier to understand the accumulation of mucoid in various pathological formations in osseous tissue.

Church Hygiene.

It is a curious thing that, although we are becoming yearly more careful of the ventilation of our town halls, theatres, and similar public buildings, the arrangements for comfort in churches are as conspicuous by their absence as of yore. For centuries the clerical members of the population have been the chief opponents of advance in this direction, and we suppose that, although the clergy of to-day are more enlightened (in this country at all events), and are giving way at last to the resistless onward tendency of modern sanitation, it is but a part of the fitness of things and of the tenacity of conservatism that makes hygiene in places of worship still wanting in the twentieth century. Those cognisant of the condition of churches on the Continent will not be surprised at the report recently made to the Paris Academy of Medicine by M. Reminger, sub-director of the Pasteur Institute at Constantinople. For

months past this gentleman has been engaged in the investigation of the hygienic surroundings of a large number of churches, and he has found that "most of them are far from healthy, are lacking in provisions for ventilation—a fact which largely accounts for the frequent fainting fits of many of the congregation." This evil is not, however, confined to the churches of Europe. The United States of America possess many places of worship which are responsible for many a case of illness, especially of pneumonia and diseases affecting the respiratory system. Churches are almost notorious for their "cold"-giving tendencies, but why people should be called upon to worship in places which would be condemned hygienically if used for the purpose of holding meetings other than religious gatherings is an enigma to most of us. It is not merely our old sacred edifices that are to blame, but modern church architecture seems to still aim more at producing a cold, draughty, ill-ventilated structure than a place in which God can be worshipped in safety and comfort.

The Coroner and the Mummy.

As a fitting sequel to the amusing case recently noticed by us in these columns, we note that a correspondent wrote to the *Times* pointing out that Dr. Wynn Westcott had a precedent to go upon in American fiction. In one of Max Adeler's stories a certain Mr. Stanton once brought home six mummies from Peru, and over these, in the opinion of Coroner Maginn, an inquest should legally have been held. "They're human beings; nobody here knows what they died of. Stanton hasn't got a doctor's certificate about 'em, and I'm sworn to look after all dead people that can't account for bein' dead, or that are suspicioned of dyin' by foul play," was the Coroner's argument; but on this occasion, however, the "Supervisors" interfered, and said "the country didn't care nothin' about people that had been dead for 600 years"—which limited view of the law cost Mr. Maginn the fifty dollars he ought to have made out of those Peruvians.

Tuberculous Infection.

SOME very interesting experiments have been made by M. Nusse during the present year on the infection of animals by tuberculous disease. He draws attention to the fact that diseases attack the lower animals and human beings in different ways, and illustrates his proposition by the case of actinomycosis. Injecting a pregnant rat with human tuberculin, he found that the animal gave no evidence of having the disease and brought forth her litter, which she nourished. On examining the young, however, he made the important discovery that the females of the litter were infected, and that the males had escaped the infection—clearly a case of greater vitality resisting the disease. He concludes that after puerperal fever, measles, influenza, typhoid fever, and diabetes, there is a susceptibility to tuberculosis. With a predisposition to infection

in the individual, there is also a proclivity of the disease for certain organs. Grawitz and Manoe observe that the epididymis and apices of the lungs are the positions of predilection for the bacilli that are carried through the blood. The rarity with which the larynx and the trachea suffer from primary tuberculosis points out that tuberculosis of the respiratory organs is not always due to the exhalation of the microbes. That the intestines so seldom suffer from tuberculous disease may be accounted for by the protective influence of the intestinal secretion as a bactericide. The tonsils, whether through the blood or by infection from inspired air, are subject to the disease, which manifests itself in the ganglia of the neck, to which it is conveyed by the lymphatics. Tuberculous cows, through their milk, were found at Griesswald to convey the infection. In four autopsies, three in infants and one in an adult, all of whom had consumed the diseased milk, the mesenteric glands were found to contain tubercle bacilli. Koch's pronouncement on the innocuousness of the secretion and flesh of tuberculous animals will at least have the advantage of directing more attention to the subject than it would otherwise have received. In the face of the cases of the children and the adult mentioned above, we think there can be little doubt but that tuberculosis may be conveyed by diseased milk, and that such milk is unfitted for human use.

A Farcical Poor Law Election.

A most undesirable attitude appears to be adopted by the Keynsham Board of Guardians with regard to official appointments at their disposal. Not long ago it was necessary to appoint a new master and matron to the Union, and after due advertisement the House Committee selected from out of thirty or forty applicants. Incredible as it may seem, the guardians actually elected one of their own number, together with his wife, to fill the vacancies. To make matters worse, the terms set forth in the advertisement made previous special experience indispensable, whereas it appears that neither of the two appointed had anything of the kind. Several of the guardians have done their best to remove the reproach of this election from their Board by drawing the attention of the Local Government Board to the facts of the case. In answer to a letter of inquiry from Whitehall, the chairman stated that Mr. Dicey (the newly-elected master) took no part in the election. As to previous experience, Mr. Dicey had taken, as a guardian, an active interest in the management of the workhouse for several years. If the Local Government Board accept explanations of that unsatisfactory nature, the purity of local government will suffer a severe blow. The only instance we can recall of a somewhat parallel nature is the late election of the Medical Officer of Health for Southampton in the person of a former town councillor. In that case, however, the gentleman in question had the grace to retire from the Council prior to the election. The

same principle applies to both Southampton the great and Keynsham the little. If the best officials are to be secured for public appointments, it will be by ensuring absolutely open and above-board elections. Desirable men are not likely to go to the expense and trouble of contesting posts that are booked beforehand by personal and official interests of local candidates. It will be interesting to note the attitude of the Local Government Board in this matter.

An Abnormal Case of Typhoid.

THE following abnormal case of typhoid fever presents an interesting study. A child, ten years old, had an attack of typhoid fever. She had the typical rose rash, hypertrophy of the spleen, the typhoid temperature curve, the sero-diagnostic was perfect. At the autopsy the classic lesions of typhoid were not present; indeed, the Peyer's patches were so very slightly affected that it required a close scrutiny to detect anything abnormal in them. On the other hand, the mesenteric glands and the spleen were not alone enlarged, but they presented necrotic points on their surfaces. In this case the clinical symptoms of the disease were well marked, but the distinctive pathological lesion was wanting—a very unusual condition, the anomaly usually being the opposite state of affairs, the ulceration of Peyer's patches being well marked, and the clinical symptoms being either absent or simulating those of some other disease. Probably the enlargement of the spleen is the most constant sign of the disease in the young, but in those cases that occur late in life it may be absent. From a medico-legal point of view the case is also interesting, as it places beyond doubt the fact that there may be a typical case of typhoid in all but the characteristic lesion of ulceration or infiltration of Peyer's patches. Fortunately for mankind, the poisons which give rise to symptoms simulating typhoid are easy of detection, and they produce pathological lesions which are easy of recognition.

An X-Ray Stereoscope.

THE correct interpretation of X-ray negatives frequently presents considerable difficulty, because all parts of an object lying in different planes are projected into one, and there is practically no way of determining the order of superposition of the various planes, and of the distance that separates them. This defect of the ordinary skiagraph is readily overcome by making two stereoscopic negatives, which, when placed in a suitable stereoscope, virtually reconstitute the object in space. Every detail of the negative is seen in its proper place, the surfaces appear in their natural form, and the various planes are correctly separated from each other. The ordinary hand stereoscope is useless for the purpose, because it is too much trouble to obtain points small enough, and much of the fine detail of the original negative is lost in the reproduction. An instrument has been devised by Weigel which brings into play the prin-

ciple that when two plane pictures representing slightly different views of an object are superimposed, they appear to the eye as giving the same relief as the object itself.

Nature's Surgery.

ONE occasionally meets with remarkable instances of natural cures in dangerous conditions; we have ourselves known of a case in which a strangulated inguinal hernia, for which an operation was refused, cured itself, and, what was more curious, the resulting fæcal fistula underwent a similar cure without surgical aid. A startling instance of what may be called natural surgery was recently reported by an American surgeon named Wallace. His patient was a young man, aged twenty-two years, who had had several attacks of appendicitis. It was finally decided to operate, but twenty-four hours before the time appointed the patient passed his appendix *per anum*. It was three and a-half inches in length, and consisted principally of the mucous and submucous coats. It was perforated near the distal extremity and contained several concretions, one of which protruded from the perforation. During the attacks the tumour was in the right inguinal region. The abscess probably broke into the cæcum, carrying the appendix into the head of the colon. This was a very acute appendicitis, with perforation of the appendix, abscess formation, and necrosis of the cæcum—a most dangerous condition, which was cured by a fortunate operation of nature.

The Deadlock at Macclesfield Infirmary.

AT a special meeting of the Governors of the Macclesfield General Infirmary, held to consider a proposition of Mr. Robert Brown, to the effect that Miss Murdoch Clark, the junior house surgeon, should be given a month's notice to terminate her engagement, as the only means of saving the institution from serious injury and of securing the resumption of the service of the six doctors forming the honorary medical staff, it was decided not to give Miss Clark notice by six votes to three. Whatever may be thought of the rights or wrongs of the position which has been adopted by or been forced on Dr. Clark, there can be but one opinion as to the question of the control of junior staff appointments. Nobody at all acquainted with the working of a large hospital can doubt that appointments to these posts ought to be for the good of the hospital, *i.e.*, for its smooth and capable working in the hands of the senior staff. A lay board is influenced by a thousand matters which do not even indirectly affect the suitability of the candidate. Further, even with the best intentions in the world, they are not in as suitable a position to judge the qualifications of the candidates as are medical men. In this case, we fancy that the fact that Dr. Clark is a woman is a mere concomitant of the quarrel and not a cause of it. It so happens that she has come between the upper and nether millstones of the Governors and the staff. Whatever the origin of the objection, we learn that Miss Clark has sent in her resignation to the Governors of the Infirmary.

Formaline as a Disinfectant for the Hands.

THERE is considerable difficulty in obtaining an antiseptic solution for the disinfection of the hands, which is at once sufficient and free from objectionable qualities. Corrosive sublimate possesses the great drawback that its prolonged use is attended by marked discolouration of the nails. Creolin produces a rough condition of the skin, when used of sufficient strength. Permanganate of potash necessitates the use of oxalic acid as well, and is a troublesome process and also attended by ill effects on the skin. The desire to obtain an ideal antiseptic among American surgeons has led Dr. Charles Noble to adopt formaline, with somewhat disastrous results so far as he was concerned. After having used formaline solution for about a month, a great inflammation appeared at the end of all his fingers, involving the nails. This inflammation was so violent that serum collected under the nails, separating them from the underlying tissue, and it seemed for a time as though all the nails would be exfoliated. Under the influence of rest, together with an ointment of ichthyol, the inflammation subsided. As a consequence, however, the nails separated on an average for about one-third of their length from the distal extremity, but gradually returned to the normal condition. Dr. Noble considers that the factors concerned in the production of the inflammation were:—First, the use of formaline solution, and, secondly, its prolonged contact with the fingerends in consequence of his wearing rubber gloves. He has related his experience to teach the importance of avoiding a prolonged contact with even a dilute solution of formaline.

Epidemic of Whooping-Cough.

FROM British New Guinea we learn that the island is suffering from a severe epidemic of whooping cough, occasioned by the arrival of two white children who were suffering from the disease. The British territory lying to the south-east of the island is inhabited by Malay-Polynesians, who are closely related to the Maories, Tahitians, and Samoans. They are still in the Stone Age in the interior of the island, and, like all savages, very superstitious. With them, as with all people in the neolithic age, diseases are ascribed to witchcraft, and on the outbreak of an epidemic the savages search as diligently for the wizard as does the modern scientist for the microbe. Unfortunately the savage does not take much trouble to verify his suspicions, and all against whom there is an accusation made are almost certain to be killed until the end of the epidemic comes. The death of one or more signifies little to a people who have but recently been cannibals. For the medical profession the island possesses an interest as being the site of the beneficent labours of Dr. W. G. Lawes, who in the early years of the seventies devoted his life to weaning the tribes from cannibalism and teaching them the arts of peaceful industry. He also commenced the onerous task of producing a vocabulary and grammar of the principal languages spoken on the island.

and of introducing written symbols. He died in 1874, worn out in his self-imposed duties, after securing a territory of almost 1,000,000 acres for the Empire.

A Medical Hero.

THE subscriptions to the William Smyth Memorial Fund continue to come in satisfactorily. Among those most recently announced is a handsome sum collected on the London Stock Exchange, and a contribution has been sent in from the students of the School of Physic of Dublin University, where the late Dr. Smyth graduated. We are glad to be able to announce that the Right Hon. Arthur Balfour has procured a grant of £200 from the Royal Bounty Fund. In the words of our contemporary, the *Daily Express*, "we sincerely hope that the admiration which has been excited by the act of the brave doctor who surrendered his life to save the fever-stricken folk of Aranmore will bear fruit in yet more numerous subscriptions."

Freezing for Typhoid.

THE American correspondent of a London daily paper lately announced the fact that a new cure for typhoid and all other fevers had been discovered, and experimented with successfully. The cure consists in placing the patient in a specially constructed refrigerator and "freezing" the fever out. The discoverer of the new method is said to be a medical man in New York. The patient is deposited in a long rubber bag, with "auxiliary ice pockets," wrapped up in a wet sheet and blanket. In addition to this ice is closely packed about him, and he is kept in the refrigerator until nearly frozen. It is declared that this treatment results in an immediate drop in the patient's temperature of about 5°, and that it keeps decreasing until the normal is reached. We should be inclined to suspect that the decrease in temperature would be much more marked than the correspondent or the inventor believes. Undoubtedly the fever would be "frozen out," and most probably the patient also.

Costume Deformities.

CERTAIN conclusions concerning the modifications produced by modern clothing can be drawn by comparing photographs of the human figure taken by travellers in countries where little or no clothing is worn, with the average civilised human figure. Some of the results obtained by this method were recently detailed in an American contemporary by Bradford. The present method of supporting the stockings exerts a strong pull on the waist, borne in the case of women with full hips by the pelvis, but in children mainly on the thorax, and is at times too great a strain on the growing muscles. The injury to the full shape of the neck which comes from clothing is seen in the long, thin neck, with weak muscles and slight subcutaneous adipose tissue, and which results from the binding of the neck by collars, stocks, and neckbands. Among savages heavy neck ornaments have the same effect, weakening and checking the normal development of

the trapezii and sternomastoides, and, by limiting the normal fatty tissue, often making the clavicles unduly prominent. This defect is so frequently reproduced in art that it might be looked upon as a type to be admired, were it not that it is clearly the result of a lack of normal development. The injurious effect of clothing upon the shoulders is seen when the full development of the muscles is prevented and the shoulders are pulled forward, producing the common round-shoulder deformity. Naturally, the effect on the trunk is most noticeable from the effects of corsets. This effect has become so common as to lead to false standards in art as to what is the correct figure. To remove the faults which have thus gradually introduced themselves, it is necessary to determine normal standards, and to make such standards known. The standard furnished by Greek art might be accepted as a model, but, lest it be discarded as antique, its reliability should be reinforced by examination of figures uninjured by clothing, hard labour, or suffering. From investigation it appears that exaggerated fullness of the hip, disproportionate leanness of the legs and lower thighs, the flattened chest, the narrow waist, and the long neck are costume deformities to be avoided in a healthy civilisation that seeks to preserve what Nature gives.

PERSONAL.

AT the end of the session of Special Instruction at the Royal Naval Hospital, Haslar, last week, prizes were awarded to Surgeons A. T. Gailleton, M.B., and T. B. Shaw, M.B., with appointments to H.M. ships.

MR. EDMUND OWEN, F.R.C.S., Surgeon to St. Mary's Hospital, Paddington, succeeds the late Sir Wm. MacCormac, Bart., as Consulting Surgeon and Surgeon-in-Chief to the French Hospital in London.

DR. H. M. MACNAUGHTON-JONES will deliver an address to the Cork Medical Society, on Monday, January 13th. The title of his address is "An Analysis of Some Recent Methods in Gynecology."

MR. RICHARD J. H. SCOTT and Mr. Frederick K. Green, senior surgeons to the Royal United Hospital, Bath, have resigned their appointments after 20 years' service. The resignations have been accepted with great regret by the Governors.

DR. JOHN WOODMAN, who has recently resigned the post of medical officer to the Exeter city workhouse after 35 years' service, was last week granted a superannuation allowance of £64 per annum. A motion of appreciation of the services of Dr. Woodman was unanimously passed by the Guardians.

THE committee appointed in connection with the proposed memorial to the late Professor Alfred Hughes have collected the sum of £1,800, inclusive of £1,000 given by Mrs. Hughes. This amount is to be handed over to the Cardiff College Council to provide an "Alfred Hughes Memorial Medal" to be awarded annually in the class of anatomy at the college and also to endow the anatomical museum of the college.

Manchester.

[FROM OUR OWN CORRESPONDENT.]

STETHOSCOPES, ANCIENT AND MODERN.

At the December meeting of the Medical Society, Dr. Harris exhibited a most interesting collection of stethoscopes. There seemed to be hundreds of instruments of all shapes and sizes on the table. There was an original Laennec, as described in that author's first publication in the year 1819, and others as modified and described by him in 1826. These resembled a rolling-pin one foot long and $1\frac{1}{2}$ inches in diameter, made in two portions, and perforated by a bore with a small diameter. Then came the modification described by Williams in his "Physical Signs of Diseases of the Lungs and Pleura" in 1828; and also Piarry's combined stethoscope and fleximeter, described in "La percussion medicale" in the same year. The flexible stethoscope seems to have been first used in uniaxial form about the year 1834, while the binaural instrument dates back as far as 1851. One remarkable "binaural" was that of Williamson, which was composed of two bits of lead pipe and a tube of wood ending in a chest-piece. Dr. Harris has made a number of experiments dealing with the conducting power of different stethoscopes, and these will be published in due course. In the meantime he made it clear that sounds can be conducted either by a solid rod of wood or other material, or by a column of air contained within a tube. In the ordinary tubular stethoscope of wood, metal, or vulcanite, both methods of conduction are employed, while those whose the flexible instrument rely on a column of air alone. Many stethoscopes have been built with the idea of forming a resonating chamber as well as a conductor. This was condemned, and it was held that the instrument should be a conductor alone. The phonendoscope accordingly must be looked upon with disfavour. Dr. Harris could not state that any one pattern was the best. The physician must choose one to fit his own ear, and must never use it as a prop for the head!

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

THE SMALL POX EPIDEMIC.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The optimistic sentence with which you end your leader in your issue of to-day, December 25th, no doubt applies to London, or you would not make the statement; but it certainly does not apply to the home counties outside the metropolis, either in the urban or rural districts. There can be no doubt that the whole country, in consequence of the continued neglect of vaccination and re-vaccination, is placed in danger of involvement in an epidemic of terrible proportions. This has now been forcibly brought home to me here by the fact that several cases of small-pox have to-day been notified in the village on the outskirts of which I have a residence. This village is Meadvale, overlooking Earlswood Common, and within the boundaries of the borough of Reigate, twenty-one miles from London. The Sanitary Authority is taking steps to prevent spread of the disease, but since one of the cases has remained unrecognised for many days—mistaken for chicken-pox—it is impossible to say how far these measures are likely to be attended with success. The households of the wealthier residents have mostly been vaccinated, but there still exist among the working classes and poor a great number of unvaccinated infants, and a still greater number of older children and adults, who have not undergone re-vaccination. An anti-vaccination league, with its headquarters at Dorking, has many adherents here and throughout the county; whilst no adequate attempt has been made here or elsewhere to bring home to the mass of the people the necessity for precaution. In accordance with the recommendation of the Local Government

Board, the various Boards of Guardians have published a placard giving advice and information and announcing the provision of gratuitous vaccination and re-vaccination. But the classes in question will not, as a rule, call in the vaccination officer, and they will not or cannot walk a mile or two, dragging their children with them on the chance of finding him at his surgery. If they do not need persuasion many of them will not put themselves out of the way in the least in this matter. Whether the country shall escape the danger which threatens it or whether the danger shall be minimised depends almost entirely upon the foresight and activity of local authorities. They need rousing; perhaps you can help to do it. A house-to-house visitation ought to be organised and a vaccination station opened in every urban ward and village at which an officer should be on duty at hours when the people could attend and bring their children without loss or inconvenience.

To the burden of sorrow and sacrifice placed upon us by the war in South Africa, we do not want added a visitation which would so increase the nation's trouble; and when one reflects that in efficient vaccination and re-vaccination we have the certain means of preventing this, one feels inclined for once to reject the ordinarily wise caution—*surtout pas trop de zèle*, and to do what may seem too much rather than risk the consequences of doing, by chance, too little.

I am, Sir, yours truly,

HENRY SEWILL.

The Old Rosery, Earlswood Common,
Dec. 25th, 1901.

Obituary.

DR. C. H. W. ELLERMAN, ROTHERFIELD.

THIS gentleman, whose bicycle accident we recorded last week, died the following day, and was buried on Saturday with every outward mark of esteem on the part of the inhabitants. An enormous number of floral tributes were sent by friends in the profession, and by public bodies and patients with whom he had been associated. For many years past he had held the honorary appointment of Surgeon Lieutenant to the "G" Company, 1st Cinque Ports Volunteer Rifles, and the members of the corps and hundreds of the public paid their last token of regard at his grave. Deceased was but thirty seven years of age, and sincere regret has been evinced at his untimely end.

DR. WILLIAM WATSON, ROCHESTER.

THE death from apoplexy is announced of Dr. Watson, medical officer of health for the City of Rochester. The deceased was about 50 years of age, and held several local public medical appointments which thus become vacant, including that of medical officer to the port sanitary authority of the Medway. He was a silver medalist of the Society of Apothecaries, and held the honorary post of surgeon-lieutenant to the 4th V.B. Royal West Kent Regiment.

DR. ROBERT CROMIE, CLOUGH.

WE regret to announce the death of Dr. Crombie, of Clough, who was well-known in the North of Ireland. The deceased medical man took his degree of Master of Surgery in Glasgow University in 1834—some sixty-seven years ago. Afterwards he settled down in the district of County Down, with which his name has so closely been associated, and where he enjoyed an extensive practice for a lengthened period. We understand that one of his sons is Mr. Robert Cromie, the popular novelist.

Naval Medical Appointments.

THE session of special instruction at the R.N. Hospital, Haslar, terminated on December 21st, when the following surgeons received appointments to H.M. Ships. Prizes were awarded to Surgeons A. T. Gailleton, M.B. (silver medal and books) and T. B. Shaw, M.B. (microscope). Surgeons in order of seniority:—T. B. Shaw, M.B., 6,014 marks; A. T. Gailleton, M.B., 5,731; G. S. Davidge, 5,121; P. T. Nicholls, 4,997. P. L. Crosbie (entered under special Admiralty regulation).

Notices to Correspondents, Short Letters, &c.

CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or **LETTERS** intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate, providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning corrected proofs.

MR. C. H. S.—Approved and sent.

DR. A. W. (Liverpool).—The Editor of the special department referred to is absent for a few days. You will receive a private note on his return this week.

TRIONAL FATALITIES.

A NUMBER of cases of fatalities from the use of trional and sulphonal have been recorded. Special warning has been given that abdominal distress and urinary derangements, including hematuria, porphyrinuria, indicate trional poisoning of a very grave character, and that trional, even in so-called safe doses, may give rise to serious and even fatal toxic effects.

PERPLEXED.—It has been laid down that the nature of the demand of a physician for medical services rendered without a special contract therefor is simply an implied promise to pay what such services are reasonably worth, and the proper action for their recovery is what is called *assumpsit* for such compensation as may be shown by the evidence that the physician rendering the services ought to receive. This demand, in the absence of a special contract as to what shall be paid, is an open account.

CAPT. C.—Your suggestion is ingenious, but has been anticipated, as you will find on application to any surgical instrument maker.

THE INTERNATIONAL MEDICAL CONGRESS IN 1903.

From letters received there would appear to exist some misapprehension as to the time and place of meeting of the next International Medical Congress. Hitherto these meetings have been usually held in August, but as Madrid has been decided on, a meeting there in the "dog days" would be insufferable, and we believe the spring will be fixed upon. The question of military hospitals will become a prominent feature of discussion, and all the army medical departments are being asked to send a representative. Our own department will probably be represented by its Director-General, Surgeon-General Taylor.

OPPIDANS (Leicester).—The term "podagra" is confined to regular gout, and does not apply to the abarticular or irregular varieties of the malady. A more generally applicable name would be gouty arthritis. Both neuritis and cold extremities are well-recognised gout phenomena. The surgical treatment of tophi has never been practised to any great extent, probably on account of the tendency to slow healing on the part of the uratically infiltrated tissues. There is no evidence that gout may possibly be a microbial manifestation, although recent research has pointed to the probability of such an origin in the case of rheumatic and perhaps of rheumatoid arthritis.

DR. HARTIGAN.—There is no hospital which gives instruction in all the subjects you mention. It is not desirable, and ought not to be possible for such a one to exist. We do not understand your allusion to a three months' course.

AN UNUSUAL CASE.

Messrs Roget and Weil report the case of a vigorous adult male who, in the plenitude of his health, was suddenly seized with gangrene of his eyelids. The attack was neither preceded nor accompanied by conjunctivitis nor any lesion of the eyelids. It commenced by a simple oedema of the lids, and in four days the temperature rose to 104 deg. F.; there was no pain, but a strange feeling of tightness in the skin of the face; he suffered from anorexia and albuminuria. The case is one of those of which, in 1870, Druitt wrote; it is now known to be due to an acrobic microbe, and usually runs an active course.

M.L.S.—The only disadvantage of the nitrous oxide and ether method of anaesthetisation is that it requires somewhat complicated and expensive apparatus and expert skill to administer it, but its general adoption would necessarily lead to the systematic instruction in anaesthetics, and would so far tend to make expert anaesthetists.

Meetings of the Societies, College Lectures, &c.

LONDON.

THURSDAY, JAN. 2nd.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m. Clinical Cases will be shown by Mr. Edmund Boughton, Dr. L. Guthrie, Mr. F. Jaffrey, and others.

BONTGEN SOCIETY (20, Hanover Square, W.).—8.30 p.m. Papers by Mr. C. E. S. Phillips, "On the Function of an Auxiliary Electrode in X-Ray Bulbs," and by Mr. Prosper H. Marsden, F.R.S.,

"On Radiography Applied to Dental Surgery." After which Mr. H. W. Cox will demonstrate a New Method he has devised for exciting Several Tubes simultaneously from One Coil.

FRIDAY, JAN. 3RD.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY (at the West London Hospital).—8.30 p.m. The adjourned discussion on Mr. T. R. Atkinson's paper on "Small-pox" will be opened by Dr. Dobson with a paper on "Glycerinated Calf-Lymph." A proposal will be moved in the following terms:—"That the time has come when the Government should exercise control in the manufacture and sale of vaccine lymph, and should endeavour to maintain a definite standard of purity and strength."

Appointments.

DOBSON, MARGARET B. AUSTIN, M.B.Lond., a Medical Officer at the Lincolnshire County Asylum at Bracebridge.

FERRIER, DAVID, M.B., B.Ch., House Surgeon to the Salisbury Infirmary.

GEDGE, A. S., M.R.C.S., L.R.C.P.Lond., Medical Officer for the Fifth District of the Devon Union.

JAMES, HERBERT, L.R.C.P.Lond., M.B.C.S., Resident Medical Officer to the Swansea General and Eye Hospital.

MOWAT, GEORGE, M.B., Ch.B.Aberdn., Senior House Surgeon to the Royal Infirmary, Wigton.

PRESTON, L. L., M.B., B.S.Durh., Medical Officer of Health for St. Helena, Hants.

ROBINSON, G. A., M.B., B.S.Durh., Junior Surgeon at the Samaritan Hospital for Women, London.

RUSSELL, R. HAMILTON, F.R.C.S.Eng., Surgeon to In-patients at the Alfred Hospital, Melbourne, Victoria.

SANDILAND, DIGBY S., M.R.C.S., L.R.C.P.Lond., Junior Resident Medical Officer to the West Ham Hospital, Stratford.

SMITH, OSWALD, M.B., B.S.Edin., House Physician to the Salisbury Infirmary.

STANSFIELD, H., M.B. Vict. Univ., Medical Officer for the District of Clayton, Yorkshire.

TOD, HUNTER, F., M.A., M.B., B.C.Cantab., F.R.C.S.Eng., Assistant Surgeon to the London Hospital.

WINTER, W. H. T., M.B.C.S., Medical Referee under the Workmen's Compensation Acts for the Wolverhampton County Court District of Circuit No. 25.

Vacancies.

District Asylum, Mullingar.—Female Junior Assistant Medical Officer. Salary £100 per annum, with board, furnished apartments, attendance and laundry. Applications to Resident Medical Superintendent. (See advt.)

Donnybrook Royal Hospital for Incurables.—Resident Medical Officer. Salary £150 per annum, with board and furnished apartments. Immediate application to J. J. Thompson, Registrar. (See advt.)

Durham County Asylum.—Junior Assistant Medical Officer. Salary commencing at £140, with board, laundry and attendance. Applications to the Medical Superintendent, County Asylum, Winterton, Ferryhill.

Edinburgh Royal Infirmary.—Pathologist. Salary £400 per annum. Particulars as to the hours, duties, &c., of William S. Caw Treasurer and Clerk.

Lanark County Asylum, Glasgow.—Third Assistant Medical Officer and Pathologist. Salary £120 per annum, with board, residence and washing. Applications to the Medical Superintendent at the Asylum, Hartwood. (See Adv't.)

Noble's Isle of Man General Hospital and Dispensary, Douglas.—Resident House Surgeon. Salary £32 per year, with board and washing free. Applications to Frederick B. Fleming, 25 Athol Street, Douglas, Isle of Man.

Norfolk County Asylum, Thorpe, Norwich.—Junior Assistant Medical Officer. Salary begins at £120 per annum, with board (no liquors found), lodging, and washing. Apply by letter to the Medical Superintendent.

Stockton and Thornaby Hospital, Stockton-on-Tees.—House Surgeon. Salary £250 per annum, non-resident. Applications to H. G. Sanderson, Secretary.

Westmorland Consumption Sanatorium.—Resident Medical Officer. Salary £150, all found. Applications to Dr. W. B. Parker, Kendal, Westmorland.

Worcester County and City Asylum.—Junior Assistant Medical Officer. Salary commencing at £140, rising to £160, and all found. Applications to the Medical Superintendent, Powick, Worcester.

Births.

CUTFIELD.—On Dec. 26th, at Merton House, Ross, the wife of Arthur Cutfield, B.A., B.Sc., M.R.C.S., of a son.

WALKER.—On Dec. 29th, at 39 Worple Road, Wimbledon, the wife of George Walker, M.R.C.S., L.R.C.P., of a daughter.

Marriages.

MARTIN-ROLFE.—On Dec. 21st, at St. Mary's, Bryanston Square, London, W., John Middleton Martin, B.A., M.B., B.C., D.P.H.Cantab., to Louisa Margaret, youngest daughter of the late Robert Holmstedt Rolfe.

Deaths.

ISACKE.—On Dec. 27th, at Orotava, Teneriffe, Matthew William Stuart Isacke, M.B.C.S., L.R.C.P., third son of Colonel Henry W. Isacke, retired, Royal Artillery, aged 30.

MASON.—On Dec. 29th, at 1 Albany Road, Stroud Green, London, N., J. Wallis Mason, M.B.C.S.L.Eng., aged 79 years.

NEALE.—On Dec. 29th, at Mountmellick, Queen's County, William Neale, M.D., J.P., aged 53 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXIV.

WEDNESDAY, JANUARY 8, 1902.

No. 2.

A Clinical Lecture

ON

SOME CASES OF CIRRHOSIS OF THE LIVER

WITH ASCITES, INCLUDING ONE OF BANTI'S
DISEASE, TREATED SURGICALLY BY THE
ESTABLISHMENT OF A COLLATERAL
CIRCULATION.

DELIVERED AT THE WESTMINSTER HOSPITAL,
DECEMBER 24TH, 1901.

By WILLIAM MURRELL, M.D., F.R.C.P.,

Physician to the Westminster Hospital; Joint Lecturer on Medicine, Lecturer on Clinical Medicine; and Examiner in the University of Glasgow.

THAT the treatment of ascites due to cirrhosis of the liver by ordinary medical measures such as the administration of hydragogue purgatives, diuretics, or diaphoretics is unsatisfactory is a well established fact. Even paracentesis is merely palliative for the ascitic fluid speedily reaccumulates, and after a succession of tapings the patient usually dies of exhaustion or some intercurrent mischief.

The operative treatment of these cases by the establishment of a direct communication between the portal and systemic circulations is more hopeful. It is to Dr. David Drummond (1) and Mr. Rutherford Morrison, of Newcastle-on-Tyne, that we are indebted for making the suggestion in a form to ensure its general adoption and for putting the operation on a firm scientific basis. Dr. Drummond noticed that in many cases of cirrhosis of the liver where ascites was absent vascular adhesions connecting the viscera with the parietes were found, and it occurred to him that an artificial extension of the natural process might be attended with beneficial results. In some cases the enlargement of the normal channels of communication between the two systems suffices, but in others adventitious aid by the establishment of an accessory circulation is necessary. This may be accomplished in many ways, and adjacent peritoneal surfaces over the liver have been scratched, or the spleen has been fixed in the abdominal wound. The plan commonly adapted is that of sewing a portion of the omentum to the anterior abdominal wall.

Professor Talma, of Utrecht, is said to have suggested the operation in 1887 or 1888, but he published nothing on the subject until much later.

Van der Meulen performed the operation in 1888, and the patient died in a few hours of shock. Scheiky made another attempt in 1889, and the patient died on the fourteenth day of peritonitis. These cases were not published.

Th. Lens (2) performed the operation on June 6th, 1891, at the Military Hospital, Paramaribo, Dutch Guiana, the patient being a negro, *æt.* 61, named James Charles Anon. There was an alcoholic history, and the diagnosis was "cirrhosis hepatis atrophica." He had well-marked ascites, and suffered much in consequence from dyspnoea. His pulse was weak and

frequent and his general condition was unsatisfactory. An incision was made to the right of the umbilicus, and a fold of the omentum was attached to the edge of the wound with thin silk. The wound healed by first intention, there was no elevation of temperature, and the patient felt quite well a few days after the operation. The ascites returned, and the patient had to be tapped several times, although the intervals between the tapplings increased as the collateral circulation improved. The patient died on November 24th, apparently of general weakness. At the post-mortem examination it was found that the blood vessels were greatly increased in size, and that the omentum was "thick and rich in blood." The paper is entitled: "Hechting Van Het Omentum Majus aan den Buikwand bij Cirrhosis Hepatis Atrophica," and is dated December 31st, 1901. It is illustrated by two blocks from photographs showing the post-mortem appearances.

The foregoing cases seem to have attracted no attention, and were unknown to Drummond and Morrison at the time of the publication of their paper.

Rutherford Morrison's first operation (3) was performed on September 3rd, 1894, the patient being a woman, *æt.* 42. There was no alcoholic history, and the liver was smooth on the surface, and not larger than usual. She lived nineteen months, and was tapped sixty-nine times. She died of hæmatemesis, and no post-mortem examination was obtained. Morrison's second operation (4) was on October 22nd, 1895, the patient being a woman, *æt.* 39. The liver was typically cirrhotic, with much fatty degeneration. The patient improved in health, grew stout, and for two years led an active and busy life. She then developed a ventral hernia, for which she was operated on by Morrison on October 5th, 1897, and died two days later, an autopsy being obtained. Morrison's third case (5) (January 12th, 1897) was a man, *æt.* 42, who had hepatic cirrhosis, enlargement of the spleen and ascites. This was successful, and in January, 1899, the patient was so well that he was passed by the medical referee of a well-known insurance office as a first-class life.

Professor Talma (6) operated on a boy, *æt.* 9, suffering from enlargement of the liver and spleen, with ascites and kidney mischief. There were three operations. In the first laparotomy the exploratory incision was followed by gaping of the wound and prolapse of a portion of the omentum, which had to be excised. In the second operation the remainder of the omentum was stitched to the abdominal parietes. In the third operation the inferior margin of the spleen was tucked in between the skin and the peritoneum. The patient made a good recovery, and a year later was active and well. The title of Talma's paper is "Chirurgische Oeffnung neuer Seitenbahnen f. das Blut der Vena Porta," in other words, "The Surgical Opening of a new side-track for the blood of the Portal Vein."

Warrington Haward (7) of St. George's, in August, 1897, operated on a woman, *æt.* 49, the subject of calcification of adherent pericardium, enlargement of the liver from chronic congestion and ascites. The relief was temporary, and the patient died a year later. Dr. Ewart showed the specimen at a meeting of the Harveian Society of London on April 6th, 1899.

Alfred Egon Neumann (8), of Berlin, on November 2nd, 1898, operated on a man, *æt.* 45, who had a splenic tumour and ascites. There was no return of the ascites six months later.

Robert F. Weir (9), of New York, operated on November 4th, 1898, on a patient under the care of Dr. S. W. Lambert, a man, *æt.* 43, a wine taster, with a marked alcoholic history. The liver dulness extended 3½ ins. below the ribs, and the spleen was much enlarged. He had been tapped many times. The omentum was stitched on each side of the abdominal wound with catgut sutures. In addition the antero-superior surface of the right lobe of the liver, the corresponding diaphragmatic part of the peritoneum and the parietal peritoneum adjoining the wound were freely scraped with the sharp point of a steel hatpin. The patient did well for three days, but his pulse then rose, and he complained of much pain in the lower part of the abdomen. He died on the fifth day, and at the post-mortem examination extensive peritonitis was found, especially in the pelvis.

Rolleston and Turner (10) have recorded two cases operated on at St. George's Hospital. The first, in July, 1899, was in a man, *æt.* 45, in whom there was an old history of syphilis. There was ascites, and the spleen was enlarged but not the liver. The patient derived much benefit, and six months later was alive and well. The second patient was a Frenchman, *æt.* 52, who had indulged freely in *vin ordinaire*, and who had ascites. The operation was performed in July, 1899, and in the following November he was in bed with distended abdomen and oedema of the legs.

Walter Spencer operated on the first of my cases on February 20th, 1900, the patient being a girl, *æt.* 19-20. We published a provisional account (11) of this case, and the subsequent history with the post-mortem appearances as observed eighteen months later is now given (Case I.). Spencer operated on the second of my cases on October 29th, 1901, and the history of the case is appended (Case II.). My third case was operated on by Spencer on November 28th, 1901. The patient was a woman, *æt.* 50, with a somewhat indefinite alcoholic history. There was much ascites but the liver was but slightly nodular. A provisional account of this case is now given (Case III.).

Charles H. Frazier (12) of Philadelphia, on July 25th, 1900, operated on a man, *æt.* 45, who had contracted syphilis some years previously, and who had always indulged freely in alcohol. He was not a very favourable subject, for in addition to enlargement of the liver and spleen with ascites, his heart was enlarged and he had a systolic murmur audible over the whole præcordia, whilst the urine contained a trace of albumin with a few pus and blood cells. The author endeavoured to perform the operation under a local anæsthetic, but after opening the peritoneal cavity the manipulation caused so much pain that ether had to be administered. Convalescence was uninterrupted, and the patient suffered no ill effects. An account of this case was read before the Philadelphia Academy of Surgery in December, 1900, and the patient was then no longer bedridden and was able to get out daily.

Mansell Moullin (13) has performed the operation in five cases. Two of the patients died, one four weeks after the operation of pleurisy, the other one week after from exhaustion. The other three patients were discharged relieved. One was lost sight of and the other two were alive and well two years after the operation.

This is an abstract of twenty-one cases which I have verified, but the list is not complete. Bossowski operated on a girl of nine for cirrhotic liver, and the ascites developed less rapidly after the operation. Dr. Drummond informs me that Mr. Morrison has had another successful case, which is not yet ripe for publication. Dr. Ewart has had a second case, which he proposes publishing in due course. I have heard of an incomplete case in Glasgow which terminated fatally and of two cases in Edinburgh. Assuming this information to be correct, it would bring up the list to twenty-seven.

The following are the particulars of my cases:—

Case I.—J. H., a girl, *æt.* 19, was admitted to Westminster Hospital on November 7th, 1899, suffering from anæmia and amenorrhœa. She stated that she had been

anæmic for two years, and for the last eighteen months had been at home doing nothing. She had never been quite regular, and for seven months the catamenia had been absent. There was considerable oedema of the lower extremities, but there was no ascites, she was not pregnant, there was no albumin in the urine, and there was no leucorrhœa. She did not present an alcoholic appearance, there was no history of alcoholism, and the case was apparently one of oligocythæmia with considerable oligochromæmia.

The blood was of fair colour, but appeared to be thinner than normal. The red blood corpuscles numbered 3,830,000 per cubic millimetre. The colourless blood corpuscles were 3,000 per cubic millimetre, chiefly lymphocytes and finely granular oxyphile polynuclear leucocytes.

She was ordered five grains of dried sulphate of iron in pill three times a day with a drachm of sulphate of sodium in hot water every morning. This was continued for a fortnight, but although she improved in strength and colour the menstrual function was not restored. The iron was continued, and on December 13th she menstruated, the period lasting two days. She left the hospital on the 17th apparently well.

On January 9th, 1900, she was readmitted. She stated that a few days after leaving the hospital she had a bad cough and sore throat, which kept her in bed for a fortnight. On admission her temperature was 104° F. and the urine contained much blood and albumin. She had a soft apical systolic murmur conducted outwards to the axilla and round to the angle of the scapula. Her abdomen at the level of the umbilicus measured 34½ ins. It was resonant in front and on the right side, but on the left there was dulness extending from the groin to the lower margin of the ribs, and laterally from the flanks to within two inches of the umbilicus. Nothing was discovered on rectal examination and there was no indication of an ovarian cyst. There was a large quantity of fluid in the abdomen, probably confined by adhesions. The temperature during the first week always reached 101° in the evening, but there was no indication of tuberculous disease either in the lungs or in the larynx.

An examination of the blood showed hæmoglobin, 65 per cent.; erythrocytes, 3,450,000 per cmm. of good size and shape; leucocytes, 7,000 per cmm., of which 54 per cent. were finely granular oxyphile cells and 3 per cent. coarsely granular oxyphile cells. The remaining 43 per cent. was made up of small cells having a single pale nucleus, which nearly filled the cell and was surrounded by a narrow zone of fine granules staining deeply with methylene blue. They were about the size of lymphocytes, although they differed from them in many important respects.

The patient passed daily about 30 ozs. of urine of sp. gr. 1028, containing nearly one-half albumin and much blood. No casts were found, and the urea estimation gave 2.5 per cent. The abdomen continued to increase in size, and at last became so distended as to cause the patient considerable discomfort. She was feeble, and her general condition was unsatisfactory. Much doubt was experienced as to the diagnosis, but it was regarded provisionally as a case of lymphatic leucæmia, and as such was published.

On January 27th Mr. Spencer made an incision one and a half inches in length midway between the umbilicus and the pubes, from which about eight pints of slightly blood-stained fluid were drawn off. On exploration with the hand no disease of the abdominal viscera could be detected. A large glass drainage tube was inserted in the abdomen and from this there exuded on the 28th, 34 ozs.; on the 29th, 25 ozs.; on the 30th, 45 ozs.; and on the 31st, 30 ozs. of blood-stained serous fluid. The tube was withdrawn on February 5th, and the wound was allowed to heal. On February 12th the spleen was found to be enlarged, its lower edge being felt two inches below the ribs. The fluid in the abdomen gradually re-accumulated; the urine still contained large quantities of albumin, and the patient's general condition once more assumed a very unsatisfactory aspect.

It was now determined to endeavour to establish a collateral circulation on the Drummond-Morrison

method, and on February 20th Mr. Spencer attached a piece of the omentum about two inches square to the anterior abdominal wall by kangaroo stitches. The vessels within the abdomen were congested and the veins were widely distended. On March 14th the superficial abdominal veins were noted to be larger. The wound was practically healed and there was no return of the distension of the abdomen. The mitral regurgitant murmur was more marked, and in addition there was a loud systolic murmur heard most distinctly over the left second intercostal space and adjacent portion of the sternum. The albumin had disappeared from the urine.

On April 19th the report of the patient's blood condition was as follows: Hæmoglobin, 65 per cent.; erythrocytes, 3,000,000 per cubic millimetre; leucocytes, 4,640 per cubic millimetre; finely granulated oxyphile cells, 56 per cent.; coarsely granular oxyphile cells, 6 per cent.; hyaline cells, 20 per cent.; and lymphocytes, 18 per cent. Hæmoglobin value of each corpuscle, 100 per cent. The erythrocytes were irregular in size and shape.

The patient gradually improved in health and strength and was discharged on April 19th. She was seen again on June 1st and stated that she felt perfectly well.

On June 30th, 1901, sixteen months after the operation, she was admitted for the third time. She stated that until six weeks previously she had been in good health, but that since then she had been gradually getting weaker. Her abdomen measured 38 inches at the umbilicus and contained much fluid. There was a ventral hernia about an inch and a half below the umbilicus corresponding to the site of the introduction of the tube. The temperature was persistently elevated and varied at night from 102° to 103°. Her red blood corpuscles numbered 2,700,000 per cmm., and the white 3,360, the hæmoglobin value of the blood being 70 per cent. Iron and arsenic were given with plasmon and glucose, and on this there was some improvement. On July 20th a large glass tube was inserted into the abdomen, and from this serous fluid drained freely for two days. Her general condition, however, remained unsatisfactory, and she died on July 31st.

At the autopsy firm adhesions were found between the omentum and the abdominal wall, and there were old organised adhesions between the stomach and the diaphragm and between the liver, spleen, and diaphragm. The liver weighed 38 ozs., and was markedly cirrhotic, the lobules of liver substance being isolated by strands of connective tissue. The spleen was enlarged, deep red in colour, especially at the upper end, where there was a wedge-shaped patch deeply congested, resembling an infarct; in the centre of the congested area was a small abscess containing thick yellow pus, whilst two other small abscesses were seen in the substance of the spleen at the lower part. The heart was healthy, except that the mitral valve cusps were slightly thickened along the edges, and there was slight erosion of the edge of the posterior cusp. The capsule of the kidneys was somewhat adherent. The brain and other organs were healthy.

A microscopical examination of the liver (by Dr. Bertram Abrahams) showed great excess of interlobular connective tissue, with diminution of liver substance. In the connective tissue were numerous ducts, some lined with columnar and others with cubical epithelium, the latter predominating. The liver cells took the stain very badly, the protoplasm having a muddy appearance and their nuclei being very faintly coloured. There was some small round cell infiltration of the lobules but no fatty degeneration.

This case, in its clinical aspects, presented many difficulties in the way of diagnosis. There is no doubt that originally the patient was suffering from oligocythæmia and oligochromæmia. On her second admission, however, there was a further development, and suspicion pointed to lymphatic leucæmia. Her leucocytes were only 3,000 per cmm., and the ratio of white to red corpuscles was one in 493. The presence of finely granular basophile cells with the absence of non-granular cells was thought to be indicative of some pathological condition of the hæmatopoietic tissues. The essential change was apparently the presence throughout the body of large

numbers of small non-nucleated cells due to excessive proliferation. The anæmia was explained by the infiltration of the hæmatopoietic tissue of the bone marrow with a gradual diminution of the blood-forming area. The muscular substance of the heart had undergone a form of degeneration from the deposit of fine granules within the fibres. The alteration in the composition of the blood played an important part in the production of the oedema by increasing the permeability of the vessel walls. Such was the theory and it was probably incorrect, at all events it derived no support from the post-mortem appearances.

I have now, no doubt, a view that was entertained during the last few months of the patient's illness, that she was suffering from anæmia splenica with cirrhosis of the liver, that is from Banti's disease. It is to Professor Banti (14) of Florence to whom is due the credit of having first called attention to this peculiar malady. Its chief characteristics are:—(1) Anæmia, (2) enlargement of the spleen, (3) cirrhosis of the liver, and (4) ascites. It is not connected with malaria, syphilis or alcohol. All these conditions were present in this case. Banti regards the disease as a direct result of the splenic affection and not in the usual inverse sense of the splenic enlargement being due to the cirrhosis of the liver. It is, in fact, a hyper-splenomegaly. It is probably a toxæmia, the point of entrance of the poison being the intestines. In some cases the liver has been found free from cirrhotic changes. The disease is by no means common, but Senator (15) in a lecture recently delivered before the Medical Society of Berlin stated that in five years he had met with seven cases. He had investigated the condition of the blood in three cases and had collected records of seventeen other cases. Oligocythæmia was constant, and there was diminution of the hæmoglobin, but this was less characteristic, and bore no relation to the diminution in the number of the red blood corpuscles. The leucocytes were diminished in number, but to a variable extent. Banti recommended splenectomy, but the mortality from this operation is high. The advisability of resorting to it in this case was discussed soon after the patient was admitted for the third time, but the idea was negatived.

Case II.—A married woman, æt. 48, was admitted on October 7th, 1901, complaining of enlargement of the abdomen of four months' duration. She had suffered from morning vomiting for six months, the vomited matter often containing streaks of blood. The abdomen measured 42 ins. at the umbilicus and contained much fluid. The liver dulness could not be mapped out with any certainty. There was no definite alcoholic history, and there was no peripheral neuritis. It was thought that in all probability she had had syphilis. She had had seventeen children, of whom eleven were living. She had had various miscarriages at two, three, and seven months, and there was the scar of an ulcer over the left tibia, for which she had been treated in the hospital in 1897. She was placed on 5 grs. of iodide of potassium three times a day for a week, and then the dose was increased to 15 grs. three times a day for a fortnight, but from this she derived no benefit. Two days after admission paracentesis was performed, and 6 pints 15 ozs. of pale straw-coloured fluid were drawn off. After the tapping the abdomen at the umbilicus measured 36 ins., but the fluid speedily re-accumulated, and on the 29th the abdomen measured 42½ ins. On that day the patient having been placed under gas and ether an incision was made below the umbilicus, and 14½ pints of serous fluid were syphoned off, much more however escaping. The abdomen was explored with the finger, and the liver was found to be hypertrophic, hard, not very nodular, and covered with lymph. Mr. Spencer then made another incision in the median line about 2½ ins. in length, through which the omentum was brought and stitched with four kangaroo tendons to the abdominal wall. The stitches were removed on the twelfth day, and at the same time the large tube was withdrawn from the lower opening. The patient was able to get up on November 22nd, and on the 26th an examination showed that there was very little fluid in the abdomen, which measured 36 ins. She was dis-

charged on the 30th, a month and a day after the operation. She was readmitted December 24th with some increase in the amount of ascites.

This was a fairly good case for operation, but the conditions were not unexceptionable. For example, for the first few days after admission the temperature was 102°6' in the evening. The urine had a sp. gr. of 1030, and although usually free from albumin, sometimes a trace could be detected. She had a faint systolic apex murmur heard most plainly at the ensiform cartilage. Her arteries were not rigid, and another point in her favour was that she was cheerful and good-tempered.

Case III.—A married woman, *æt.* 50, was admitted to the hospital on November 20th, 1901, complaining of a heavy dull weight in the abdomen of three months duration. There was the usual indefinite history of alcoholism. She had had ascites and had been tapped ten days previously, seven pints of fluid being drawn off. There had evidently been some difficulty in closing the wound, and stitches had been inserted. There was a considerable quantity of free fluid in the abdomen and she measured 38 ins. at the umbilicus. The liver was not enlarged, and there was no increased area of splenic dulness. There was no valvular disease of the heart, although the first sound was feeble. The patient had a little general bronchitis, moist sounds being heard over both lungs. There was no albumin in the urine.

On November 28th, under gas and ether, Mr. Walter Spencer made the usual incision in the median line about two inches below the umbilicus and inserted a large glass drainage tube. He then made a second incision above the umbilicus and attached a portion of the omentum with kangaroo stitches to the anterior abdominal wall. On the following day the patient's temperature was 102°4', the pulse was 120, and the respirations were 44. The tube was removed on the fourth day, some of the stitches on the fifth day, and the remainder on the seventh day. The temperature remained over 100° for fourteen days, due, in all probability, to ether bronchitis. On the nineteenth day the patient was free from bronchitis, and on December 24th she was making rapid progress towards recovery.

This new departure in the treatment of cirrhosis of the liver naturally calls for some comment. The operation is generally known as the "Drummond-Morrison" operation, and there can be no doubt that this description should be retained. Dr. Drummond and Mr. Rutherford Morrison were the first to bring this mode of treatment into general use. It is true that Lens was the first to perform the operation, and much credit is due to him for his originality, but his paper was published in an obscure journal and in a language with which the majority of physicians are not acquainted, and he seems to have taken no steps to bring his discovery to the notice of his fellow-workers. The credit of a discovery rests not so much with its originator as with those who take the requisite steps to ensure its adoption. It is possible that Lens failed to realise the fact that he had inaugurated a new departure in the treatment of a hitherto incurable disease.

In connection with this operation it is of interest to consider what are the ordinary compensatory channels of circulation. It must be remembered that the obvious venous enlargement is but an indication of a more extensive and deep-seated effort of the same nature to relieve the congested portal system, and that on the extent to which this is developed depends to a very great extent the duration of the life of the patient. Some light is thrown on the subject by the study of a case of obliteration of the portal vein (pylphlebitis adhesiva) published by Osler (16). These anastomoses for convenience of reference may be tabulated as follows:—

PORTAL SYSTEM.

GENERAL SYSTEM.

1. The coronary veins of the stomach anastomose with the œsophageal, phrenic, and left renal veins.
2. The vasa brevia of the stomach anastomose with the left phrenic veins.
3. The gastro-epiploica of the stomach anastomose with the left renal veins.
4. The superior mesenteric veins anastomose with the left renal veins.

5. The hæmorrhoidal veins anastomose with the pudic veins.

6. Veins in liver adhesions anastomose with phrenic veins and veins in the abdominal wall.

7. The veins in the falciform ligament anastomose with the phrenic veins and veins in the abdominal wall.

All this has been carefully worked out by Sappey, and it is by way of the falciform ligament of the liver that we get the anastomoses which give rise to the enlargement of the veins of the superficial abdominal walls. Sappey's classification of the collateral channels is as follows:—

1. Anastomoses between the coronary veins of the stomach and the œsophageal plexus which discharges into the lower intercostal and azygos veins, and also communicates with the diaphragmatic vessels.

2. Veins passing in the coronary and suspensory ligaments of the liver and in the adhesions formed between the liver and the diaphragm.

3. The dilatation of a small vein in the round ligament affording free communication between the portal vein and the epigastric vessels.

4. Veins forming the system of Retzius which originating in the intestinal canal and anastomosing with the radicles of the portal vein, discharge into the inferior vena cava and its branches.

5. Communications between the superior and inferior hæmorrhoidal plexuses.

It is possible that a careful study of these cases may throw some light on certain undecided functions of the liver.

A point of more practical importance with reference to the success of the operation is the careful selection of the cases. We naturally reject those in which there is a suspicion of carcinoma, whether of the liver itself or of the peritoneum, or of the adjacent organs. When there is a history of syphilis the patient should be given full doses of iodide of potassium, with inunctions of calomel ointment, but should there be no improvement in the course of three weeks further postponement is inadvisable. The best results would probably be obtained in the pre-ascitic stage when the diagnosis rests on the alcoholic history with hæmatemesis and enlargement of the liver and spleen. Alcoholic subjects are notoriously bad subjects for operation, and it is not wise to wait until their tissues have undergone further degenerative changes. The earlier the operation the better the chances of a successful issue. An elevation of a temperature of three or four degrees in the evening is not to be taken as a ground for postponement, nor is the presence of a trace of albumin in the urine. Many of these patients, as shown by the published records have an apex systolic murmur, and in the majority of cases it may be safely disregarded. The risks of ventral hernia have to be taken into consideration, but they may be minimised by the application of a firm binder as soon as the patient gets up, but this is a comparatively small matter when issues of such grave importance are involved. In some patients the operation is inadmissible, and the following is a case in point:—

A woman, *æt.* 62, of German nationality, was admitted on September 21st, 1901, complaining of progressive weakness and enlargement of the abdomen of three months' duration. The abdominal walls were very tense from the presence of free fluid, and the area of liver dulness could not be ascertained. It was thought that in all probability it was an ordinary case of cirrhosis of the liver, though there was no alcoholic history. On October 22nd the patient was tapped and 9 pints 10 ozs. of fluid were drawn off. It was greenish in colour, had a sp. gr. 1020, was alkaline in reaction, and reduced Fehling's solution. The fluid speedily reaccumulated, and on November 10th it was decided to drain the abdominal cavity by the introduction of a large glass tube, and at the same time to ascertain definitely the condition of the viscera. Mr. Spencer, on introducing his finger, found thickening of the uterus and appendages, evidently malignant in origin, with secondary deposits in the liver, a discovery which precluded the performance of the Drummond-Morrison operation. There was no family history of carcinoma, and the

TABLE OF CASES OF THE DRUMMOND-MORRISON OPERATION.

No.	Under care of	Date of Operation.	Sex	Age	Condition of Patient.	Result.
1	Van der Meulen	1888	—	—	—	Died in a few hours of shock.
2	Schelky	1889	—	—	—	Died on 14th day of peritonitis
3	Th. Lens	June 6, 1891	M.	61	Atrophic cirrhosis with ascites	Died Nov. 24, 1891. P.M.
4	Drummond & Morrison	Sept. 3, 1894	Fe.	42	Liver smooth on surface and not enlarged. Ascites	Lived 19 months. Tapped 69 times. No P.M.
5	Drummond & Morrison	Oct. 22, 1895	Fe.	39	Liver cirrhotic with fatty degeneration	Lived 2 years and died after operation for ventral hernia. P.M.
6	Drummond & Morrison	Jan. 13, 1897	M.	42	Hepatic cirrhosis, enlargement of the spleen and ascites	Alive and well, Jan., 1899
7	Talma	—	M.	9	Enlargement of liver and spleen with ascites	A year later was alive and well and the spleen had decreased in size
8	Ewart & Hayward	Aug., 1897	Fe.	49	Calcification of adherent pericardium, chronic congestion of liver and ascites	Died a year later. P.M.
9	Neumann	Nov. 2, 1898	M.	45	Splenic tumour and ascites	No ascites six months after the operation
10	Weir & Lambert	Nov. 4, 1898	M.	43	Liver and spleen enlarged, and ascites	Died on the fifth day of peritonitis
11	Rolleston & Turner	July, 1899	M.	45	Spleen enlarged, but not the liver. Ascites	Alive and well six months later
12	Rolleston & Turner	July, 1899	M.	52	Alcoholic history and ascites	Five months later in bed with abdomen and oedema of the legs
13	Murrell & Spencer	Feb. 20, 1900	Fe.	20	Banti's disease, enlargement of the spleen, hepatic cirrhosis and ascites	Died July 31, 1901. P.M.
14	Frasier	July 25, 1900	M.	45	Alcoholic history. Enlargement of liver and spleen	Six months later alive and able to go out daily
15	Mansell Moullin	—	—	—	—	Died 1 week after from exhaustion
16	Mansell Moullin	—	—	—	—	Died 4 weeks after of pleurisy
17	Mansell Moullin	—	—	—	—	Discharged and lost sight of
18	Mansell Moullin	—	—	—	—	Alive and well 2 years after the operation
19	Mansell Moullin	—	—	—	—	Alive and well 2 years after the operation
20	Murrell & Spencer	Oct. 20, 1901	Fe.	48	Hypertrophic liver not very nodular	Able to get up Nov. 22, discharged on the 30th, readmitted Dec. 24 with some ascites
21	Bossowski	—	Fe.	9	Liver cirrhotic. Ascites	Ascites developed less rapidly after the operation
22	Murrell & Spencer	Nov. 28, 1901	Fe.	50	Liver but slightly nodular. Much ascites	Suffered from ether bronchitis, but on Dec. 24 doing well

patient had had no vaginal discharge, although it was subsequently ascertained that for some time she had suffered pain on defecation. She died from exhaustion on November 28th, and an autopsy was not considered necessary.

There are one or two other minor points to be considered. Should the operation be performed under a local anæsthetic? I think not. Frazier endeavoured to perform his operation under local anæsthesia, but after opening the peritoneal cavity the manipulation excited so much pain that it was necessary to give ether. Although in operations about the abdominal viscera most surgeons prefer chloroform on the ground that ether may fail to cause perfect relaxation, we have in our cases found gas and ether answer fairly well. Should stimulants be given after the operation? I see no objection to the adoption of this course. The second of my patients was allowed four ounces of port daily and it did her no harm. She realised for the first time what was meant by "compensation."

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Paris Clinical Lecture.

CANCER OF THE HEAD OF THE PANCREAS.

By PROF. JACCOUD,

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[FROM OUR PARIS CORRESPONDENT.]

You may remember a patient whom we had in our wards some weeks ago. He was a mason by trade, who, on admission, presented some peculiar appearances to which I directed your attention as soon as I saw him, pointing out that they enabled us to arrive at an almost complete diagnosis, by simple inspection, without any physical examination of the patient. The diagnosis was subsequently confirmed by palpation, but this was not absolutely necessary. Two things, both very important, were noticeable. First, extreme emaciation, with profound marasmus, and, secondly, generalised jaundice of a greenish hue.

The icterus might lead one to believe that the hepatic organ was at fault, and that the emaciation

was due to some special malady of that gland, but the diagnosis was very easy and you would have committed a very great error in not thinking of cancer. There are cases of jaundice similar to the case in question, which are produced by affections other than cancer, but such pronounced emaciation as that of our patient could not be explained otherwise than by a cancer.

On the other hand the answer to the first question put to the patient relative to the duration of the malady was decisive; up to two months ago he felt well enough to continue his work. When we uncovered the patient we were struck with the tumefaction of the right hypochondrium; through the emaciated tissues all the details of the subjacent organs could be recognised with the greatest ease. We found an enormous liver forming a mass which filled the whole region. Associated with this mass could be felt an ovoid tumour, larger below than above, descending into the flank and following the movements of the diaphragm at the same time as the liver. The diagnosis was consequently that of a cancer of the liver, as far as inspection went. To go farther, palpation was necessary.

What was there yet to be known? We had to find out whether the gall-bladder was affected by the cancer, or whether it was only the bile duct that was obstructed. On account of the generalised jaundice it was necessary to examine the condition of the pancreas, as well as that of the stomach, because the cancer of the liver might conceivably be secondary to an epithelioma of the stomach. All these organs had to be passed in review in order to arrive at a complete diagnosis.

In the light of ordinary clinical experience, and in view of the condition of the patient, it was sufficient to say that it was a case of cancer, but from a scientific point of view, it was necessary to examine in detail all the elements of diagnosis which I have enumerated to you.

To that end we proceeded to palpate the patient, and palpation revealed that the walls of the gall-bladder were not thickened, nor did they present any irregularities, it was distended with fluid, but did not participate in the cancerous growth. There was no reason to incriminate the stomach, for no carcinoma could be felt.

In the pancreas matters were different. On gentle manipulation it was possible to pass the hand under the liver up to a spot where we distinctly felt a hard tumour, which could be nothing else than the head of the pancreas. This fact had an important bearing on the diagnosis. If the liver were affected it was only secondarily, either that it contained a few cancerous nodules, or that the cause of the condition was analogous to that of the gall-bladder; the latter was filled with bile; the liver might be also simply engorged. Such was the opinion at which I arrived. For two months it was engorged with liquid, because the excretory ducts for the bile were closed.

The head of the pancreas is, we have seen, the seat of a cancerous growth. Not a drop of bile passes, and the jaundice is complete. The urine is loaded with normal and abnormal pigments. The fæces resemble putty. The presence of fat in the fæces is said to be a sign of the destruction of the pancreas; it is not necessarily so, but in our case it existed.

During the sojourn of the patient in the ward nothing particular happened, death taking place by the progress of the marasmus.

Before giving you the details of the autopsy, I wish to avail myself of the opportunity of drawing your attention to an interesting peculiarity presented by this patient.

In the inguinal region we found large indurated lymphatic glands. These, when associated with other

signs are of great importance in the diagnosis of abdominal cancer. For some years, considerable value was attributed, and rightly so, to the glands at the root of the neck, while the inguinal glands were overlooked, that is an error to which I never fail to call attention each time the opportunity presents itself. In many cases, the significance of the glands in the neck has the importance placed upon it, but less, however, than that of the glands in the inguinal region for, I, who was the first to draw attention to the latter, have always noticed the existence of these enlarged glands when the supra-clavicular ganglions were also enlarged, though the latter were more recent. I have never seen the supra-clavicular glands enlarged without the inguinal glands being also affected; while, on the other hand, I have frequently found the inguinal glands enlarged without the clavicular glands following suit. The clavicular glands are enlarged whether the case is one of abdominal cancer or of pulmonary tuberculosis. Consequently the possibility of tuberculosis must be eliminated before entertaining the idea of cancer.

Just a few words in respect of the autopsy. The liver was large, but not cancerous. The gall-bladder was greatly distended. The head of the pancreas was hard, dense, and adherent to the duodenum. An enlarged gland was adherent to the hilus of the liver, and another cancerous gland was fixed to the head of the pancreas. The hepatic ducts were greatly dilated. All the other organs were healthy.

THE NECESSITY OF MAKING PROVISION FOR THE CARE OF THE CONSUMPTIVE POOR.

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THE startling novelty of the view brought forward by Professor Koch at the late British Congress on Tuberculosis on the subject of bovine-tuberculosis has obscured what seems to me to have been the main argument of his address. He noticed how other pestilences—plague, leprosy, cholera—have been successfully encountered, and the question he proposed was, whether the energy that is now being spent in combating tuberculosis, is being properly directed. Is it directed at the root of the evil so that tuberculosis must sooner or later die out, or is it partially wasted on measures which, however beneficial to individuals, can only have a slight effect in reducing the annual mortality from phthisis? And the answer he gives, is, that although much is being done, yet that the most important measure of all has been scarcely attempted, namely: the isolation of necessitous consumptives unsuitable for sanatorium treatment.

His aim is the extermination of tuberculosis, and he does not despair of this being ultimately accomplished, but one absolutely necessary means to this end must be the care of that class of consumptives which, more than all others, contributes to the renewal and dissemination of the disease.

Dr. Koch warns us that too much must not be expected from sanatoria. He regards as an indisputable fact that consumption in its early stage is curable, and he even assumes that, if sanatoria are reserved strictly for early cases, as many as 50 per cent. of those treated may be cured, still "the total effect must be but moderate." The great mass of consumptives—viz., advanced cases—are left untouched, and will for ever cause the disease to flourish no matter how many sanatoria for early cases may be established. Sanatoria, unaided by

other measures will never "get to the root of the evil so that sooner or later it must die out."

The primary aim of sanatoria is the cure of consumption, and as a means to this end their position is secure and unrivalled. It is fairly safe to predict that so long as we have consumptives among us so long shall we have sanatoria. They will always be supported because of the direct benefits they confer on the patients treated. And, as regards the prevention of consumption, they are a great help, partly by the cures effected and the isolation for the time of other cases, but chiefly by the knowledge they spread of the nature of the disease, the measures necessary to avoid infection, and the best mode of treatment. So far so good, but in any attempt to eradicate consumption the cases unsuitable for sanatorium treatment must be considered. Some of them, owing to their circumstances or habits, spread infection much more than others. These should be lodged in special institutions and their houses disinfected.

Homes for the incurable consumptive poor are the most pressing necessity in dealing with the mortality from tuberculosis. The need of such institutions has, of course, been felt ever since the infectious nature of consumption was established, but latterly not only their desirability, but their practicability, is being more and more recognised. Dr. Koch recommended the same measures at the Berlin Congress in 1899, and quite recently, in addressing the German Central Committee for the establishment of sanatoria, Professor Fraenkel, of Berlin, also powerfully advocated the isolation, as far as possible, of consumptives. This, he was convinced, would bring them one step nearer the attainment of their high aim—"Deutschland ohne Tuberculose."

Dr. Ring, a delegate from the Michigan State Government to the Tuberculosis Congress, read a paper on observations he had made as to the family history of 242 cases of phthisis. The particulars he gave tended to show that the fact of parents being phthisical tended to confer immunity from, rather than predisposition to, phthisis in the offspring. His observations are at least some evidence of how unsettled is this question of the exact influence of heredity in phthisis. The public are generally convinced that the disease "runs in the family." Whether this may be so to a slight extent, is of little practical importance. If they could get into their heads that it is a disease which is liable to attack successive inmates of the same house rather than successive members of the same family they would not only have a much truer notion of the real state of things, but also a knowledge that would greatly further measures necessary to protect them from infection.

Eleven years ago Cornet published the results of an elaborate series of researches he had made proving the presence of tubercle bacilli in the dust of rooms inhabited by consumptives.

Dr. Coates, of Manchester, has lately most carefully carried out a similar investigation. His methods and the results he obtained, which are very interesting and important, are fully described in a paper read by him at the Congress. He examined the dust taken from three classes of houses:—

1. Dirty houses inhabited by consumptives who took no precaution with regard to disposal of sputum, &c.

2. Apparently clean, well-kept houses, but which were inhabited by consumptives who took no proper precautions.

3. Very dirty houses, but which were known *not* to have been inhabited by consumptives for at least several years.

He found tubercle bacilli in most of the houses of the first class, in half of the houses of the second class, but in no houses of the third class. If one

individual is attacked by tuberculosis no trouble or cost incurred in the attempt to save his life may be thought too great, yet we are careless about the disinfection of a house, though we know if left uncleansed it is likely to bring the disease to many future inmates. It is in the overcrowded dwellings of the poor that the chief necessity for preventive measures exists. From these dwellings we want—in as many instances as possible—to remove the consumptive and to cleanse and disinfect the house. When this is not possible we want, by giving instruction and help, to do the best we can for the consumptive in his own home and to lessen the chance of his infecting others. Hence the value of notification, not necessarily of every case of tuberculosis, but of those cases which are obviously in danger to the community. Voluntary notification has been at work for some time in Brighton, Manchester, and Liverpool; it is now being tried in several other English towns. How it has worked in Manchester was fully described by Alderman McDougall. In one year over 2,300 cases were notified, and over 2,300 houses disinfected. In New York voluntary has been superseded by compulsory notification. Since the beginning of the year compulsory notification has also been enforced in Norway. At the final meeting of the Congress a resolution moved by Dr. Niven, of Manchester, was adopted, urging the desirability of notification "in all districts where efficient sanitary administration renders it possible to adopt the consequential measures."

In France a great deal is being done by means of "Anti-Tuberculous Dispensaries." The first of these was established by Dr. Bennett Léon so recently as January, 1900, and the results attained proved so practically useful that they led some months later to the founding of "The General Association of Anti-Tuberculous Dispensaries for the Prevention and Cure of Pulmonary Tuberculosis." Such dispensaries have now been established in several large French cities. They endeavour to do the best that can be done in their homes for all those tuberculous patients whose necessary cessation from work would otherwise condemn them to utter distress. In every country the consumptive poor must necessarily receive help in some form or other from the community. These dispensaries systematise, direct, and increase help given by private or public benevolence. They see that the danger from infection is minimised, and provide nourishment and material aid as funds permit. They can often so improve his immediate surroundings as to give great benefit to the patient and much protection to his friends. Judging from the reports given to the Congress the working of these dispensaries in France seems to have been an unqualified success. Dr. Calmette described them very fully. He believes they should precede and complete the foundation of sanatoria. "Precede," so as to find out suitable cases for sanatorium treatment, and "complete" this treatment by watching and helping discharged patients, thus endeavouring to meet the great difficulty which encounters every sanatorium for the poor. He concludes his paper thus:—

"We do not think that we shall cure many patients by just giving them the means of feeding and living under better conditions, but among those who come to us some can easily be cured; a little rest and good living will enable them to resist the disease. These will be sent to the public sanatoria when such exist. The other patients, the most numerous, alas! those who understand the gravity of their illness when it is too late to stop its course, those who can find no room in the hospitals, and who, encumbered with a family, try to earn their bread until they fall down worn out and dying, these will be taken under the protection of the dispensary

which will assist them according to their necessities. It will furnish them with the means of livelihood without endangering their surroundings, without sowing infection and misery around them." He believes that it is not only the duty but the interest of society to multiply works which have such aims in view. Dr. Bennett Léon, who was one of the first to establish such dispensaries, is still more emphatic. He says: "The future of France, and that of other nations, who are absolutely defenceless against tuberculosis, is dependent on the success of these dispensaries for the prevention of tuberculosis."

A discussion at the Tuberculosis Congress on Sanatoria, opened by Dr. Clifford Albutt, showed how universally the value of this means of treating consumptives is now recognised. Sanatoria are regarded as a necessity. There is now no question as to whether they should be supported, but only *how* they should be supported and their number increased. If, however, the only object of sanatoria were the cure of individual cases the term of treatment should be much longer than is usually the case. Dr. Clifford Albutt thought that to bring about a real cure two winters and one summer would probably be required, and to attain what the Germans describe as an "Economic cure" six months' treatment would be probably necessary in the majority of cases.

At this discussion Dr. Philip gave particulars of some cases in which evident improvement only began after several weeks' treatment, and then steadily continued. Many comparatively advanced cases do well, but only if the treatment is long continued. Sir Herman Weber knew a patient with temperature ranging from 98.5 to 103° for three years fully recover at last. Dr. Weber also made the interesting statement that out of twenty-five cured cases known to him eighteen had developed distinct gout. He, with many others, believes that there is some antagonism between gout and tuberculosis.

Our results at Newcastle are, I believe, at least fully equal to the average results obtained in Continental popular sanatoria. From the German official statistics it is seen that four-fifths of those treated "either died or were totally unfit for work" three and a-half or four years after discharge. Owing to the absence of compulsory insurance it is more difficult for us to follow the after-history of our patients, but so far, as well as we can learn, the results seem to be more promising.

Whether alcohol, except in very small quantities, is, in itself, good, bad, or indifferent in the treatment of consumption is still unsettled. Formerly it was more generally believed to be good; now it is generally considered bad. There is, however, no question but that indirectly it is the cause of a vast amount of consumption by its influence on the social conditions of the poor, and by the multitudinous ways in which the frequenter of the public-house is exposed to tuberculous infection.

Consumption, bad housing, and intemperance act and re-act on each other. Any measures that lessen any one of these three evils must tend to lessen the two remaining.

The Mortality in Foreign Cities.

The following are the latest official returns, and represent the last weekly death-rate per 1,000 of several of the populations:—Calcutta 35, Bombay 50, Madras 58, Paris 20, Brussels 16, Amsterdam 13, Copenhagen 15, Stockholm 16, St. Petersburg 24, Moscow 22, Hamburg 16, Munich 22, Vienna 18, Prague 23, Trieste 28, Rome 15, Venice 23, Cairo 34, Alexandria 34, New York (including Brooklyn) 18, Philadelphia 17.

NOTES ON A CASE OF CHORIO-EPITHELIOMA WITH PULMONARY METASTASES. (a)

By CUTHBERT LOCKYER, M.D., F.R.C.S.,

Physician to Out-patients, Samaritan Free Hospital for Women, &c., &c.

In this case the evidence of an abortion lay in the fact that the patient lost blood freely four months before admission, the loss continuing until the case was sent to hospital; whether a period had been missed prior to the onset of the hæmorrhage was not ascertained.

The patient was æt. 42. She had given birth to seven children. The last confinement took place three and a-half years before admission into the Samaritan Hospital. Three abortions were recorded, the last being thirteen years before the patient was sent to the above hospital.

The patient was admitted with evident uterine enlargement, and in a condition which prohibited operative interference. The uterus was perforated by a new growth in its walls, and secondary deposits were found in the lungs.

The main features revealed in section of the primary growth Dr. Lockyer summed up as follows:—

1. The uterine mucosa ceases to be distinctly recognisable where the growth begins, that covering the muscle in the neighbourhood of the growth (*i.e.*, at the internal os) being infiltrated and degenerate.

2. The muscularis is deeply invaded by a small-celled infiltration, and venous channels contain cellular emboli at a considerable distance from the growth.

3. The muscularis is invaded by protoplasmic masses, in which no differentiation of individual cells is possible, and also by large cells of various shapes and sizes containing either a single large granular nucleus or two or more smaller nuclei.

4. The individual muscular bundles are widely separated, the intervals being sometimes filled by the above cellular elements or by leucocytes, but in other cases being empty, having been probably filled originally by oedematous fluid.

5. Large hæmorrhagic areas occur in the muscularis, these areas having no endothelial lining, and lying apparently free between the widely-separated muscle fibres.

6. The muscle cells are in every stage of atrophy and degeneration; their nuclei are swollen and granular, but for the most part maintain their spindle-shape; their protoplasm in some cases stains badly, or refuses to stain at all.

7. The walls of the uterine arteries are thickened, their lumina (as also those of the veins) are filled with thrombi in which an undue proportion of white cells are seen deeply stained with hæmatoxyline—appearances suggesting the presence of acute inflammation of the muscle tissue, coupled with degeneration.

The sections of the growth itself show that it is largely made up of necrotic tissue and remains of hæmorrhage, but the growth becomes more cellular and protoplasmic in its deeper part where it is attached to the uterine muscle; here columns of protoplasm are seen spreading out among the hæmorrhages as solid bands in which polymorphic nuclei are sometimes visible. In other cases within this area the protoplasm occurs in plates from which proceed columns of various shapes and sizes. The former are vacuolated and

(a) Abstract of paper read before the Obstetrical Society of London Jan. 1st, 1902. For discussion see page 29.

contain nuclei similar to those in the columns, but less regularly distributed.

There is no line of demarcation between the growth and the uterine muscle, the above trophoblastic columns run in between the muscle fibres, as do also the free hæmorrhages and large epithelioid cells, so that in the superficial muscular layers there is an intermingling of the above elements with degenerate swollen muscle fibres.

Deeper in the muscularis the growth is succeeded by a dense round-celled infiltration, and deeper still are seen large mononuclear cells within venous channels, on their way to form metastases. No true representation of chorionic villi were demonstrated, but syncytial masses formed the main feature of the primary growth, and the same were found in the pulmonary metastases. Dr. Lockyer pointed out that under the collective designation of deciduoma malignum at least two varieties of tumour histologically distinct are distinguishable.

1. Syncytioma derived from the outer layer of the chorionic villus.

2. Tumours containing no syncytium, but which are made up of large modified connective tissue cells bearing a close resemblance to the decidual cells of the maternal portion of the placenta.

A lantern demonstration showing the structural differences between these two types of growth followed the reading of the paper.

Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

MEETING HELD WEDNESDAY, JANUARY 1ST, 1902.

The President, Dr. PETER HORROCKS, in the Chair.

PNEUMOCOCCIC MENINGITIS SIMULATING PUERPERAL ECLAMPSIA.

DR. THOMAS WILSON (Birmingham) read a short paper on this subject. The patient, æt. 35, had had seven children; on admission to hospital she was comatose, with great pallor and cold extremities; the temperature was 100·8°. Shortly after admission the pallor gave way to cyanosis, the coma deepened, and the patient died within an hour and a half. Some urine was drawn off shortly before death, and showed the presence of a slight amount of albumin, and 1·5 per cent. of sugar. Inquiry into the history of the patient revealed no evidence of previous kidney trouble; her present pregnancy had proceeded as far as the sixth month, and had been quite healthy till five days before admission, when she began to be very ill, and suffered from headaches. On the fourth day of her illness fits supervened, and her medical attendant, who found albumin in the urine, diagnosed eclampsia. The fits were succeeded by unconsciousness, in which state she was brought into the hospital. The post-mortem examination showed that the kidneys were healthy, as were the uterus and ovum. The chief pathological condition found was a septic meningitis; this involved the whole surface of the brain, which was smaller than the normal, and was covered by creamy pus. The upper lobes of the lungs were oedematous, the lower lobes oedematous and congested, but there was no pericarditis, pleurisy, pneumonia, or peritonitis. There were no signs of tuberculosis, nor of middle-ear disease; a cultivation of the pus on the meninges revealed a micro-organism of the nature of a diplococcus, which resembled both in its appearance and in its reactions Frankel's pneumococcus. Dr. Wilson briefly discussed the case from the point of view of diagnosis, remarking that it was practically impossible to distinguish it from a case of eclampsia. He dwelt on the importance of a complete post-mortem examination in every fatal case of convulsions and coma during pregnancy. He also noted the presence of sugar in the urine, taking the view that the sugar was derived by re absorption from the mammary glands.

The PRESIDENT endorsed the observations of Dr.

Wilson on the importance of making a careful and thorough post mortem in these cases.

Dr. AMAND ROUTH said that it was important to remember the lesson taught by the paper, that convulsions might be due to other causes than eclampsia. With regard to the presence of sugar in the urine, he was not convinced that the sugar originated in the mammary glands, especially in view of the experiments of a recent observer who amputated the breasts of pregnant ewes, and yet found sugar in the urine. It was possible that the liver was the source of the sugar.

Dr. HERBERT SPENCER mentioned a case in which he operated for pyosalpinx, in which there was a large quantity of pus. The patient did well till the tenth day, when the odour of her breath gave rise to a suspicion of sugar in the urine. This turned out to be the case. The patient shortly afterwards died with paralytic symptoms. Sir William Gowers attributed the death to septic meningitis, involving one cerebral hemisphere. The parallel of Dr. Wilson's case suggested that the sugar in the urine might be related to the cerebral septic condition.

CARCINOMA OF THE BODY OF THE UTERUS.

Dr. A. H. N. LEWES showed two specimens of this condition, removed by abdominal panhysterectomy; and discussed the relative advantages of the abdominal and the vaginal operation in these cases.

Dr. F. J. McCANN raised the question whether the tubes and ovaries ought not to be removed in every case of cancer of the body of the uterus; he had seen two cases of recurrence of the disease in the tubes when these had been left behind.

Dr. AMAND ROUTH spoke favourably of the combined vaginal and abdominal operation; the preliminary steps carried out by the vagina considerably shortened and facilitated the abdominal part of the procedure. With regard to Dr. McCann's remarks, it seemed to him that the way of dealing with the tube would depend on the situation of the uterine growth; if this did not involve the cornua the tubes could be left, but when the whole fundus was involved they ought to be removed.

After some remarks by Dr. Spencer and the President Dr. LEWES replied.

Dr. CUTHBERT LOCKYER read notes of a case of

CHORIO-EPITHELIOMA WITH PULMONARY METASTASES, which will be found in another column under the heading of "Original Communications."

The PRESIDENT, after complimenting Dr. Lockyer on his excellent paper and demonstration, said that he leaned to the view that the malignant growth in these cases was of foetal origin; he considered that this view was supported by those cases in which chorio-epithelioma followed on hydatidiform degeneration of the chorion.

Dr. HERBERT SPENCER recalled a previous discussion on Deciduoma Malignum at the Society, in the course of which the late Dr. Kanthack expressed the view that these growths should be classed as sarcomata. He would not himself express an opinion, but he agreed with Dr. Lockyer that there were probably two kinds of case, namely, one in which syncytial growths were present, and another in which the tumour appeared to be of decidual origin. For the present he considered it convenient to retain the term deciduoma malignum to include both varieties.

Dr. LOCKYER replied.

LIVERPOOL MEDICAL INSTITUTION.

MEETING HELD THURSDAY, DEC. 19TH, 1901.

The President, Mr. EDGAR A. BROWNE, in the Chair.

CASES.

MR. BICKERTON showed a patient with melanotic sarcoma of the conjunctiva.

Mr. ROBERT JONES related (1) five cases of fracture of the fifth metatarsal bone due to direct violence. Although no reference to this fracture was found in the text-books he thought that the lesion was common. Radiographs of each case were shown, and the fracture was found to be almost at the identical spot in each

case, just below the base of the fifth metatarsal bone. The injury in each case was due to the body weight acting upon the foot when in the position of equino varus, and was evidently due to a cross breaking strain, the bone yielding close to the very strong ligaments which bind the metatarsal base to its surroundings. The symptoms of the fracture are pain over the site, a little swelling, no crepitus, and pain on attempting to invert the foot. (2) A series of cases of coxa vara, illustrating the bi-lateral infantile type, and contrasting it with the changes in the neck usually present in extreme rickets. He also showed the adolescent type, which in one instance was very extreme, the rounded head being enlarged, its lowest portion reaching three-quarters of an inch below the acetabulum. The skiagram distinctly explained the very marked limitation in movement, which gave the patient great pain. It presented a very rare appearance. The head of each femur was opposite the acetabulum, and the neck formed an acute angle to the shaft. The trochanters were not thickened. Three and a-half inches from the top of the trochanter the lower border of the femoral head on the left side was within a quarter of an inch from the shaft. Part of the rounded head was excurved out of the acetabulum towards the femoral shaft. The neck was irregular and somewhat narrowed in contact with the head. The upper border of the left neck measured three and a-half inches, the lower three-quarters of an inch. On the right side the head practically touched the shaft four and a-half inches from the top of the trochanter. The superior border of the neck was four and a-half inches in length, the lower one and a-quarter. The same kind of irregularity was noted, and the neck was very thinned towards the femoral head. The head seemed also to be levered out of the joint. The ætiology and treatment were discussed.

THE SPEEDY RELIEF OF PILES.

Dr. WM. CARTER read a note on a speedy method of relieving the pain of piles. A suddenly protruded pile which caused extreme pain, the intensity of which was not diminished by a prolonged external use of several much-praised remedies, was almost immediately and permanently relieved by a single application of 10 c.c. of cocaine and 20 c.c. of menthol in oil of theobroma. These were made into a cone which was rubbed over the part.

Dr. A. BURNS GEMMEL read a paper entitled

ANÆSTHETIST AND OPERATOR,

in which he stated that charges had been made against those engaged in the administration of anæsthetics of "want of knowledge and want of care," and that surgeons at the same time object to anæsthetists claiming to be "supreme in their own place," and maintain that the surgeon should be master over the management of the anæsthetic as over every other detail of the operation. Medical men engaged in the administration of anæsthetics were divided into (1) those under direction and bound to obey orders, such as the medical student and house surgeon, and (2) those who, recognising the great responsibility of the work, undertake it, and therefore ought not to be interfered with in any way in the performance of their duty. The duties of anæsthetist and operator were briefly considered, and it was evident that each ought to give his whole attention to his own work. In the event of a fatality each for his own work is accountable to (1) his conscience, (2) the relatives and friends, (3) the coroner and jury. Friends and relatives know that the surgeon comes to operate, and in the event of disaster from the anæsthetic will blame the anæsthetist. Young surgeons do not administer to the extent they did before the special anæsthetist came into existence, and the older surgeons have ceased to administer. Seeing numerous cases merely as an operator does not give experience of anæsthesia, and therefore the surgeon, old or young, has no right to dictate to the administrator. The special anæsthetist is only available for hospital patients, and the richer portion of the community, consequently the greater part of this work is undertaken by the general practitioner, who fully recognises his responsibility, and any attempt to deprive him of this

responsibility and lay it on the operator would tend to make him less careful, and therefore less skilful. Dr. Burns Gemmel is always ready to do whatever the operator wishes if it can be done with safety, but strongly objects to the assumption of the right to "dictate" by the operator. He who does the work must bear the responsibility, and he who bears the responsibility must be allowed to do his work without interference.

Dr. H. BRIGGS said the reader of the paper might have saved himself a great deal of trouble by pointing out who was to be supreme authority, or "captain of the ship" if not the operating surgeon.

Dr. WM. ALEXANDER said that in the coroner's court the responsibility for the anæsthetic is distinctly thrown upon the operating surgeon. The patient selects his surgeon, leaves himself in his hands, and looks upon the anæsthetist as an assistant to the operator. In cases where the family doctor administers he has to bear the brunt of the disagreeable things said or thought by the relatives, and so interposes between them and the surgeon, but even then the case is considered by them as a fatality in the practice of the operator. As a general rule the preliminary arrangements for the administration are agreed upon between the surgeon and anæsthetist, but if there be any difference of opinion, the surgeon should carry the day. In the present day, patients often think more of the danger of the anæsthetic than of the operation, and if this fear continues, probably it may arrive at such a pitch that the patient will select his favourite anæsthetist first, and leave him to call in the surgeon as the junior. Until that occurs, the surgeon should lead the way. The surgeon would incur a grave responsibility if he asked the anæsthetist to give more anæsthetic when the latter declared it would be dangerous to give more. In all cases anæsthetist and surgeon should stand shoulder to shoulder, bearing the responsibility together, and standing up for each other.

Mr. F. T. PAUL thought the responsibility in regard to all preparatory treatment must generally rest between the practitioner and surgeon. The choice of the anæsthetic in certain cases must lie with the surgeon. Responsibility in fatal cases would vary with the circumstances. When the death was entirely due to the anæsthetic, the anæsthetist was entirely responsible; when entirely due to the operation, the surgeon; but in Liverpool it was customary to hold the surgeon responsible to the public. Practically, friction between the surgeon and the anæsthetist was unknown in Liverpool, and very little give and take would render any such contingency impossible.

Dr. F. W. BAILEY was convinced that operator and administrator must work together, dependently and not independently; they must co-operate. In cases of doubt or gravity in the course of the administration, we court an opinion, and none is better able to give it than the operating surgeon. Operator and anæsthetist were likened to a tandem team, each doing his share of the work, dependently and to the best of his ability.

Sir W. M. BANKS said that after hearing the paper he was only the more strongly confirmed in the view that in the conducting of an operation there must be some one person in supreme command, and that person must be the surgeon. The surgeon's position was compared to that of a general: a defeat is associated with the name of the general, however much it might have been caused by the fault of a subordinate. In the case of a death from an anæsthetic, it was the surgeon who had to bear the brunt of the odium, because his name was generally more widely known to the public than that of the anæsthetist. As regards legal responsibility, the Liverpool coroner had stated that he regarded the surgeon as answerable for all that occurred during the progress of an operation. With reference to the preliminary arrangements, it was important to note that the surgeon had almost invariably seen the patient before the operation, and necessarily knew something about his position; while the anæsthetist (unless the medical attendant) saw him for the first time. If a patient during an operation were dying of hæmorrhage the anæsthetist might logically say that that was none of his business, but, if the

patient was dying, say from some vomited matter sticking in his larynx, dare the surgeon say he was not concerned with that, and refuse to do a tracheotomy? Were an equal dual control established difficulties of a very serious character might occur. So far maintaining these opinions as he had always done, he had never on any occasion had any difference of opinion with the anaesthetist, but he felt certain that but for his supervision he would not have seen two deaths out of some eleven or twelve thousand cases, but more likely twenty. So far from producing harmony at an operation, Dr. Burns Gemmel's views would tend to produce discord and a sense of mutual distrust between operator and anaesthetist. But after all the whole discussion was purely an academical one.

Drs. and Messrs. Damar Harrison, G. G. Hamilton, T. R. Bradshaw, G. Newbolt, A. Grunbaum, Nathan Raw, and W. Bark also spoke, and Dr. BURNS GEMMEL replied.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD DEC. 19TH, 1901.

The following specimens were exhibited:—

Mr. R. FAVELL: Series of Uterine-Fibro myomata (b); Diseases of Fallopian Tubes (b); Parovarian Cyst (b).

Dr. T. H. MORTON: Blood Cysts from Uterus (b), Tubal Ectopic Gestation (b); Intestine strangulated by band (b); Intestine strangulated by loop (b).

Mr. E. J. PYE SMITH: Pyloric Stomach excised for malignant disease (a) and (b).

Mr. E. J. SCORAH: Sarcoma of Small Intestine (a); Carcinoma of small intestine (a); Cirrhotic Kidneys (b).

Mr. S. SNELL: Encapsuled Sarcoma of Orbit (a) and (b); Epithelioma of Cornea (b); Tubercle of Iris (a); Endothelioma of orbit (a); Sarcoma of Choroid recurring in orbit—(i) Section of eyeball; (ii) Growth from orbit; (iii) Bony walls of orbit exfoliated after chloride of zinc; (iv) Microscopical series of tumours. A large collection (about 70) of mounted sections of eyes.

Dr. WILKINSON: Hydatid of lower end of femur (b).

Dr. ARTHUR HALL: Typhoid Ulcers (b); Mucous casts Intestine (b); Brain—thrombotic softening (b); Aortic aneurism (b); Heart—fatty degeneration (a); Liver—acute yellow atrophy (a); Kidney—fatty degeneration (a); Heart—amyloid degeneration (a).

a = Microscopic; b = Macroscopic.

There was also a demonstration of specimens, illustrating various features of tuberculosis, by Drs. J. Robertson, M. Hector, and Arthur Hall. These included—

Cultures of *B. tuberculosis*, streptothrix and actinomyces.

Microscopical specimens of tuberculosis of cow's udder, horse's lung, guinea pig's glands, various human organs, lupus nodules, urine, &c.

Specimens illustrating experimental tuberculosis in animals.

A large collection of specimens, illustrating tuberculosis of different organs, both human and animal.

France.

[FROM OUR OWN CORRESPONDENTS.]

PARIS, January 5th, 1902.

CAUTERISING THE EYEBALL.

M. VALLIN read a paper at the Académie de Médecine on the substitution of cauterising the eyeball to enucleation in children. He said that enucleation of the ocular globe in children was a deplorable operation on account of the deformity which results, and which becomes more exaggerated as years advance. Except in the case of malignant tumours, recourse should be had to the method recommended by M. Dianoux, and which consisted in practising on the cornea, without, however, opening the anterior chamber, a cauterisation in the form of a star with the point of a thermocautery

maintained at a low red heat. That done, a circle is traced around the centre of the cornea, and the disc thus circumscribed is pierced quickly in the centre with the point of the thermocautery brought to a white heat so as to allow the aqueous humour to escape.

The wound is then powdered with bismuth, and a compressive bandage applied during three days. At the end of that time the bandage is removed and the parts washed with boiled water and a solution of cocaine and eserine instilled between the lids each day until the wound has cicatrised. After all irritation has disappeared massage is practised a few days and finally the cornea is tattooed.

In all the cases treated by this method the results were very satisfactory.

TREATMENT OF PERICARDITIS.

In treating the subject of pericarditis, M. Deguy said that the first application to be made was that of revulsives, and more especially that of wet cupping, which had the advantage of diminishing the inflammation. The actual cautery was certainly efficacious against the pain, but as a revulsive it was inferior to the wet cupping. Its application at the end of the affection was, however, good treatment. Local refrigeration has also its advantages; it may be temporary or permanent. When the former is employed, ether spray is the best agent, but permanent refrigeration is best obtained with the ice-bag, over the heart, a piece of flannel intervening. Gendrin attributed to the treatment the decrease of the local pain and anguish as well as the tumultuous palpitations of the heart.

When the revulsion is not needed to be so intensive, tincture of iodine, or the following liniment employed by Prof. Huchard may be utilised:—

Juniper spirit, 3iv;
Lavender spirit, 3ij;
Ess. of turpentine, 3ij;
Tincture of benzoin, 3ij.

If the pericarditis was of rheumatismal nature frictions with an ointment of salicylate of methyl might be tried, or the following much recommended by M. Bourget, of Lausanne:—

Salicylic acid, } 3iv;
Ess. of turpentine, }
Lanoline, } 3iij.
Axungia, }

As to blistering, he would not recommend it on account of the risks it exposed the patient to by its action on the renal epithelium.

Besides revulsion which acts on the pericardium and calms the local pain, it is necessary to act on the heart by stimulating the contractility of the cardiac muscle and raising the arterial tension. Digitalis is naturally the agent of choice; it may be given in pill form as follows:—

Digitalis (powdered leaves) }
Calomel } aa i gr.
Squill extract }

Four daily during three days, then two during three days more.

M. Deguy is in the habit of following up the effects of the digitalis by continuing for some days pills of sparteine.

Sulphate of sparteine } j grain.
Ext. of convallaria }

For one pill. Two daily.

In order to lessen the chances of effusion into the pericardium, diuretics are recommended, the most important of which is theo-bromine. It is best administered with benzoate of lithine thus:—

Theobromine viij gr.
Benzoate of lithine ij gr.

For one wafer. Two to three daily.

PRECAUTIONS AGAINST DIPHTHERIA.

The Paris Health Committee has just published a new list of precautions against diphtheria. These require that the sick person shall be immediately isolated, that those who attend him shall wear a special antiseptically treated overall, which must never leave the sick chamber, that no food shall be partaken of in the sick chamber, and that persons attending the patient must wash their hands and faces with a disinfectant, and if suffering from any open scratch on the face or hands, must cover it with a coating of collodion before approaching the patient. There are also stringent regulations for the disinfection of the room. The municipal authorities must see that these rules are obeyed, where necessary must take over the charge of the patient, and, in the case of the poor, find lodging for the patients' relatives while the house is disinfected. Special stress is laid on these regulations, as during the last few weeks diphtheria has again been very prevalent in Paris.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Jan. 4th, 1902.

THE PRESENT POSITION OF THE CONFLICT AGAINST PUERPERAL FEVER.

DR. PAUL SCHENK, of Berlin, has an article in the *Vierteljahrssch f. Offentl Gesundheitspf* on this subject. Our present position is one mainly of avoidance. In regulations for prevention one of the first is the limitation of internal examination and obstetric operations. At every internal examination and operation the greatest cleanliness of the hands and instruments is called for, as well as of the external genitals and the parts adjacent to them. Especially as regards disinfection of the hands, the method is not of so much importance as the thoroughness of the cleansing. Prophylactic vaginal injections are useless, and must be forbidden. Midwives must be put into a position to master antiseptic details, so that temporary cessation from practice may be unnecessary. To attain this object it is necessary that the education and methodical training should be of a higher order and that a sufficient minimal income be assured them, so that the apprehension of old age and sickness may be removed from them. Along with midwives there should also be a large number of suitable assistants, who have undergone some training, so that the midwife herself may be relieved from continuous personal attendance on her sick charge. By close attendance to regulations, the mortality of childbed outside of institutions should be reduced at least one-half.

At the Medical Society, Hr. Westenhöffer showed a preparation of

FROTHY LIVER IN A CASE OF SEPSIS AFTER ABORTION. The preparation was taken from a patient from the Charité. She was a woman, æt. 22, who had an abortion on November 7th. On the 10th she had a rigor, and died on the 17th. Examination showed a mushroom-shaped os, the cervical canal admitting a finger, the uterus was the size of the fist, with offensive placental remains. Autopsy eleven hours after death. In the lungs, the enlarged pultaceous spleen, and the kidneys were abscesses varying in size from a millet seed to a cherry. The uterus was the size of the fetal head, the mucous surface covered with diphtheritic exudation, and in the cervical canal was a fibrino-purulent deposit. On section numerous thrombosed vessels were seen, the thrombi having broken down, and a similar condition in the parametrium, the ovaries being acutely inflamed. On taking out the liver a crackling was felt as in emphysema of the skin. Under the capsule were numerous greyish blebs, filled with gas. Section through the liver left numerous frothy vesicles on the cut surface. Out of the portal branches, and out of cavities, hollows and spaces came numerous gas vesicles mixed with bloody fluid; the gas was colourless and devoid of odour.

Cultivations taken from the cut surfaces immediately after section gave in pure cultivation thick rods of the size of anthrax bacilli with rounded corners, which coloured well with aniline especially by Gram's method. These bacteria were found in numerous other sections, especially in the branches of the portal vein, in the liver capillaries also, but in much less numbers and not so regularly. The cells were driven apart and showed larger spaces between them than in the normal. No injury to the body of the cell could be detected, and especially there was no necrosis. Scarcely any bacteria were seen in the parenchyma of the liver forming the walls of the gas vesicles, the gas was therefore not formed on the spot but in the beginnings of the capillaries and branches of the portal vein, and thence driven to the spot where external pressure was the least, i.e., in the softened liver tissue. Two guinea-pigs inoculated therewith died in twelve hours with diffuse peritonitis with clear watery exudation and gas formation in which bacteria could be demonstrated, whilst an inoculated rabbit remained healthy. The port of entry of the bacteria, in the speaker's opinion, was not the uterus, but the metastatic abscesses in the lungs. The liver contained no trace of sugar. The speaker then related an observation of Bernhardt of the case of an idiot, æt. 44, who died in fifteen hours of acute sepsis. At the autopsy eight hours after death thick anthrax-like bacilli were found, which were not cultivated further. They stained readily and were apparently identical with those of the case just reported. The points of entry were the bile passages and the portal vein. In America a mixed infection was assumed with the bact. emphysematocum as in the case of a woman in the Johns Hopkins University Hospital whose body became swelled out by gas to twice its size during life.

Hr. Stadilmann mentioned a case in his own wards of purpura hæmorrhagica. There was hæmorrhage from the skin, nose, and vagina, with fever. Death from anemia and cardiac weakness. The case impressed him as one of sepsis. The person was a virgin. A wound was detected on the finger. Testing for bacteria gave

staphylo- and streptococci. Immediately after the patient's death a sample of the blood from the heart was taken, and this in addition to the cocci mentioned revealed a micro-organism completely identical with that shown by the previous speaker. In that case also there was frothy liver and formation of gas in the various organs. He cultivated the organism and made experiments with it. He obtained a good deal of carbonic acid and an inflammable gas, probably marsh gas, and nitrogen. The gas was formed from carbohydrates. When sugar was added to a bouillon a large quantity of gas was formed in these acids. When the acids were weakened by neutralisation the formation still went on, but to a lesser extent. The cultivations were not carried to a complete conclusion, but it was interesting, as the bact. emphysematosum was cultivated almost during life, and the gas was collected and examined.

Hr. Senator mentioned several cases of septicæmic joints in which gas was present. One was the case of a French soldier in 1870 with diseased knee-joint; there were two others with gas in the shoulder-joint. In both cases the gas was carefully removed and once the bact. coli was found. Biermer was the first who showed the possibility of pneumothorax arising from within without any external injury.

Hr. Wastenhoeffer observed that in nearly all recorded cases there was some external wound.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Jan. 4th, 1902.

CORTICAL INNERVATION OF THE RECTAL SPHINCTER.

At the "Gesellschaft" for Internal Medicine, Hockwart and Fröhlich gave an account of their experiments on dogs to determine the cortical innervation of the sphincters. Bechierew and his school found that irritation of the cortex about the gyratus sigmoideus behind the fissure of the cruciata produced contraction of the sphincter ani. The constricting fibres are supposed to pass through the nervi erigentes, as cutting of the erigentes produced paralysis of the sphincters. This relaxation of the sphincters was observed by both Valentin and Gowers in the act of defæcation in the human subject.

Frankel and Fröhlich, in experimenting on dogs, pointed out that the inhibitor of the sphincters was conveyed through the ischiadicus; if, however, these fibres could be removed the constrictions were found to be reflex, as centripetal stimuli caused the sphincters to open. Hockwart and Fröhlich now come forward with experimental facts to prove that the sphincters have a cortical relationship, as relaxation of the sphincter was produced by a particular area, while constriction can be produced in the same vicinity.

HYDROCEPHALUS CHRONICUS.

Buchsbaum produced a chronic hydrocephalus, with hernia in both orbital regions. From the history and course of the disease he noted that the patient was eighteen months old and was the tenth child. The mother having aborted three times, gave birth to one dead child, while other four children died within the first year; one, aged seven years, now lives, and is perfectly healthy from the description given. From birth

the child exhibited had a large head, with small fontanelles, and up to the seventh month remained quite stationary; but about this time it took suddenly ill one night with high fever and fits. Next month the head was observed to increase till it reached forty-six centimetres in the thirteenth month (18 inches); at the present time it measures 53 centimetres (20.7 inches) in circumference, giving the head the form of a pyramid with the chin as its apex. The bones of the head were soft and elastic, and could be easily compressed. The fontanelles were wide and gaping, extending down the sutures to the base of the cranium, the bones of the forehead being the only ones in union. The veins were large over frontal, nasal, and temporal bones. Both bulbi, more particularly the right, were turned outwards by round elastic swellings, which had forced their way through the cranium.

In the fundus of the right eye was a crescentic area of atrophy. All the other organs of sense appeared to be intact. There are still tonic contractions in the muscles of the extremities of the throat. Mannaberg observed that he could find no pulsation in the tumours. Hochsinger remarked that these cases pointed to an antiluetic therapy, and according to his own experience the present case was one of heredity luetic hydrocephalus. Konigstein was of opinion from numerous observations of protrusive bulbi that the cause was due to a turning forward of the inner orbital wall which, owing to the thinness of the bone allowed an easy communication with the orbit and brain.

MYIOSIS INTESTINALIS.

Freund reported a case of dermatomyositis on the crown of the head of a child, æt. 9, which was recognised as impetiginosa eczema. This was observed under a dirty brown scab covering an abscess in which were found the larvæ of the sarcophila Wohlfarti, a parasite which he believed had never been observed in Vienna before.

Pollak recorded a case of myiosis which he had attended privately till death. For several months before the demise bloody stools were often passed. The question at the post-mortem was whether these parasites were the original cause of the bowel lesion or if the bowel lesion preceded the settling lair of the larvæ. Professor Lichtmann gave it as his opinion that the parasite was the original cause.

Csokar demonstrated a quantity of material showing the effects of myiosis in animals. The common parasite in the animal canal was the obligate while that of the human bowel was the facultative parasite. He pointed out three forms of myiosis, viz., cutaneous, nasopharyngeal and intestinal. The two former were not so common in man as the latter. Myiosis intestinalis appears in animals most frequently among the horse tribe and is usually of the muscaridea order such as the gastrophilus and the oestrus. Oestrus equinus or gadfly swarms in the months of July and August, laying their eggs in the long hair of the animal. The horse in scratching itself, or licking its coat takes the ova into the mouth, where they begin to develop into larvæ, and, reaching the mucous membrane of the stomach, get entangled in the rugæ of the mucous membrane, where they may lie the whole winter, as they can obtain

nourishment from the fluid contents of the organ. In the month of March the ripe maggot is thrown off with the excrement, and shortly after passes through a chrysalis stage before reaching the mature state. He considers paedogenesis to be impossible, that is, the young fly generating in the canal. During their retention in the alimentary tract a slight catarrh is induced, often leaving behind hard cicatrices with polypoid enlargements. He had only five cases of personal experience in human myiasis, and these belong to the luster fly homalomyia, of which there are two species, the scalaris and canicularis. One of the cases was due to the blue-bottle or sarcophaga carnaria. This insect is a vivipar, but has no paedogenesis, although a coprophagite living on excrement for its subsistence. According to Brauer the entomologist in his distinction between obligate and facultative parasites in flies maintains that the human race is only afflicted by the facultatives. Observers in Russia and Freund in Vienna have found sarcophilic and meigenii epidemic, more particularly in syphilitic patients. The common blue fly (calliphora) is allured by sarcoid, while sarcophaga is not. True oestridæ have never been observed in man.

The Operating Theatres.

FRENCH HOSPITAL AND DISPENSARY.

OPERATION FOR SUPPURATING CYST OF BROAD LIGAMENT.—Mr. O'CALLAGHAN operated on a woman, æt. 35, who had been admitted with a tumour in her left side. During the previous three months she had had several attacks of severe pain, with high temperature, and was rapidly losing flesh. As her condition was becoming serious she was sent in from the out-patient department by Dr. Dardenne. On admission, a distinct swelling on the left side was palpable, but on examination it was found to be fixed, this having been evidently caused by the previous attacks of local peritonitis. The evening temperature was 102°. Operation was therefore deemed necessary. An incision was made in the median line below the umbilicus for about two inches; on opening the peritoneum the intestines were found to be adherent all over the anterior part of the cyst; after separating these (during which there was considerable oozing), the operator, after enlarging the abdominal wound, endeavoured to enucleate the tumour whole, but unfortunately it burst and flooded the peritoneum with offensive pus; this necessitated thorough flushing of the pelvic cavity with water at a temperature of 110° until the liquid returned clear, the portion of the abdomen above the wound being shut off by flat sponges which had been placed *in situ* before any attempts at enucleation had been made; this precaution, Mr. O'Callaghan pointed out, prevents pus or discharge from finding its way all over the peritoneal cavity. The edges of the cyst wall were next attached to the abdominal incision at its lower angle; a glass drain was inserted and the original incision closed. Mr. O'Callaghan said that owing to the previous repeated attacks of local inflammation it would have been unwise to persevere in enucleating the whole cyst wall, as the adhesions were so fixed and of such old standing. He remarked that he had not been at all surprised at the bursting of the cyst, as the walls were quite friable and came away in pieces. Such a condition of things was

nowadays, he considered, fortunately rare, as these cases generally came to operation, having been diagnosed at an early period before any local peritonitis has occurred, when it is comparatively easy for the surgeon to enucleate the cyst from the broad ligament. He also considered that a case in the stage in which he found the one he had just operated upon was as difficult as any abdominal operator would care to meet.

The patient's temperature became normal at once after operation, and she was sent to the French Hospital convalescent home at Brighton four weeks afterwards.

OPERATION FOR PELVIC ABSCESS.—The same surgeon operated on a very fat woman, æt. 30, who was suffering from a large pelvic abscess. The diagnosis of the exact condition was difficult owing to the large depth of fat on her abdomen. She had had acute pain for a week before admission, with an evening temperature of 102°, and very quick pulse (about 112); a distinct swelling about the size of a cocoanut was easily felt bimanually on the left side of the abdomen; though it was very hard, fluctuation in it was distinct. As it was impossible to get at it through the vagina it was decided to open the abdomen. An incision was therefore made in the middle line through three inches of fat to get to the muscular layer, underneath this there was another inch of adipose tissue, and when the peritoneum was opened there was still a big, fatty omentum to get through which was adherent over the top of the abscess. Large flat sponges were then packed round the seat of the abscess, and the operator tried to stitch up the sac to the abdominal incision before opening it, but it burst whilst the adherent omentum was being separated. After thoroughly swabbing out the broad ligament and cleaning up the rest of pelvis, the wound in the abdomen was closed with great difficulty owing to the depth of the cavity, this being caused by the thickness of the fatty parietes, it being found impossible to bring the abscess wall up to the incision; in order to drain extra-peritoneally, a gauze drain into the abscess sac was brought out in the lower corner of the abdominal wound. Mr. O'Callaghan said that the operation was rendered much more difficult by the extent of the fat in the abdominal parietes. He remarked on the danger of such a collection of pus in the pelvis of a woman suffering from such an enormous excess of adipose tissue, and as her heart was evidently, from the pulse, in the same condition, if the abscess had burst previously to operation the result certainly would have been fatal, especially as the pus evacuated was most foetid.

Four weeks after operation the patient was convalescent, although she had been threatened several times with heart failure, which, however, had fortunately responded to hypodermic injections of 1·50 gr. of sulphate of strychnine.

The Doctor and the Burglar.

DR. OLDERSHAW, of Liscard, Cornwall, was the hero of an exciting episode the other evening. His suspicions having been excited, he proceeded to a careful search of the premises, which resulted in his finding a tramp lying beneath his invalid wife's bed. As he resisted arrest, Dr. Oldershaw fired at him, and the would-be burglar was struck in the thigh by a ball which fractured the femur, whereupon he became more amenable to persuasion, and he was ultimately conveyed to prison.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 8, 1902.

BANTI'S DISEASE AND ITS TREATMENT.

ELSEWHERE in the columns of the present issue of *THE MEDICAL PRESS AND CIRCULAR* will be found a valuable contribution by Dr. Murrell on the subject of Banti's disease. That particular form of cirrhosis of the liver is attended by a well-marked group of concomitant signs and symptoms, and was first described by Professor Guido Banti, of Florence, in the year 1882. The peculiar associated features he described are enlargement of the spleen and the liver, together with profound anæmia. The malady is usually known as splenic anæmia, and is identical with the "spléno-mégale primitive" of French authors, and with splenic cachexia, splenic leukæmia, and lymphadenoma splenicum. It has hitherto attracted little attention in this country, but several cases have been published in France, and in 1891 Bruhl published a collection of fourteen cases from various sources. In a paper read before the Medical Society of Berlin Senator stated that in five years he had seen seven cases. The condition of the spleen is regarded by some observers as primary, with a resulting cachexia arising from interference with that organ. Sometimes there is persistent elevation of temperature. Not infrequently symptoms resembling those of hæmophilia are present, recurrent hæmorrhages from the stomach and bowels, often to an alarming extent, being the most common manifestation. It is noteworthy that many of the patients do not furnish the objective signs of severe anæmia, although the red blood corpuscles are diminished in number. The most characteristic thing in the physical condition likely to attract attention is the ascites due to the secondary cirrhosis of the liver. The disease is not caused by malaria, syphilis, or alcohol. It may obviously be due to a blood parasite, but so far no organism of that nature has been

discovered. Indeed, the ultimate cause of the trouble has yet to be found, for apparently no satisfactory explanation has been yet forthcoming as to the essential pathological factor in the splenic enlargement, which is in itself probably symptomatic. With regard to diagnosis it has to be distinguished from splenic leukæmia, from pernicious anæmia, from the cachexia of malignant diseases and from other forms of splenic enlargement. It is most commonly confounded with cirrhosis of the liver, as may be readily imagined from the foregoing description of the cardinal facts of the disease. Indeed, there appears to be some ground for the belief that the malady, although usually regarded as one of extreme rarity, is in reality common enough. Now that the attention of medical men in the United Kingdom has been drawn to the matter it will doubtless be studied forthwith in the thorough and scientific manner that so happily characterises modern medical research among our countrymen. They may, perhaps be stimulated to a more than ordinary amount of exertion upon recognising the curable nature of a certain percentage of cases. The prognosis is usually bad both with regard to the duration of life and the prospect of recovery. It is true that now and then the disease may run a chronic course, but, apart from surgical interference, the ultimate outlook is more or less hopeless. It is that very point which renders Dr. Murrell's article of practical value to everyone concerned in the treatment of disease. There can be little doubt that a competent knowledge of Banti's disease would enable medical practitioners to save a certain number of otherwise hopeless cases. Splenectomy has not met with sufficient success to justify its adoption, but the anastomosing Drummond-Morrison operation is of a most hopeful nature, and possibly its results may be as favourable as they have proved in some cases of cirrhosis of the liver. Under anti-septic precautions there is little danger attending the procedure, which may be described briefly as follows:—An incision is made in the median line about two inches below the umbilicus, and a large glass tube is inserted, whereby the ascitic fluid may be drained away. Another incision is then made above the umbilicus, and through this opening the liver, spleen, and adjacent organs are examined by the finger. If there be no malignant disease a portion of the omentum is attached to the anterior abdominal wall and in that way a collateral circulation is established. In some cases, either at the first or at a subsequent operation, it is desirable to scratch the surface of the liver and spleen so as to afford additional channels of communication between the portal and systemic circulation. The accumulation of fluid in the abdominal cavity is prevented or at all events retarded, and the patient's life prolonged. Dr. Murrell has published the first cases of Banti's disease treated in the United Kingdom by the Drummond-Morrison operation, and he may be congratulated upon the able monograph which lays the matter before the medical profession in this country.

ANÆSTHETIC MORTALITY.

A CORRESPONDENT, who deplures what he does not hesitate to describe as the avoidable waste of life occasioned by the unskilled administration of anæsthetics, forwards for publication a table of the deaths recorded in the lay Press day by day. It is evident that these figures represent part only of the total mortality. His statistics show that during the first year of the new century no less than ninety-eight deaths occurred under anæsthetics. Of this number sixty-five were males and thirty-three were females. Twenty deaths occurred in private practice, and seventy-eight in hospitals and dispensaries. The mortality under particular anæsthetics is shown in the following table:—

	Males.	Females.	Total deaths.
From Chloroform	46	22	68
„ Mixtures	6	3	9
„ Ether	5	4	9
„ Gas and Ether	1	1	2
„ Ether followed by Chloroform	2	—	2
Kind of anæsthetic not stated	5	3	8
Total	65	33	98

One noteworthy feature of the evidence given at the inquests is the apparent inability to explain the precise cause of death in each instance, the witnesses in the majority of instances merely admitting their ignorance, falling back on one or other of the stereotyped formulæ—fatty heart, shock, and the like—without any anatomical proof to support the hypothesis. Another circumstance of considerable importance is the curious absence of exact information as to the mode of administration and the quantity of the drug used. Even more remarkable is the smallness of the amount alleged to have been used when, by chance, this detail was touched upon—quantities often so small as virtually to render it impossible that death could almost have been due to the anæsthetic. In not a single case was it suggested by the medical witnesses or the coroner that the fatal result may have been due to overdose, even when the symptoms—cyanosis, struggling, &c.—strongly pointed to asphyxia as the immediate determining cause of vital extinction. The mask and the drop-bottle were responsible for most of the deaths occurring under chloroform, but no importance has ever been attached to this detail, which is, nevertheless, profoundly significant. The remarkable preponderance of deaths under chloroform is, no doubt, due in large part to the fact that this anæsthetic is particularly affected by those whom, without disrespect, we may call amateur anæsthetists—that is to say, practitioners who are comparatively rarely called upon to induce anæsthesia. In conjunction with this fact we must also bear in mind that almost alone among anæsthetics chloroform is usually administered without the aid of any sort of apparatus, by a happy-go-lucky method of pouring an uncertain quantity of the drug on to a towel or mask, leaving it to the patient to give warning of danger by the manifestation of unequivocal symptoms of intoxication. The gravity

of the problem raised by these figures is even more obvious when we compare the present rate of mortality with that of years gone by. Our correspondent has taken the trouble to collect the returns of inquests in cases of death from anæsthetics for some years past, and although the value of his statistics is to some extent impaired by the fact that greater publicity is probably given to these catastrophes now than formerly, the brutal fact remains that whereas in 1888 the total number of inquests was only eleven, the number has gone on increasing annually to 46 in 1891, 60 in 1894, 83 in 1899, and, finally, 98 in 1901. It is quite possible, though no data are available to establish the fact, that the proportion of deaths under anæsthetics is not greater now than formerly. Even if this be admitted for the sake of argument, we fail to see that it provides any valid reason for acquiescing in so large a sacrifice of life as inevitable, seeing that experience shows unquestionably that the risk to life is directly proportionate to the skill and experience of the anæsthetist, and, in less skilled hands, to the employment of a proper inhaler. The inexperienced are precisely those who habitually have recourse to the most dangerous, because the least scientific, method of administration. The day will come, no doubt, when the public will awaken to the desirability of enquiring more closely into this question, and if reform is not forthcoming from within the profession, it may be forced upon it from without.

ALCOHOL FOR MEDICINAL PURPOSES.

MOST members of the medical profession recognise that under many circumstances brandy and whiskey are most valuable medicinal agents, which exert a definite therapeutical action, and for which an adequate substitute of a non-alcoholic nature cannot be obtained. Like many other names, however, the terms whiskey and brandy, by which, as a rule, the public understand certain well-defined products, have many attributes in the trade. The name whiskey, for instance, is now applied to many products of distillation which are wanting in the therapeutic and physiological properties which in the past secured for the liquid a place in the physician's list of trustworthy remedies. To secure this medicinal agent, malt or rye pot-still whiskey must be obtained. Grain, corn, molasses, and patent-still spirit should not be accepted. Patent-still whiskey has nothing of the therapeutic properties the physician looks for when he prescribes whiskey. Time in no way modifies the spirit; it comes over as an hydroxylate of ethyl and dissolved in water, and is the same years after the distillation as when quite fresh from the still. This spirit has little if any of the physiological effects of an old matured malt pot-still whiskey. It is wanting in the power of dilating the arterioles, which so diminishes the strain on the heart and allows of the internal viscera being unloaded. Its use is followed by the increased cerebral tension that manifests itself so often in violent hea

aches and the dreadful bursting sensation in the head with which drinkers of cheap whiskies are so familiar. Neither does it unload the liver nor kidney, and organic changes in these organs and catarrh of the stomach quickly follow its use. For these reasons we consider patent-still whiskey and blended whiskies containing patent-still whiskey as quite unsuited for therapeutical use. The disadvantages of raw corn, Indian corn, wheat, and molasses whiskies are well known, and it is unnecessary for us to dwell on them. We may, however, say that fresh whiskey of pot-still make is a maddening liquor, and quite unfit for use, we think no such spirit should be used until it has been matured for at least five years in wood. The necessity for this is evident when we recognise that in the distillation of malted barley by the old pot-still process the hydroxylate of ethyl comes over with a slight percentage of the hydroxylate of propionic and amylic alcohols; these alcohols, especially the latter, give the fine pineapple flavour of old Irish pot-still whiskey wares, and to the same, the well known physiological action of the spirit is due. But the acquiring of this flavour and property is a matter of time, the amylic alcohol ($C_5H_{11}O$) must be changed into amylic ether, or the oxide of amyl, together with a certain percentage of aldehydes. Until these changes occur both whiskey and brandy are unsuited for medicinal use; experience has taught that they occur more quickly in wood than in glass, they can be readily detected by their characteristic bouquet. To imitate this bouquet many flavouring agents are used, the majority of which consist of the so-called fruit wines and essences with added artificial ethers; but these do little but mask the patent-still and other cheap spirits—they never properly blend with the menstruum, and really convert the inferior spirit into a toxic agent. For medicinal purposes we consider that a pure pot-still whiskey—unblended—of fully five years in bond is most suitable, and is doubtless as efficacious as high quality brandy. It therefore constitutes an agent which can be prescribed by the medical profession with confidence.

Notes on Current Topics.

The Improvement of Nursing Schools.

It is to be hoped that in the course of time nursing may become a liberal profession. To attain that end there should be made certain improvements in the methods of educating nurses. Cabot has recently made this matter the subject of a very excellent paper in the *Boston Medical and Surgical Journal*. He thinks that, in the first place, nurses should pay for their training, and be taught by paid instructors. This would undoubtedly tend to bring into the profession a better educated class of women, and would put the students in a position to demand a thorough course of instruction. Nursing should be taught by nurses, medicine by physicians. Nurses should be prepared for private nursing by practice in families outside a hospital, and by the teaching of

nurses in active practice. It is urged, moreover, that the nurse's training should not be too exclusively technical, but should include some liberal studies such as sociology, history, and literature. She needs to study subjects which tend to give a deeper and truer sympathy with human nature, and also to prevent her from getting warped and depressed by the weight of concentrated sorrow and suffering which her life forces upon her notice. The educated nurse has resources to turn to when her work is done, and can carry with her into her work a consciousness of other and more normal sides of life, which will give her balance and enthusiasm in the thick of her difficulties. There is much in Cabot's remarks, but we have doubts as to the practical application of his ideas. It is, however, certain that many nurses are imperfectly taught, and this is in large measure due to the placing in power of matrons who are wholly unfitted for their post. We question, too, whether the nurses in some of our large hospitals get sufficient recreation, and the authorities often seem to forget that the preponderance of work which makes Jack a dull boy may be equally responsible for making Jill a dull girl.

Acute Myocarditis.

THE association of acute myocarditis, with endocarditis and pericarditis, can certainly not be said to have been overlooked, yet that it possesses great importance when it exists has not yet been sufficiently widely recognised. It is not suggested that acute inflammation *commonly* extends deeply into the muscle from the inflamed serous membranes, but when it does so how may extensive involvement be recognised, and with what other conditions may it be confounded? In a short but suggestive paper by Dr. Alfred Stengel in the *Journal of the American Medical Association*, of December 14th, the points on which greatest stress is laid are a marked rapid pseudo-hypertrophy of the heart, with a weak pulse of low tension, and the "slapping, irritable impulse." But the character of the sounds of the heart are also of importance. They are, perhaps, best described as conveying the impression of being produced at an abnormal distance. When this character is noticed associated with a markedly increased area of cardiac dullness, the diagnosis of pericardial effusion may be erroneously made. In a case which came under notice some years ago, the patient was found to be extremely ill with a high temperature and delirium. His illness had commenced suddenly with rigors. He had had an ill-defined rash which led his medical attendant to advise his removal to a fever hospital. It was then found that his area of cardiac dullness was very greatly increased, no impulse could be seen or felt, his pulse was frequent, small, and compressible, the cardiac sounds were indistinct and "distant." No bulging could be made out on the front of the chest. No murmur or friction sound could be determined. The diagnosis of pericarditis was made, and at the post-mortem such was found, but without effusion,

ulcerative endocarditis with myocarditis also existed. There is a danger that students may become so absorbed by the so-called more scientific methods of diagnosis that careful, intelligent "feeling the pulse" may cease to be practised. Many students and young practitioners "feel the pulse" principally because they know that most patients expect them to do so, and it is done while the watch is held in the other hand. It is called "feeling the pulse," but it too often is nothing more than "counting" it. The student should be made to understand that to intelligently feel the pulse is to perform a highly scientific exercise which requires the very highest degree of skill. He should be taught to train himself on numbers of patients with comparatively normal pulses, so that he may be able to recognise marked abnormality. Definite terms should be taught which describe definite physical conditions. Such terms as "shaky," "weak," "rapid" (when "frequent" is intended), &c., should not be allowed. Teachers sometimes delight to describe the pulse in expressive terms; many of them are undoubtedly such, but they may convey very different ideas to students to what were originally intended. A just estimation of the character of the pulse will be found of the greatest value in the effort to form an opinion of the amount to which the myocardium is affected in cases of acute inflammation of the serous membrane of the heart.

Medical Inspection of the Refugee Camps.

It has been officially announced that the whole of the Refugee Camps, thirteen in number, within the Orange River Colony, have been placed under the supervision of an experienced English Medical Officer of Health. The camps are such merely in name, being more like huge hospitals than the organisations usually associated by the public with that term. To maintain five to six thousand soldiers, all in the prime of life, in good health in camp is no easy matter. Many agencies combine to baffle the efforts of military hygienists in the control of camps. We need only refer to the outbreak of diarrhoea among the troops of one of the Divisions of the German Army taking part in the annual manoeuvres this year. These troops, all in the healthiest age, under the charge of skilled army doctors, operating at home, in peace, and within reach of easy means of preventing and checking disease, were so prostrate with diarrhoea that the whole manoeuvres had to be stopped. In South Africa the "camps" consist of all ages and sexes, with supplies which are necessarily limited, owing to the exertions of the relatives of the Refugees themselves, who are busily engaged wrecking trains and preventing transport. The difficulties of the sanitary management of the camps are, therefore, enormous, and quite unparalleled. Never before has any Government had to provide everything for a large population like this, in a dozen localities, for so long and in such a climate. We do not hesitate to say that there has been considerable lack of discretion

in the well-meant efforts made. The general management is entirely under a military officer, with necessarily no medical knowledge, and who is practically despotic. The medical officers of the camps have often had to be taken without selection, many being Boers, who had been merely village doctors, some only retired from fighting against us. The Civil Superintendents of the camps, too, have not all been men of knowledge or experience. How could they be? Yet they can hamper the doctors greatly. Of course the present appointment, though an admirable step, cannot of itself be of any use, unless loyally supported.

Hepatotomy.

THE simplicity of the surgical procedure in many cases for the removal of biliary calculi and the very high degree of success it has met with, has resulted in its being now almost daily performed. Yet the difficulties sometimes met with have proved extremely embarrassing even to operators of the greatest skill and experience. Ideal procedures cannot always be carried out in practice. It is perhaps in the discovery and adoption of means of relief that even greater genius may be shown than in the proposal of "radical" methods. Dr. W. E. B. Davis, in an address before the "American Association of Obstetricians and Gynaecologists" at Cleveland, U.S.A., records several cases in which hepatotomy was performed with a considerable degree of success. It is admitted that the field for hepatotomy in gall-stone diseases is very restricted, yet it is asserted that it may offer "much assistance in bridging the patient over till in better condition for a radical operation." The part of the operation to which the name is given consists in incising the liver in the hope that the bile may drain from the divided bile ducts. The incision is packed with gauze to control bleeding, and the gauze is then brought out through the wound in the abdominal wall. Dr. Davis' views are formed as the result of experiments on dogs as well as from the effects produced on patients on whom it was inadvisable or impossible at the time to perform a more radical operation. It would be interesting to determine where this incision would be best made, probably the immediate neighbourhood of the incision in the abdominal wall would be the part generally selected, but if an incision in some other part should be found more likely to be generally useful the advisability of making a second parietal incision elsewhere might be considered.

"Pick-Me-Ups."

THE practice of taking what are popularly known as "pick-me-ups" is unquestionably as widespread as it is pernicious. We do not allude to alcoholic nips, indulgence in which comes under the head of chronic inebriety, but to the various draughts dispensed on a large scale by retail chemists to persons who, at some hour of the day, experience the necessity of reinforcing their jaded energies. An instructive article on this subject appeared in a recent

number of the *Daily Mail* from the pen of Mr. Sidney Thompson, who is evidently possessed of considerable knowledge of this phase of human weakness. A large number of people are apparently dependent on cocaine, and, curiously enough, among them is, so chemists affirm, a tolerably large proportion of medical men. The drug is taken by injection or by insufflation. It is to be feared that the habit is gradually spreading among the public. Of a less actively injurious sort are the draughts of tonic biters, the need for which afflicts many men about town during the forenoon, gentian, strychnine or nuxvomica in an acid or alkaline medium being the usual ingredients. Mr. Thompson credits the introduction of tabloid products with the spread of the habit of self-medication, and no doubt there is some truth in his assertion in view of the ease with which these ready-made medicines can be obtained without the trouble of producing a prescription. People who depend upon pick-me-ups are usually impervious to argument, their excuse being that they feel, as Mr. Thompson puts it, "beastly limp." It is well, nevertheless, to direct attention to the fallacious and ultimately disastrous nature of such stimulation, if only to divest the victims of the habit of the excuse of ignorance.

Professional Advertisement in High and in Low Places.

SOME day or other the General Medical Council will be called upon by an indignant profession to define the term advertisement. So far it has been determined that the systematic touting for patients in connection with medical aid societies is "infamous conduct" in a technical sense, deserving of the heavy penalty of expulsion from the *Register*. But what is to be done with those high up in the profession who lose no opportunity of bringing themselves before the public in the discussion of matters that do not absolutely demand a purely personal treatment? As regards the modern treatment of tuberculosis, for example, there is no theory and no special knowledge that could not be given to the world just as well without as with the signed name of its intelligent author. Yet the profession is daily confronted with the spectacle of a little knot of medical baronets, knights and physicians—not to mention their offspring—airing their views with untiring persistence in public prints and on public platforms, both in season and out of season. Only last week a well-known enterprising baronet accorded a long interview to a newspaper reporter, and it is not easy to see how that action differs materially from the offence of the medical aid society promoters. Needless to say, the gentleman in question is a Fellow of the Royal College of Physicians, London, whose strict code of paper ethics appears to be drawn up with a view of silencing outside rivals in the professional race. Certainly, with such a state of things going on naked and unabashed in the face of day, it will be impossible for the General Medical Council, or any other medical organisation, to find fault with

Jones, Brown, or Robinson, who rush into public print fired with the spirit and the example of their leaders.

Death Certificates and Unqualified Practitioners.

ONE of the few obstacles, direct or indirect, that lie in the pathway of the unqualified medical practitioner is his difficulty in furnishing death certificates. Time was when great laxity prevailed in that direction, but of recent years it was fondly imagined that the local registrars of deaths throughout the United Kingdom had sternly set their faces against irregular certificates of death. From time to time, however, circumstances come to light that show there is still room for improvement in the attitude of these officials with regard to documents of the kind in question signed by unqualified persons. A week ago, for instance, in the course of a coroner's inquest held in Westminster, it transpired that the local registrar accepted a certificate of death from an unqualified medical practitioner. There could be no oversight, as the document was not tendered on the official form. In this instance the registrar was a law stationer, residing in New Inn. It is to be hoped that the matter will be raised in the Commons on the opening of Parliament, with a view of revising the conditions of tenure of the local registrarships, and also of rendering it absolutely impossible for a death to be registered on the evidence of any but a legally qualified medical man or a coroner. The Registrar-General has offered valuable help hitherto by his instructions to his district officers, but his hands apparently require strengthening by legislative instructions. The action of the unqualified practitioner in attendance upon the deceased woman who formed the subject of the inquest is in the safe keeping of Dr. Bateman, the able Secretary of the Medical Defence Union.

Bovine and Human Tuberculosis.

SHORTLY after Koch propounded his theory of the incommunicability of tuberculosis between man and animals, New York City took steps to put it to the test. Four calves over ten weeks old were fed and injected with diseased human sputum. Subsequent tuberculin tests gave doubtful reactions. One calf killed disclosed no lesions or bacilli. The other calves are now apparently healthy, but will complete a year's observation, followed by autopsies. The experiment is made officially by the Health Board, and, it is said, "will settle local opinion upon this subject." If experiments upon four calves will settle such a subject as this to the satisfaction of the authorities in New York, then they are very easily satisfied. Prolonged and serious experiment alone can be productive of any decided results. Had the calves shown signs of tuberculosis from the method employed, it would have gone some way (but not far) to prove the fallacy of Koch's theory. But that they remain healthy at present proves nothing. There are so many fallacies that

might creep in to make the experiments untrustworthy, and we should not care to accept as decisive results obtained from such meagre experimentation.

Tinctorial Prophylaxis.

AMONG the details concerning the life, habits and predilections of the mosquito which recent inquiry has been the means of ascertaining is the exceedingly interesting observation of Messrs. Nuttall and Shipley on the preference exhibited by the *anopheles maculipennis* for certain colours, observations which cannot fail to influence the inhabitants of malarious districts in their choice of garments. They found, in the course of a long series of observations, that the insect exhibited a marked preference for cloths of navy blue, though dark red and reddish brown were not altogether distasteful. Scarlet and black were about equally attractive, though only to about half the extent of the others. Slate-grey, violet and leaf-green, on the other hand, were distinctly antipathetic to the mosquito, while the pale colours, especially light yellow approximating khaki, apparently excited positive aversion. These experiments, it is true, were made in Liverpool, and it would be rash to conclude therefrom that mosquitoes living in the open in other climes will exhibit precisely similar proclivities, but evidence is available from other sources to show that mosquitoes of all kinds are extremely sensitive to colour. For instance, it is a common observation that they affect black and blue garments in preference to white and yellow. Colonial authorities will doubtless be invited to reconsider their sumptuary edicts in view of the desirability of discarding uniforms made of cloths of colours which experience has shown to prove attractive to insects which play such an important part in the dissemination of malaria and yellow fever.

The So-called Lachnanthes Cure for Consumption.

THE "wonderful" treatment of consumption by the aid of lachnanthes, which Colonel le Poer Trench has so imprudently endorsed, has now been revealed to the profession in the columns of the *British Medical Journal*. Such at least is the purport of the paper by Mr. Anslow Alabone, although a doubt is thrown on the accuracy of the revelation by the disclaimer from Mr. Alabone *pere*, which appears in the current number of that journal, in which he asserts that he has no knowledge of his son's treatment, "and he little more of mine." After carefully reading the article contributed by Mr. Anslow Alabone, and admiring the extraordinarily complicated inhaler by the aid of which the combinations of drugs are administered to the patients in spray form, we can only wonder what it can be that brings about the wonders claimed for this treatment. On this point Mr. Anslow Alabone gives proof of a wise reticence. He himself, he says, is not yet in a position to certify the striking cures claimed for it by his senior, but he has adopted it "seeing the number of cases, he (the father) quotes as cured." By all means let the treat-

ment be thoroughly tried, the sooner the better, in order that it may cease to encumber the therapeutical field. If it has not been put to the test on a larger scale in the past it has been simply because its inventor has jealously kept it to himself. To suppose that the tuberculous process can be effectually stamped out or its course materially modified by the aid of these or any other inhalations, would be contrary to the incontrovertible data of pathological anatomy. The fuss that has been made about the thing is only another indication of the extraordinary gullibility of the unscientific public.

Club Certificates for Hospital Patients.

THE lack of a uniform practice in respect of giving club certificates to hospital patients has, on various occasions, given rise to complaints, and the authorities of St. Bartholomew's Hospital have now formulated certain rules which, it may be hoped, will remove any ground for criticism. It has been decided to deliver a certificate to each in-patient requiring the same on admission, and another on his discharge, the officials of the friendly societies having agreed to dispense with the usual weekly certificates in respect of inmates. A certificate will also be given to the victims of accidents who are not detained in the hospital. Out-patients will be referred to their club doctor, and in the event of the house surgeon being called upon to give such certificate, he will be entitled to make a charge of 1s. for it, such fee becoming the perquisite of the medical officer. Certificates required for the purpose of substantiating claims for compensation under the Employers' Liability Act are very rightly regarded as belonging to a different category. These rules are the outcome of prolonged deliberation, and were formulated after consultation with representatives of the principal sick benefit societies of the district, and it will probably be conceded that they meet every reasonable requirement.

Nurses and Matrimony.

ONE objection to trained female labour, however utilised, is that the service is liable to be disorganised by epidemics of matrimony among the employees. Nurses are by no means exempt from this weakness, and of late a disposition has shown itself in certain hospitals to discourage the admission of young women who are "engaged" on the ground that the fact of their future being thus mortgaged indisposes them to that self-abnegation and single-minded devotion to duty which are held to constitute the stock-in-trade of those who propose to take up nursing as a profession. It is to be feared that this proneness to matrimony which is innate in the female bosom cannot be checked by any precautions that jealous matrons or impatient physicians may devise. Were it possible, indeed, it would be contrary to public policy to enforce them, marriage being the natural, if not the invariable, destination of woman. Some may prefer the independence of the single state, but the majority assuredly only await the opportunity to disqualify themselves for the nursing profession.

The Journal of Obstetrics and Gynaecology of the British Empire.

THE first number of the new imperial *Journal of Obstetrics and Gynaecology* has appeared, and it certainly does credit to its editors and publishers. In the introductory remarks we are informed that the aim of the new journal will be to provide "a special journal independent of any society, devoted to the study of obstetrics and the pathology, diagnosis, and treatment of the diseases of women." That there is room for a journal which shall be in reality as well as in name a journal of obstetrics and gynaecology of the British Empire hardly admits of question. True, there are several flourishing societies in the Empire devoted to midwifery and the special ailments of women whose Transactions contain matter of high interest and value, but Transactions and society archives do not fulfil this ideal, indeed inclusion therein is in many instances almost equivalent to live burial. Original communications by Drs. Cullingworth, Horrocks, Berry Hart, Sinclair, Murdoch, Cameron and Arnold Lea, illustrated by some very artistic photogravures, diagrams and blocks, go to make up a number probably unique in point of scientific excellence. The number also contains a review of current literature and society transactions together with reviews. The editors will find it difficult to keep the publication up to this level, but if they even approximate it, the journal may claim to adequately represent British science in these special departments.

An Object Lesson in the Registration of Deaths.

AN instance of the scandalous ease with which certificates of death signed by unqualified persons are accepted by registrars came to light in the course of an inquest held last week by Mr. Troutbeck, Coroner for Westminster. It appears that the woman whose death was the subject of the inquiry had for several years been medically attended by one, Stanley, who described himself as having been the assistant of a deceased practitioner. On death taking place he delivered a certificate on a sheet of note paper to the effect that she had died of cirrhosis of the liver, and the registrar, with whom Stanley appears to have been personally acquainted, accepted it. At the inquest this officer declared that he considered the certificate to be "perfectly in order," and that it complied with the regulations of the Registrar-General. The only satisfactory feature in the case is the condemnation of such practices by the coroner and the rider appended by the jury to their verdict, calling the attention of the Registrar-General to the lax way in which the certificates of unqualified men are accepted.

WE regret to have to announce the sudden death from tetanus of Alderman Thomas Hyde Hills, L.R.C.P., M.R.C.S., of Cambridge. Mr. Hills was formerly Mayor of Cambridge, and was one of the foremost practitioners of that town.

The King's Sanatorium.

WE are enabled to impart the pleasing intelligence that an anonymous donor, who, we since learn, is no other than Sir Ernest Cassel, has placed at the disposal of his Majesty the sum of £200,000 for charitable purposes, and this sum the King has decided to devote to the construction of a sanatorium for the treatment of consumption. As soon as a fitting site has been obtained, a point to which his Majesty, assisted by a special advisory committee, is giving his special attention, the building of the sanatorium will be proceeded with. There is every reason to anticipate that the interest manifested by his Majesty in this question will act as a stimulus, and will be the means of providing in every part of the kingdom institutions for the reception of the afflicted, thus realising one of the desiderata formulated by the recent Congress on Tuberculosis. Sir Ernest Cassel is a successful financier of Jewish extraction, and his princely donation adds another to the list of magnificent charitable gifts which we owe to citizens of this race.

The Macclesfield Infirmary.

THE deadlock at the Macclesfield Infirmary has not come to an end with the resignation of Miss Clark. The medical staff, in order to avoid a repetition of a regrettable dispute, are disposed to insist on a revision of the constitution in such wise that in future it shall not be within the province of the governors to select candidates other than those previously approved by the honorary medical staff. A resolution to this effect is to be moved at the next meeting of the governors.

Accident to Professor Virchow.

WE regret to learn that the venerable Professor Virchow who, in October last, celebrated his eightieth birthday, has been the victim of a somewhat serious accident, due, it appears, to a stumble on leaving a tram car in motion, fracturing the neck of the femur and inflicting sundry extensive contusions elsewhere. The eminent professor, although he is stated to be in no actual danger, has sustained a shock which at his advanced age will necessitate prolonged rest and care. The last news from Berlin reports his condition to be fairly good.

The London Epidemic of Small-pox.

THE outbreak of small-pox in the metropolis is increasing steadily, and the returns show a progressively larger number of cases day by day under treatment in the Asylums Board Hospitals, the number actually in hospital being 837. A serious but hardly unexpected feature of this situation is the invasion of neighbouring counties. Among other districts thus involved are West Ham, Brentford, Sittingbourne, Great Stanmore, Gillingham, Enfield, and Ealing. The local authorities of the last-mentioned place appear to have been aroused to the fact of the miserably inadequate infectious hospital accommodation that is at present available for the

large population within their district. Small-pox has appeared in Glasgow, but it is not stated whether the outbreak is a recrudescence of the late epidemic, or whether it has been imported afresh from the metropolis or elsewhere.

The New Stamps and Infection.

THE new postage stamps of King Edward VII. are hardly calculated to arouse enthusiasm on the score of their artistic beauty and attractiveness. A medical contemporary has gone to the trouble of having analysed the pigments of their printed surface, and has come to the conclusion that they are practically harmless. It has always been more or less of a mystery how any practical men could suspect danger from minute quantities of arsenic or other poisonous matter used for the purpose of printing the stamp surface. The average individual contents himself with licking one side of the stamp only, and that is separated from the pigment by a layer, first of gum, and then of paper. That there is a danger of infection from postage stamps was long ago pointed out in THE MEDICAL PRESS AND CIRCULAR, which may take to itself any credit that arises from the introduction of the term "stamp-licker's tongue." The licking of gummed labels has been proved to have infected the tongues of workpeople, and a similar result may reasonably be regarded as a not impossible danger in the case of postage stamps. There are two ways in which infection might be thus conveyed, namely, by a virus contained in the substance of the gum, or by a contamination of its surface. In either case the poison is likely to be of a bacterial rather than of a chemical nature. It is a common thing to see a person outside a post office drop a postage stamp on the pavement and then pick it up and lick the label before affixing it to a letter. A better although a still imperfect plan would be to lick the envelope in preference to the stamp, but the sensible and safe way is clearly to use a sponge or felt moistener.

A Hospital Without an Operating Theatre.

AT the present day it is difficult to imagine a hospital without an operating theatre. Yet such we learn is the case at the County Galway Hospital. At the last meeting of the managers of this hospital Professor Pye, of the Queen's College, brought the matter under notice, and impressed, or tried to impress, on the managers the necessity that existed for such a theatre. To ordinary individuals the necessity for an aseptic modern operating theatre requires no laboured argument to carry conviction—not so in Galway. After a long and desultory discussion nothing was done. The managers could not see that such a theatre was for the benefit of the patients, neither could they understand that a good, well-attended medical school would benefit Galway.

THE offices of the London and Counties Medical Protection Society (Limited) have been removed to 31, Craven Street, Strand, W.C.

It is stated that the Friendly Societies are taking steps with the object of protecting themselves and the medical officers employed by them against the effect of the recent decision of the General Medical Council in the case of Dr. Rendall, of Yarmouth. With this object in view it is proposed to introduce a bill into Parliament during the next session making it libellous on the part of the Council to describe as "infamous" conduct which only amounts to a breach of professional etiquette.

PERSONAL.

MAJOR F. S. LE QUEENE, V.C., L.R.C.P., is now en route for South Africa, in medical charge of the Doncaster Militia. The Major, it will be remembered, was awarded the V.C. for gallant conduct in rescuing the life of a brother officer in India under a hot fire.

DR. J. MITCHELL WILSON, medical officer of health for Doncaster and district, having been appointed medical officer to the East Riding County Council, was presented on New Year's Day with a clock, a silver hot water jug and entree dishes by his medical and lay friends as a mark of their esteem.

SURGEON-GENERAL SKEY MUIR, C.B., who vacated his office as Deputy-Director-General of the Army Medical Service at the close of the old year, carries with him into retirement the good wishes of the many officers with whom he was brought in contact. His courtesy and amiability, often under trying circumstances, were much appreciated.

WE understand that the Government of the Orange River Colony have appointed Dr. Hine, late medical officer of health for Bradford and Sheffield, as medical inspector of the whole of the refuge camps within the colony, thus ensuring for the numerous occupants, of whose distress so much has been heard of late, the fruits of a ripe and extensive hygienic experience.

A MEMORIAL tablet was unveiled on Wednesday last in Moretonhampstead Parish Church to the memory of Frederick George Engelbach, for ten years medical practitioner in the town and first commanding officer of G Company 5th V.B.D.R., who was killed whilst succouring the wounded at the battle of Nooitgedacht, South Africa, Dec. 13th, 1900. The tablet was erected by the inhabitants as a token of regard.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

EDITORSHIP OF THE "SCOTTISH MEDICAL AND SURGICAL JOURNAL."

DR. RUSSELL intimates, in the January number of the *Scottish Medical and Surgical Journal*, that his resignation of the editorship is in the hands of the directors. The *Journal* was founded five years ago, at the time when the *Edinburgh Medical Journal* changed hands, by a number of medical men in the different educational centres in Scotland, who became guarantors for a period of three years. On the expiry of this period the guarantors sold the journal to a limited liability company, receiving in exchange ordinary shares to the extent of the amount of the guarantee called up. Dr. Russell has edited the *Journal* since its commencement, and was joined two years ago by Dr. Norman

days. Coke can be lighted easily enough by merely laying the foundation of the fuel in a burning stratum of ordinary coal; and when once the coke on the top of that is ignited the flame will soon spread throughout the grate until it becomes one glowing mass. A coke fire never, alas! admits the "pleasure of poking," but the fire is the better for clearing the lowest bar of the grate by a thin iron rod from time to time in order to get rid of the fine dry dust which accumulates upon it.

I am, Sir, yours faithfully,

CHARLES A. COOKSON.

96, Cheyne Walk, S.W.

Obituary.

DR. WILLIAM NEALE.

It is with sincere regret that we announce the death of Dr. William Neale, of Mountmellick, of which he was the medical officer for the workhouse and dispensary district. The deceased gentleman was a member of one of the oldest families of the Society of Friends in the county, and was universally respected for his uniform courtesy and unvarying gentle kindness to the sick. As a physician he was observant, painstaking, and skilful, rich in clinical experience and fertile in expedients. He wrote but little, but when he did his papers were remarkable as good clinical pictures, lucid and instructive, as his contribution "Epidemic Sore Throat and Diphtheria," which appeared in our columns, shows. Dr. Neale graduated in Dublin in 1871, and took the L.R.C.P. Edinburgh in 1874. Before settling down to a country practice he acted as medical officer on the White Star Transatlantic steamers, then got appointed medical officer to Clonane, and finally was appointed both to the workhouse and the dispensary district of Mountmellick. He was a general favourite, and when some years ago it was announced that he had been made a J.P. for the Queen's County, the appointment gave universal satisfaction.

CHARLES ROBERTS, F.R.C.S.

MR. CHARLES ROBERTS, F.R.C.S., formerly of Curzon Street, Mayfair, and Devonshire Place, Eastbourne, a writer on meteorology, phrenology, and anthropometry, died on Tuesday of last week at his residence, Silverdale, Boyne Park, Tunbridge Wells. He had been assistant surgeon to the Royal Victoria Hospital for Children, house surgeon to the Yorkshire County Hospital, and surgeon to the Yorkshire County Prison. Among his better-known works were "A Manual of Anthropometry," "The Detection of Colour-blindness and Imperfect Eyesight," "The Naturalist's Diary: a Day-book of Meteorology, Phrenology, and Rural Biology," "Medical Inspection of and Physical Education in Secondary Schools," and "Eastbourne as a Health Resort." He had also contributed some valuable papers to the St. George's Hospital Reports and the professional journals.

Lunacy Department.

ASYLUM REPORTS (continued).

ROXBURGH, BERWICK, AND SELKIRK DISTRICT.

The total expenditure up to date of Report was £96,726 7s. 4½d.; the expenditure during the year upon the asylum buildings, new laundry, furniture, &c., having amounted to £3,696 17s. 2½d. There had lately been erected at the asylum an iron escape stair, and the Board had resolved to erect during the current year three additional cottages for the accommodation of married members of the staff, also a boiler-house with new boilers, &c., smith's shop, and coal store. As the male department of the asylum is overcrowded the Board contemplates the erection of a hospital for male patients requiring such treatment. The rates of board are rather high. They have always been high in this asylum, but we are sure that Dr. Johnstone sees that his patients are well looked after and that the

money is well expended. Of course, of late years we know that the rate of board has had to be high in all asylums, because of the high price of coal and food stuffs. Then salaries and wages are on the increase here, as in all other departments of labour, and a serious question has arisen, namely, the salaries of medical officers. Dr. Carlyle Johnstone, in his report, touches incidentally on the subject of pensions. We wish he had said more, but asylum officers, like the coney, are a feeble flock, their influence is small, their political power nil, and they are helpless in the matter, unless some strong man at headquarters takes up this subject. The extensions and alterations have given great satisfaction.

MULLINGAR DISTRICT.

It is a matter for regret that the influx in the past year was almost entirely composed of females, which tended to seriously cramp the already overcrowded space in the female divisions. The female section now finds breathing space for sixty-four patients more than it ought to contain. This is much to be regretted, and the Board should lose no time in providing adequate accommodation. One feature—the introduction of apprentices in the works department, is worthy of special notice. The apprentices are legally bound to the various tradesmen. The recovery rate has been somewhat lower, and the death-rate higher. The Committee interdicted the sending of patients to outside entertainments without their sanction. This is a matter which we think should be left within the discretion of the medical superintendent. The enjoyment derived on such occasions is often far in excess of what one would anticipate. The Committee, on the score of economy, have ordered the supply of daily and illustrated papers to be discontinued. Nowadays newspapers are regarded as almost a necessity of life. What must this necessity be among a class deprived of liberty? We hope the committee will see the injustice of their action, for asylums, as a rule, are apt to be overlooked in this respect. Phthisis as a cause of death appears in 41 per cent. of the cases—a very high average.

CHESHIRE COUNTY.

There is nothing of more than local interest in this report, but there is evidence of good work being done. A large greenhouse has been erected and this will meet a much-felt want. Plants have a great effect in making the wards of an asylum look bright and cheerful. The Commissioners, on their visit, gave a false fire alarm and in two minutes the men had hose ready to play on a supposed fire on the stage. The recovery rate (44.20 per cent.) is the highest that has been reached during the last ten years, and the death-rate (7.54 per cent.) is the lowest recorded for at least thirty-six years—a very satisfactory state of affairs. As regards the causes of death, general paralysis and phthisis appear respectively in about 20 and 18 per cent. of the cases. In 14 per cent. of the admissions the cause of insanity is recorded as due to intemperance.

DOWN DISTRICT.

This is a very full and complete report, containing one or two interesting illustrations of the interior of the asylum. The total admissions for the year, 149, is twenty-one in excess of the previous year. The recovery rate—37.6 per cent. on the admissions—is satisfactory. The deaths number no less than sixty-one—an unusually high death-rate. Phthisis, heart disease, and dysentery are responsible for half of them. Like many others, this asylum had to contend with an epidemic of influenza of an acute character. Unfortunately, dysentery was also in painful evidence, and, although strong measures were adopted to limit its spread, twenty-two persons were affected, of whom four died. From the earliest years in the history of this asylum it would appear this disease had been intermittent in its visitations, and it is much to be regretted that the cause is still undetermined, in spite of the unstinted labours of Dr. Nolan to get at the bottom of it. The want of an isolation hospital was much felt. The amusements of the patients receive special attention, and this is just as it should be, but

the system of employing temporary attendants to replace those on leave is most undesirable.

GLOUCESTER COUNTY.

The committee call attention to the increase—no less than forty-five in the number of patients chargeable to the county. This increase is attributable to an extraordinary low death and a diminished recovery rate, a large portion of incurable cases having been admitted during the year. Of the admissions, 22 per cent. were over 60 years of age. Here, as elsewhere, it is being forced on the notice of the authorities that asylums are not now regarded *bona fide* as asylums. It has been necessary to raise the charge for maintenance to 9s. per week. The Commissioners in their report, which is very satisfactory, disapprove of the Clerk of Works being in possession of a key admitting him to the female side. Dr. Craddock's report is a lengthy one, but it does not contain much beyond local interest.

DORSET COUNTY.

This report is full of detail, and in some respects interesting. The Committee have had under their serious consideration the question of the growing want of accommodation on the female side. This matter was earnestly brought under their notice fully two years ago by the Commissioners. The rate of board has been increased from 8s. 9d. to 9s. 4d. per week. An out-patient department has been established, and this will no doubt prove a boon to many deserving poor. The cause of insanity in 50 per cent. of the admissions was due to heredity, and in 1·8 per cent. to alcohol. The high percentage of heredity and the very low percentage of alcoholic cases makes those figures specially interesting. They do not bear out the truth of the statement that, where hereditary predisposition is common, a high percentage of alcoholic cases is sure to be found. Heredity, as a cause of insanity in Dorsetshire, has been the subject of much comment. The dietary is varied, but two courses each day at dinner are more desirable, and would better meet individual tastes.

Literature.

ROBERTS ON GYNÆCOLOGICAL PATHOLOGY. (a)

THIS is a book of some 300 pages, with 151 illustrations, the object of which is to give a simple account of the morbid processes to which the female organs are subject. It gives a fairly good account of most of these processes, and includes some clinical details of the subject with which it deals.

Some of the author's statements are not in accord with the views of good authority, the histological descriptions are not always sufficiently full and clear to be of any practical utility, and there are some subjects which do not receive the attention they appear to us to deserve. We are not able to agree with the author in his classification of proliferous cysts of the ovary.

What he describes under that heading as simple multilocular cyst, "in which there has been distension of many of the follicles," appears to us not to belong to the proliferous cysts at all, but to be merely multiple follicular cysts in which there is no epithelial proliferation. Though "papillary" cyst is a common term, we think that "papilliferous" cyst expresses the character of these growths more clearly.

No mention is made of the more solid complex dermoids, or teratoid tumours, which, though uncommon, are of great pathological and clinical interest, as we believe most of those placed on record have behaved as malignant tumours. Dr. Roberts considers the so-called chronic endometritis is not an inflammatory process at all. With this view we quite agree, though no doubt the incorrect term will have the long life that such terms often have.

We do not think, however, that the condition can be any more correctly termed adenoma, as is suggested by him. Adenoma appears to us to denote a distinct

tumour, such as does not occur in these cases, and, moreover, the so-called endometritis is sometimes entirely an interstitial growth, and not at all glandular. Fig. 17, which is described as being "really an adenoma," does not convey any such idea to our mind. We think the term hyperplasia, glandular or interstitial, according to the character of the newly-formed tissue, is much to be preferred.

We find only a casual mention of adeno-myomata. Such tumours are not very uncommon, and are subjects of considerable pathological interest. In view of the researches of Recklinghausen and others, we think they deserve much fuller consideration than they receive from Dr. Roberts. We do not agree with the author that a zone of transitional epithelium occurs at the junction of the squamous epithelium of the portio vaginalis and the columnar epithelium of the cervix.

In our experience such a zone does not exist, and even if transitional epithelium has been found in this situation, surely the statement that "the transitional epithelium is a narrow and debatable belt of cubical cells with a few glands," is a mistake.

The author appears to doubt the existence of sarcomatous degeneration of uterine myomata, and considers so-called cases have been sarcomatous from their beginning. There are many able pathologists whose opinion is opposed to his on this point.

We ourselves have several times seen cases in which a uterine tumour was microscopically sarcoma in one part and myoma in another, and we think the most rational explanation of such an occurrence is that a myoma has undergone sarcomatous change.

Considering the great importance attached, and rightly attached, in recent years to the microscopical diagnosis of tissue removed by the curette, we should have expected in a book of this class a fuller account of the histology of malignant diseases of the uterus.

The author calls attention to the difficulty that sometimes arises in the differential diagnosis of neoplasms, and to the considerable knowledge of uterine histology which is often necessary in arriving at an opinion.

We do not think the difficulty of diagnosis is greater in the case of uterine neoplasms than is the case with similar tumours in other parts of the body, and we cannot agree with Dr. Roberts in his statement that "the terms" (epithelioma, carcinoma, sarcoma) "used simply indicate certain pathological tendencies." On the contrary, we consider these terms imply a certain histological structure, and a certain origin.

The author considers the syncytial theory of the origin of the so-called deciduoma malignum unnecessary, and adopts the view which is generally taken in England, that these tumours are sarcomata. He states that "the great majority of cases of so-called deciduoma malignum ought to be classed as rapidly-growing sarcomata." We should like to have had a statement of his opinion as to the nature of the minority of these cases. We have no doubt that cases of sarcoma have been erroneously described as deciduoma, and some of the cases related by Dr. Roberts may have been wrongly referred to this class. Indeed, in one of them the histological structure is not described, but we are told that a microscopical diagnosis of epithelioma was arrived at early in the case. No doubt cells resembling the syncytium do occur in sarcomata, but we cannot recall any tumour where such differences between the constituent cells existed as exists between the two varieties of cells found in deciduoma, both in regard to their protoplasm and their nuclei.

The resemblance these two varieties of cell have to those covering the chorionic villi would suggest that they originated from these; and the fact that in cases described by Neumann, and by Gebhard, a chorionic villus was found, and the connection of the tumour cells with its epithelium traced is a strong evidence that these cells have a similar origin in other cases. The structure of these tumours is not well described, and no mention is made of the occurrence of deciduoma in the Fallopian tube, a condition of which at least one case has been recorded.

(a) "Outlines of Gynecological Pathology and Morbid Anatomy." By C. Hubert Roberts, M.D. London: J. and A. Churchill.

The book closes with a useful chapter on micro-organisms in connection with gynecological pathology. The illustrations are mainly original, and most of them are exceedingly good, but the composite diagrams of micro-organisms, especially that of the gonococcus, are not of any practical value.

There are numerous footnote references to the works of the authors whose opinions are cited.

ALLCHIN'S MANUAL OF MEDICINE.—VOL. III. DISEASES OF THE NERVOUS SYSTEM.(a)

IN approaching the criticism of this volume of Allchin's Manual of Medicine, which deals with diseases of the nervous system, it is well to bear in mind that the subject in question has attained a high degree of specialisation. As yet it is impossible to reduce this branch of study, with its host of details, to the level of absolutely clear deduction and generalisation. The task before the editor of an up-to-date treatise upon the subject, therefore, is no light one. On the whole, we should say the volume before us is one of the best of the kind we have yet seen. In spite of that opinion, however, we feel it a duty to remark that there are many important points omitted, so much so that a candidate for the higher medical qualifications might well be "ploughed" if he possessed no knowledge derived from sources other than the present volume. Sherrington's article on spinal segments appears needlessly complex; it is certainly difficult to follow, and would be practically useless to students for examination purposes. Tumours of the brain and focal diagnosis, however, by Aldren Turner, is well done, and much of the information arranged in tabular form. In *tabes dorsalis* no information is given as to the origin or meaning of the word "*tabes*," and no reference is made to the fact that the disease was formerly and is still not uncommonly known as "progressive locomotor ataxy." The term, it is true, is objectionable on every ground, but still the student should know it has been so used. Visceral crisis (p. 197), trophic changes (p. 198), and the condition known as hypoloma are well described, but there is no anatomical explanation given of the Argyll Robertson pupil. Pseudo-hypertrophic paralysis (p. 213) would be better for an illustration, showing the characteristic attitude, a remark that also applies to paralysis agitans. Under the latter disease we find no mention of the "Parkinson mask"; at any rate it is not mentioned in the index. In tetany (p. 316) too little importance is attached to the connection with dilatation of the stomach, and other gastric disorders. Possibly the article was written before the appearance of a certain recent work on the subject. There is some difficulty in readily ascertaining the authorship of any particular article. In the list of contents the authors' names are not given and the articles are not each of them signed, but a signature is appended to a group of articles. Take syringomyelia for example (p. 191): one has to turn over some twenty pages to find out that it is written by Dr. Ormerod. In our opinion the plan followed in Clifford Allbutt's "System" is better, namely, that of appending the name of the writer to each subject. Some of the best articles in the book are by Dr. Purves Stewart. It is almost a pity he was not entrusted with the article on chorea, in which he has done some good original work. The work done by Bertram Abrams is clear and carefully written. In the account given of *tic-douloureux* (p. 278) there is nothing said, so far as we have been able to discover, about "convulsive tic," a subject to which several pages are devoted in Allbutt's "System of Medicine." The student would be puzzled by such words as "*coprolalia*" and "*latah*," which would indeed be Malay to him. Neurologists, it is recognised, employ a language of their own, and the value of a work for those who are not specialists on the subject would be enhanced by an explanation of new and strange terms. On the whole, as we have already said, the book is a

good one, and in our opinion is an advance on previous volumes of the same series.

KITCHEN PHYSIC. (a)

THIS is no formal treatise on dietetics—it is addressed at least as much to the public as to the profession "at hand for the doctors and helpful for homely cures." It is full of curious and useful information, well diluted with literary meanderings and antique souvenirs. But as a factor in the maintenance of health and in the case of disease it is by no means a new science; indeed, its origin dates back beyond the dawn of history. The author has diligently studied the literature of the past, and his text is replete with old wives' sayings and popular adages in respect of the curative properties of particular articles of diet. After a few chapters of a more or less dilettante style the author settles down to his task and epitomises all that is worth knowing in the matter of special diets for particular diseases and conditions. He reinforces his maxims by the aid of sundry doggerel rhymes culled from poetically disposed physicians and dieteticians of the past, and throughout he writes in a genial, untechnical way which cannot fail to find favour with the public. Although the author is careful to place himself on the level of a certain section of his readers, we can cordially recommend his work to the notice of practitioners who, it is to be feared, are not, as a class, by any means over-skilful in the management of this very important department of therapeutics. Physicians, moreover, are in a position to winnow the grain from the chaff, the latter, in more senses than one, being present in rather stiff doses. The author writes in such a happy strain that we have not the heart to criticise in the matter of detail. He seems to say: "Here is all I have been able to find out about it, and now make your choice." It is a work which ought by right to find a place on the shelves of every housewife's domestic library, and, as already observed, it is not unworthy of a place alongside of the more severely technical treatises on dietetics. A medical man who could turn its precepts to account in practice would certainly command the respect, nay, the admiration, of his patients in an age when dietetics, like prescribing, threatens to become a lost art. The volume comprises close upon six hundred pages, and there is not one we could willingly spare.

SANITARY INSPECTORS' HANDBOOK. (b)

ALTHOUGH the little work before us has no very great claims to originality, and is, in some respects perhaps, rather unduly drawn out, it nevertheless contains much practical information of use to the average inspector of nuisances. We cordially endorse the writer's plea for fixity of tenure of these appointments, and can only hope that the Local Government Board will encourage as far as possible in the future those public bodies willing to appoint their inspectors permanently, irrespective of whether they devote the whole of their time to their duties or not. The "Alphabetical Synopses" of the Public Health Acts is well drawn up, and should prove a very handy means of reference. In the chapter on House Drainage we notice the following. Speaking of Doulton's Composite Joint, the writer remarks that this joint "allows where necessary deviation from the straight line in laying." It is to be regretted that he should lend the weight of his authority to such a procedure, as we have frequently found builders only too ready to save themselves trouble by laying drains with these improperly constructed bends, a plan certainly not to be countenanced in any way. We also find ourselves unable to concur in the author's condemnation of the Local Government Board's model bye law regarding sink and other waste pipes, as surely it is much better practice that grease should collect in the open channel, where it is seen and can be easily removed, than that it

(a) "A Manual of Medicine." Edited by W. Allchin, M.D. Lond., F.R.C.P., Senior Physician Westminster Hospital, &c., &c. Vol. III. (London: Macmillan and Co. Price 7s. 6d.)

(a) "Kitchen Physic." By W. T. Fernie, M.D. (Bristol John Wright and Co., 1901. Price 6s.)

(b) "The Sanitary Inspectors' Handbook." By Albert Taylor Third Edition. Pp. 408. Cr. 8vo. Price 6s.

should accumulate under the grating of a grease trap, where, being out of sight, it is also out of mind; while, further, where the latter plan is adopted, some may be swept out into the drains, and there deposited, causing them to become foul and impeding the full flow of water, &c., through them. A considerable portion of the chapter on "Drain Testing"—one of the most important subjects for a sanitary inspector to be skilled in—is devoted to the purely negative smoke and pungent chemical tests; while the pneumatic test, which is probably the most trustworthy, is passed over with a mere cursory mention. Infectious diseases and disinfection are well and concisely dealt with, though for the benefit of those inspectors who have not the assistance of an expert engineer a more detailed account accompanied by plans of some form of disinfecter would be useful. We also observe that the writer has omitted any reference to refuse destructors, some knowledge of which is certainly desirable to many sanitary inspectors. Useful hints on ventilation and allied subjects are given, while the chapters on meat inspection and slaughter-houses could hardly be improved on in a work of this sort. The remainder of the book contains much that is valuable, more especially that portion dealing with the Sale of Food and Drugs Acts. There is perhaps rather too much tendency shown all through to elaborate legal decisions, nor can we regard a dissertation on the "properties" of bye-laws as of much import to a sanitary inspector, whose duty it is merely to administer such under the direction of his authority. The little work is well illustrated with numerous and useful cuts, though we should hardly have thought it necessary to devote a whole page illustration to the obsolete pan closet and D trap, while with one or two exceptions the language employed is clear and concise, and, generally speaking, the book should prove of considerable value to that class of public servant for whose benefit it has been written.

Medical News.

Court-martial on a Fleet Surgeon.

A COURT-MARTIAL was held on board the *Fort* at Chatham on Friday last, for the trial of Fleet-Surgeon Robert William Anderson, who was charged with having neglected his duty in respect of a stoker who had died of pneumonia, and with having failed to conform to the regulations requiring him to visit the sick twice a day and oftener if necessary. It seems that the accused officer was absent on short leave, and had gone to Newcastle, so that he did not see the patient until the day after his admission. The early symptoms did not present any evidence of the gravity of the case, but the Court held that the accused, who declined to give evidence on oath, was guilty of the charges brought against him, and sentenced him to be severely reprimanded and dismissed his ship.

A Medical Victim to the Chloroform Habit.

An inquest was held in South London last week on the body of Henry Carrington, L.E.C.P.I., of Battersea Rise, S.W., who had succumbed to chloroform poisoning. It appeared that the deceased was in the habit of inhaling chloroform on retiring to rest, and it was surmised that he had taken an excessive dose by accident. A verdict of "Death by misadventure" was returned.

The Medical Sickness and Accident Society.

The usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held on the 27th ult., at 429, Strand, London, W.C. There were present Dr. de Havilland Hall, in the chair; Dr. J. B. Ball, Dr. Frederick S. Palmer, Dr. Walter Smith, Dr. St. Clair B. Shadwell, Mr. F. S. Edwards, Dr. F. J. Allan, and Dr. W. Knowles Sibley. The accounts show that the society is still growing in numbers, notwithstanding the keen competition to which it has of late years been subjected by institutions doing the same class of business but paying liberal commission for the introduction of new members. The committee have never felt justified in doing this, but by the economical manner in which they have worked the

society have been enabled to provide the members with such useful benefits that the latter have willingly acted as unpaid canvassers and brought the society under the notice of their professional friends. In this way it has grown in numbers and financial strength, while the contributions of the members have been devoted to affording them a liberal allowance when sick. Prospectuses and all particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33 Chancery Lane, London, W.C.

Vital Statistics.

THE deaths registered in the week ending December 28th in 37 large towns of the United Kingdom corresponded to an annual rate of 18.5 per 1,000 of their aggregate population, which is estimated at 11,463,026 persons in the middle of this year:—

Belfast 22, Birkenhead 18, Birmingham 23, Blackburn 21, Bolton 19, Bradford 18, Brighton 18, Bristol 19, Burnley 26, Cardiff 20, Croydon 21, Derby 14, Dublin 26, Edinburgh 22, Glasgow 24, Gateshead 18, Halifax 17, Huddersfield 25, Hull 18, Leeds 21, Leicester 21, Liverpool 22, London 20, Manchester 29, Newcastle-on-Tyne 19, Norwich 17, Nottingham 22, Oldham 19, Plymouth 18, Portsmouth 18, Preston 22, Salford 24, Sheffield 20, Sunderland 18, Swansea 19, West Ham 19, Wolverhampton 18. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 1.8 in Sheffield and in Sunderland, 2.4 in Manchester, 3.3 in Norwich, and 6.5 in Preston; from whooping-cough, 1.1 Liverpool and in Burnley, and 2.2 in Leeds. In none of the large towns did the death-rate from scarlet fever, from "fever," or from diarrhoeal diseases reach 1.0 per 1,000. The 75 deaths from diphtheria included 28 in London, 7 in Burnley, 5 in Birmingham, 4 in Birkenhead, 4 in Liverpool, 4 in Sheffield, 3 in West Ham, and 3 in Leeds. Twenty-five deaths from small-pox were registered in London, and 2 in West Ham, but not one in any other of the large towns.

Fire on a Small-pox Ship.

AN outbreak of fire which might easily have had very serious consequences occurred on the *Endymion*, one of the three isolation hospital ships moored in the Thames, at Long Reach, off Dartford, on the night of the 2nd inst. It was not until many hours had passed that the fire, which had broken out in the stokehole, was got under. The *Endymion* furnishes sleeping accommodation for the nurses, and lies between the two other vessels.

University of London.

AT the B.S. Examination for Honours, the following candidates were successful in:—

Surgery.—First Class.—Felix Bolton Carter, M.D.; Arthur Edmunds, B.Sc. (scholarship and gold medal); Thomas Copeland Savage (gold medal). Second Class.—Charles Archibald Scott Ridout, Ralph Paul Williams W. Halliburton McMullen. Third Class.—Ernest Lewis Lilley.

University of Dublin.

AT the winter commencements, Michaelmas Term, held on Thursday, Dec. 19th, 1901, in Trinity College, the following degrees in medicine, surgery, and midwifery were conferred by the University Caput in the presence of the Senate:—

Baccalaurei in Medicinâ, in Chirurgiâ, et in Arte Obstetriciâ.—R. H. Atkins, H. Crossle, J. E. Collins (B.Ch. stip. cond.), S. J. Callum, J. H. Douglas, E. D. Edwards, W. F. Erskine, M. J. Gibson, R. E. Halahan, A. L. Hoops, A. E. B. Jones, K. W. Jones, C. S. Miller, G. F. White.

Doctores in Medicinâ.—C. K. Bushe, J. J. Crawford, G. Fitzgibbon, W. S. Haughton, J. W. Hillier, T. D. Homan, H. E. Littledale (stip. cond.), T. P. McKell, H. H. Orr, M. J. Smith, J. Tichborne, G. F. White.

Society of Apothecaries of London.

THE following candidates passed the primary examination, Part II., on Dec. 30th, 1901, Jan. 1st and 2nd, 1902:—

Anatomy.—H. Bennett, J. Cree, T. L. A. Jones, P. J. Martin, and E. Renouf.

Physiology.—J. Cree, E. P. J. Dawes, A. G. C. Findlay, E. Renouf, F. A. K. Stuart, and T. R. Waltenberg.

Notices to Correspondents, Short Letters, &c.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

THE WILLIAM SMYTH MEMORIAL FUND.

WE learn that the William Smyth Memorial Fund is to close on February 1st. The treasurers of all local funds through the country are requested to forward their lists of subscriptions for publication in the papers, and to lodge the various amounts to the credit of the Fund in the Bank of Ireland. Among the largest subscriptions to the Fund has been one of ten guineas from Sir Henry Irving. We need not dwell again on the services which Dr. Smyth rendered to his fellow-men, and on the duty of assisting to support in dignity and comfort the wife and family he has left behind. It is sufficient to direct the attention of those who wish to subscribe to the fund but have not already done so to the date at which it is proposed to finally close the list.

A SOUTH AFRICAN SUBSCRIBER will find his requirements fully met in Surgeon-Capt. Munson's "Text-book of Military Hygiene." It is a big volume, but we know of no smaller book that answers our correspondent's needs.

MR. GRESSWELL.—It will afford us pleasure to carry out the suggestion when opportunity offers.

APPROACHING THE END.—TRANSVAAL MEDICAL REGULATIONS.—A proclamation has been issued in Pretoria making provision for the admission of medical practitioners to the Transvaal. It contains a clause preventing the issue of licences to applicants holding foreign diplomas unless the laws of the country in which the diploma is conferred grant equivalent privileges to qualified British practitioners.

THE MENTONE MANIFESTO.

REFERRING to our comments on the refusal of a majority of the hotels at Mentone to receive visitors with consumptive tendencies, the proprietor of "The Hotel Britannia" writes us that both his wife and himself are British subjects, and that they would not think of shutting the door of their hotel against invalids, unless, of course, their disease was of a too pronounced type. They add that previous experience of guests with these tendencies have shown them that they quickly improved in health with the air of the Riviera, and the "Manifesto" notwithstanding, physicians need not hesitate to send patients who are not in an advanced stage.

RES ANSERINUS.—The protest is a ludicrous one, and is not worthy of notice.

F.R.C.S. Eng.—For some reason the College of Surgeons, Eng., have not forwarded a list of the successful candidates, for publication, at the examination for the Fellowship held in November, 1901.

PHOTOPATH.—You will find all the information you require, and much besides, in Wellcome's "Photographic Exposure Record and Diary" for 1892 (Burroughs Wellcome and Co., London), price 1s. You must be careful to obtain the Southern Hemisphere Edition, which is specially compiled for your latitudes.

DR. J. M. S.—The donor of the £200,000 to the King's Hospital Fund is Sir Ernest Cassel, the successful financier.

Meetings of the Societies, College Lectures, &c.

LONDON.

WEDNESDAY, JAN. 8th.

DERMATOLOGICAL SOCIETY OF LONDON (11, Chandos Street, Cavendish Square, W.). 5.15 p.m. Demonstration of Cases of Interest. SOCIETY OF ARTS.—5 p.m. Sir Henry T. Wood; Photography and its applications. (Juvenile Lecture.)

THURSDAY, JAN. 9th.

BRITISH GYNÆCOLOGICAL SOCIETY (20, Hanover Square, W.).—8 p.m. Annual Meeting. The President: Valedictory Address. Specimens will be shown by Dr. J. A. Mansell Moullin and Dr. F. Purcell.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8 p.m. Annual General Meeting. Election of Officers. President's Address. Annual Conversation.

FRIDAY, JAN. 10th.

CLINICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8.30 p.m. Papers: Mr. A. W. Mayo Robson: The Radical Treatment of Chronic Tuberculosis of the Intestines. Mr. E. P. Paton: A Case of Hair-ball removed from the Stomach of a Child of nine years. Mr. H. W. Page: Two Cases of Arthritis of the Knee and Leg, with an Investigation into the Pathogenesis by Dr. A. Paine and Dr. F. J. Poynter.

INCORPORATED SOCIETY OF MEDICAL OFFICERS OF HEALTH (9, Adelphi Terrace, W.C.).—7.30 p.m. Meeting. 8 p.m. Mr. D. S. Davies: Plague Exclusion and Control.

LARYNGOLOGICAL SOCIETY OF LONDON (20, Hanover Square, W.).—4.30 p.m. Annual General Meeting. 5 p.m. Ordinary Meeting. Cases and Specimens will be shown by Dr. Bronner, Dr. S. Spicer, Dr. Thorne, Dr. Horne, Dr. Sharman, Dr. Milligan, and Dr. St. Clair Thomson.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSO-

CIATION (11, Chandos Street, Cavendish Square, W.).—4 p.m. Cases will be shown and papers read by Mr. C. Woakes, Dr. W. Wingrave, Mr. A. Thorne, Mr. Lennox Browne, Mr. M. Collier, and others.

DUBLIN.

THURSDAY, JAN. 9th.

DUBLIN UNIVERSITY BIOLOGICAL ASSOCIATION (Front Hall, Trinity College).—8.15 p.m.

FRIDAY, JAN. 10th.

ROYAL ACADEMY OF MEDICINE IN IRELAND (Section of Pathology, College of Surgeons).—8.30 p.m. The President: (a) Remarks on the Present State of our Knowledge as to the Etiology of Vaccinia (with lantern slides); (b) Remarkable Cyst of Lesser Peritoneal Cavity; (c) On the Condition of the Heart in a Case where Death occurred during Anæsthesia. Mr. J. P. Doyle: Disease of two Upper Cervical Vertebrae and upper part of Left Humerus.

Appointments.

BODY, HENRY MARTIN, M.R.C.S., L.S.A., Medical Officer for the Sandford District of the Crediton (Devon) Union.

BOON, J. G., L.R.C.P.I., L.R.C.S.I., Certifying Surgeon under the Factory Acts for the Borough of Wenlock, in the county of Salop.

DARIN, T. B., M.R.C.S., L.R.C.P. Lond., Certifying Surgeon under the Factory Acts for the Uxley District of Lincolnshire.

FENWICK, CHARLES, L.R.C.P., L.R.C.S. Edin., Medical Officer for the Cheriton Bishop District, Crediton Union.

GOADBY, KENNETH W., L.D.S. Eng., D.P.H. Camb., Bacteriologist and Lecturer on Bacteriology to the National Dental Hospital.

GREEN, FREDERICK RICH, F.R.C.S. Eng., L.S.A., Honorary Consulting Surgeon to the Royal United Hospital, Bath.

HALL, J. N., M.R.C.S., L.R.C.P. Lond., Medical Officer of the May field District of the Uckfield Union.

LACK, H. LAWRENCE, M.D. Lond., F.R.C.S., Aural Surgeon to the London Hospital.

M'KENNICK, G. BROWNE, F.R.C.P., F.R.C.S. Edin., L.F.P.S. Gha., to take charge of the Department for Kidney and Urinary Diseases in the Glasgow Public Dispensary.

PANDOL, JOHN, M.B., M.R.C.S., Surgical Assistant to St. Peter's Hospital, Covent Garden.

RIDOUT, C. A. S., M.B., B.S. Lond., M.R.C.S., L.R.C.P., House Surgeon to the North Staffordshire General Infirmary and Eye Hospital, Stoke-on-Trent.

SCOTT, EDWARD JAMES HERBERT, F.R.C.S. Edin., Honorary Consulting Surgeon to the Royal United Hospital, Bath.

SMITH, G. U., M.B. Lond., Bacteriologist to the Cambridge Town Council.

Vacancies.

Belmullet Union.—Medical Officer. Salary £100 a year, and £10 a year as Medical Officer of Health, together with Registration and Vaccination fees. Applications to E. N. Flynn, Clerk of the Union. (See advt.)

Birmingham General Dispensary.—Resident Surgeon. Salary £150 per annum. Furnished apartments, fire, lights, and attendance. Applications to Ernest W. Forrest Secretary.

Bootle, Borough of, Hospital for Infectious Diseases. Resident Medical Officer. Salary £120 per annum, with board, washing, and apartments at Hospital. Applications to J. Henry Farmer, Town Clerk's Office, Bootle. (See advt.)

Bradford Royal Infirmary.—Dispensary Surgeon. Salary £100 per annum, with board and residence. Appointment for twelve months, renewable. Application to William Maw Secretary.

Carlou Union.—Temporary Medical Officer. Salary three guineas per week, to include car hire. Applications to the Presiding Chairman, care of Thomas F. Coyle Assistant Clerk of the Union. (See advt.)

Hampstead Hospital.—Resident Medical Officer. Salary £120 per annum, with rooms, coal, and gas. Applications immediately to E. A. Orwhaithe, Hon. Secretary.

Hemel Hempstead, West Herts Infirmary. House Surgeon and Assistant Secretary. Salary £100 per annum, with furnished rooms, board, fire, lights, washing, and attendance. Applications to the Hon. Secretary at the Infirmary.

Joint Counties Lunatic Asylum for the Counties of Brecon and Radnor.—Medical Superintendent for the new Asylum at Talgarth. Salary £450 per annum, with partially furnished house, coal, light, washing, and garden produce. Applications to Henry F. W. Harries, County Hall, Brecon.

Lancashire County Asylum, Winwick, Newton-le-Willows.—Assistant Medical Officer. Salary £150 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.

London Hospital, Whitechapel, E.—Assistant Director of the Pathological Institute at this Hospital. Salary £200 per annum. Applications to G. Q. Roberts, House Governor.

Salop County Council.—Medical Officer of Health. Salary £750 per annum. Applications to E. C. Beale, Shirehall, Shrewsbury.

Whitechapel Union Infirmary.—First Assistant Medical Officer. Salary £150 per annum, all found. Forms of application to be obtained from William Vallance, Union Offices, Vallance Road, Whitechapel, N.E.

Births.

GIBSON.—On Jan. 3rd, at 3, Queen's Crescent, Glasgow, the wife of E. Arthur Gibson of a son.

SANSON.—On Jan. 1st at the Glen, West End Lane, West Hampstead, N.W., the wife of H. Arthur Sanson, M.D. Lond., of a son.

Deaths.

FROLIOTT.—On Jan. 3rd, at Little Missenden Vicarage, the Rev W. Frolliott, third son of Francis Frolliott, M.D., of Clonabity, co. Cork.

The Medical Press and Circular.

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Original Communications.

A CASE OF ACQUIRED DEAF MUTISM, PROBABLY DUE TO CERUMEN. RAPID RECOVERY OF HEARING AND SPEECH ON REMOVAL OF CERUMEN.

By MAYO COLLIER, M.S.LOND.,

Senior Surgeon to North-West London Hospital, &c.

MARY M., æt. 9, was sent to the hospital on December 5th, with a note from a lady who took an interest in the child, asking me to kindly examine the little girl and tell her if anything could be done as she was apparently deaf and dumb.

The mother, who accompanied the child, stated that quite early in life when a baby she was bright and intelligent, and not unlike her other children, whose hearing was good and whose speech was not defective. At the age of two years the child had typhoid fever severely, from which she apparently recovered without detriment. At the age of three she had measles of a virulent type, and was said to have been unconscious for fourteen days.

There was no pain or discharge from the ears in either illness, and at no time in the history of the case has there been any symptom pointing to suppuration in either tympanic cavity.

At about the age of three the child appeared to be deaf and had slowly become more so up to the present time. With the increasing deafness the power of uttering intelligible sounds had diminished until now the vocabulary was limited to a few sounds such as mammy, more and pease. The mother stated without being asked, that so deaf had the child become, that it was requisite to touch her to arouse her interest, unless the child previously was looking at the questioner. The Board school had refused her admission, the teachers at the convent school where she now attended had great difficulty in teaching her anything.

The father and mother and other children were possessed of good hearing and normal speech. The father had died recently of tuberculosis, and one child had died of the same disease. The family history was quite free from deaf mutism, nor were affections of the ear prevalent among the members of either parentage. The child herself appeared to be singularly bright, intelligent, and well formed, and of decidedly pleasing appearance. She was of normal height for her age, well nourished, and apparently without physical defects, other than those under investigation.

On being spoken to in a loud voice she answered no questions and did not utter a sound, but stared from the questioner to the mother, expressive of

inability to understand what was required of her. Noises made behind the child had no effect upon her, and no response was elicited by the bells of a repeater watch suddenly being struck close to the ear, whilst in the pocket of the observer. The pharynx was singularly free from disease, and the palate moved freely in response to the touch of a probe. The nose was well formed externally, but internally was considerably obstructed by two very large lower turbinal bodies. The external ear was well formed, but the auditory canal was rather long and unusual in its curve. It was curved forwards so that in looking into the ear the membrane would not be at once apparent. Some manipulation was requisite to get a view of the parts.

With some little difficulty a correct view was obtained, and in each ear, in contact with the membrane, was a hard, inspissated mass of cerumen of old standing. This was removed with some little difficulty. The membranes were found to be extremely retracted, somewhat opaque, but otherwise healthy. Politzer's bag was used, and a wash ordered for the nose, and the patient dismissed.

At our next interview the mother stated that the child apparently heard a good deal and had attempted to converse and make sounds to the other children resident in the house. It was quite apparent to me that the child could now hear sounds. The bells of the repeater watch when struck behind her produced a volte face of a most unmistakable character. On showing the child a small bronze lion she uttered the word, "dod," and on leaving the room said, when requested by the mother, "Goo bi." Since then the improvement has been quite remarkable, both in hearing and speech.

At the last interview the child repeated after the mother, whose lips were covered up, several verses of "Mary had a little lamb" more or less correctly and quite intelligibly. I have brought this case forward for your inspection and with it a few notes on deaf mutism that may refresh your memories on this singularly interesting and important subject.

DEAF MUTISM.

By the term deaf mute we are not to understand that the subject is totally deaf and totally dumb. A deaf mute is deaf in the ordinary acceptation of the term. He cannot hear so as to communicate by speech with his fellow creatures. A deaf mute is seldom stone deaf and absolutely dumb. Deaf mutism may be congenital or acquired. More than half the cases are acquired, and curiously enough, on the authority of Bezold, absolute deafness is more common in the acquired cases than in the congenital. About 60 per cent of deaf mutes have some hearing power. Many children classed as congenitally deaf hear to a greater or less degree, but not sufficiently to allow them to acquire the power of speech. Many cases born without defect of hearing, but who

(a) Abstract of Remarks made on exhibiting the patient before the British Laryngological Association, Friday, January 10th, 1902.

have lost the sense at an early age, are classed as congenitally deaf. The causes assigned to congenital deafness are consanguinity of marriage, hereditary transmission, and weak health from some constitutional dyscrasia on the part of the parents. Consanguineous marriages are only causative when joined by hereditary and other influences, as constitutional diseases. (L. Blanc).

Heredity exerts a great influence, especially in those families in which there are many cases of hardness of hearing, but direct transmission is absent. Mygind found that not a single child of deaf mute parents was itself deaf and dumb. (Randall). Acquired deaf mutism may be of two descriptions. Children who have lost their hearing after the acquisition of the power of speech, and children who have lost the hearing before the acquisition of the power of speech. The acquired variety of deaf mutism becomes apparent usually before the third year, but may develop as late as the sixth.

The pathological causal condition is almost invariably in the labyrinth. This may be confined, associated with, or supplemented by, or a sequela to pronounced virulent inflammation of the middle ear.

The labyrinthitis may be of two kinds, labyrinthitis hyperplastica and labyrinthitis exudativa. Of the hyperplastic variety the commonest cause is syphilis, congenital or acquired. The exudative variety is the commoner form, and is most frequently associated with, and the result of, one of the acute infectious diseases, such as measles, scarlet fever, diphtheria, and epidemic parotitis. It may supervene, however, quite suddenly, associated with a rigor as a complication of epidemic cerebro-spinal meningitis. We then get sometimes pain in the head, with delirium, stupor, or drowsiness.

The deafness is absolute, and is associated with tinnitus, vertigo and loss of co-ordination. If death does not take place most of these symptoms pass away in a few weeks, leaving the patient profoundly deaf, and his co-ordination impaired.

The prognosis in these cases is sometimes hopeful, as in the present case, when there has been no destruction of the contents or walls of the middle ear, always most unfavourable when such destruction has taken place.

In the two forms of labyrinthitis the exudative and hyperplastic, iodide of potassium, mercury and pilocarpine may be found useful associated with general treatment.

THE TREATMENT OF CONGENITAL DISPLACEMENT OF THE HIP-JOINTS.

By NOBLE SMITH, F.R.C.S.ED.,
Senior Surgeon, City Orthopaedic Hospital, &c.

WITH regard to diagnosis, the affection has to be distinguished from traumatic, paralytic, and spontaneous dislocations, some cases of coxitis, rachitic lordosis, coxa vara, and even bow legs, but the only affection which can be, as a rule, mistaken for this displacement by those having as much experience of it as the members of the Society is coxa vara, and the only certain way of forming a diagnosis is by means of the X-rays. I think I am expressing the generally received opinion in saying that the formidable operation of scooping out the imperfect acetabulum, and bringing down the head of the femur into such artificial depression by a wound which obviously opened up the joint, is not satisfactory, even if it be justifiable. After such an operation cases are known sometimes to relapse, ankylosis has

occasionally followed, and some deaths have taken place.

These operations have been chiefly tried by Continental surgeons, and I think that the results do not warrant the procedure.

Good results from treatment by continued extension of the affected limb, a plan of treatment advocated and practised years ago by Pravaz and carried out most carefully by Buckmaster Brown, and subsequently by William Adams have been recorded. Then we have the more forcible method of Paci, which has also been successful to a certain extent. If it may be said of all these plans that relapses occur, it must yet be acknowledged that the results are better than if the sufferers had remained without any treatment whatever.

More recently a bloodless operation has been carried out with which Lorenz's name is chiefly associated. This consists in forced extension, then flexion, rotation and abduction of the femur, with an endeavour to replace the head of the bone into its normal position, or at least into the place or neighbourhood of the socket. Then fixing the limb by plaster of Paris bandages in a strongly abducted position so as to make the head of the bone press firmly towards the pelvis with the intention of its forming by pressure a place for itself.

I have seen good results from this practice, but I doubt if it has any advantages over simple extension by means of a long Liston's splint, as used for a fractured thigh-bone. The perineal band draws the pelvis upwards, and the limb is drawn down and fixed to the splint in the ordinary way. I find that the head of the bone can either be brought down at once, or it may take several weeks before it will reach the natural position. After a certain period weights with a pulley may be substituted for the splint, or used alternately.

In some cases there is so much twist in the neck of the femur that when the head of the bone is placed in its normal position the feet would point inwards, and upon placing the feet straight forwards the head of the femur is dislocated anteriorly. This condition may necessitate osteotomy of the femur.

Some lateral pressure may be applied to the hip by a metal band after the bone had descended, but such lateral pressure should be applied with great caution in the case of girls, because we may easily compress the pelvic cavity, and as girls are more often affected by this displacement than boys, a serious narrowing of the pelvis would ensue.

This caution applies especially to Lorenz's bloodless method, for lateral pressure is a material part of his procedure.

In many cases, and especially in older children, the reduction of the deformity is impeded by contraction of muscles, especially the adductors and tensor vaginæ femoris.

All these contracted muscles may have to be divided or stretched before the reduction can be completed, and it is always desirable to ensure free abduction of the limbs. After keeping the head of the femur in its improved position for a few months, it will be found that the joint is becoming fixed in such position; that is to say, the tendency to rise upwards towards the crest of the ilium is lessened. It will probably require at least six or eight months to get sufficient firmness to resist a moderate pressure upwards, but it would be very unwise to allow a child to walk about with its body weight on this joint under eighteen months or two years. This does not, however, involve so long a period of absolute recumbency. The patient may, after the first six months or so, get about on crutches, with a raised sole on the sound limb, if only one joint is affected—or to ride on a tricycle or rocking-horse if both joints were deformed.

In some cases it has been found that a fold of the capsule is interposed between the head of the bone and the acetabulum, and under such circumstances there is some tendency to relapse, but firm lateral pressure will probably, in time, overcome this obstruction. One American surgeon, Bradford, of Boston, has stated that if at the end of a month the head of the femur does not seem sufficiently firm in its natural position an operation is necessary, but I do not think the time sufficient for a fair trial.

I am enabled to exhibit a number of skiagraphs and ordinary photographs showing different patients and the stages of treatment. These photographs and the notes of the cases show very good results with very little tendency to relapse. By such safe and comparatively simple procedures patients are ultimately able to walk about with little or no difficulty, and the very disfiguring deformity, the waddling gait and severe lordosis, which occur when no treatment is carried out, are generally after such treatment, much reduced or quite absent.

DIPHTHERIA. (a)

By FREDERICK S. PALMER, M.D., M.R.C.P.

President of Durham University Medical Graduates' Association.

It may be justly said that diphtheria is one of the severest scourges of humanity, attacking persons of all ages, in all climates, and at all seasons. It is pre-eminently a specific disease, caused, according to our present views of the subject, by an invasion of the bacillus diphtheriae, "complicated by the action or co-operation of other microbic organisms, and their toxins." The so-called specific bacillus was discovered by Klebs in 1883, and by Loeffler the following year. It is therefore commonly called the Klebs-Loeffler bacillus to retain both names. The nature and mode of action of the toxins are only partly known, but they are believed to be either enzymes, toxalbumens, or albumoses.

Hygienic Etiology.—In the majority of text-books, the period of incubation is given at from two to eight days, but it is probably shorter; or certainly well within these limits. The symptoms frequently appear in less than forty-eight hours after exposure to the contagion, and are seldom delayed beyond five or six days. The quarantine necessary to be observed after such an accident is ten days. The connection between diphtheria and a polluted water supply has so far, not been satisfactorily traced; although clinical observations point in that direction, and to other insanitary conditions, among which the following may be cited, dampness of soil, defective, or inadequate drainage, and scavenging, the disturbance of refuse heaps, and other causes of bad smells of a similar kind; also to the made soils on which newly-inhabited houses are built as contributory factors. The contagium may be distributed by the milk supply, or communicated by inoculation. Direct contact is by far the most common means of communication, but there can be no question that it is carried through the air, or by clothing, bedding, and other like agencies which have been in contact with the sick. The virus attaches itself with great tenacity to the room and its appointments. One attack is not protective. The incidence is greatest in children between two and twelve years of age, indeed the highest rate of mortality is seen in the very young. Females appear to be more liable to diphtheria than males. The herding, or congregating of children in the public elementary and other schools, plays an important part in the diffusion of the disease. The duration of infectivity is a matter of the deepest interest at the present moment. Bold is the man

who would venture to answer this question. Recent reports and statistics on this subject, based for the most part on the results of bacteriological examination are simply appalling. Several instances are recorded in which the organism has been found in the secretions of the throat and nose six months after an attack. (a) In one case reported by Golay, quoted by Osler, the presence of the bacillus was demonstrated 362 days after the commencement of the illness, and during that period the patient had three acute relapses. Recently, a case came under my notice, in which a culture made from a swab taken from a boy's throat five months after an attack, when he had been to all appearances perfectly well for a long time, killed a guinea-pig forty-eight hours after inoculation from virulent diphtheria. (b) The authorities who have expressed any opinion about the necessary quarantine for convalescents, insist on a period of at least forty-two days.

No other disease has claimed so many victims among physicians, nurses, and attendants on the sick. In the words of Niemeyer, "Science (c) has to mourn the loss of a series of excellent physicians and observers." Three such instances occur to my memory at the present moment. Two happened to young, and promising members of our profession, who in their heroic efforts to save lives sacrificed their own. No one of our generation will forget the sad lethal kiss of the beloved Princess Alice, Grand Duchess of Hesse, in 1878.

Semeiology.—In describing the symptoms of diphtheria, I shall adopt the excellent and comprehensive divisions of (d) Dr. F. Foord Caiger in his masterly article published in Allchin's "Manual of Medicine" last year. He arranges the various types of the disease under the following heads:—

1. The mild faucial form.
2. The severe faucial form usually showing a tendency to extension.
3. The laryngeal form.
4. The nasal form.
5. Other, and irregular forms.

The Mild Faucial Form is the type which presents the greatest difficulty in diagnosis. In the early stages of the affection there are in my experience no certain means by which it can be distinguished from an ordinary attack of lacunar or follicular amygdalitis, not even by bacteriological examination. It is commonly seen in adults, but it also occurs in children. It is ushered in by chilliness, headache, sometimes vomiting, sore throat, and discomfort in deglutition, followed by pyrexia and submaxillary tenderness. The temperature does not often rise above 101° or 102° Fahr. On inspection of the throat, one or perhaps both, tonsils are seen to be hyperæmic and swollen. On the surface one or more patches of white, or greyish white, exudate are noticed on the tonsils or uvula. When observed in the latter position I regard it as a point of great diagnostic value, in fact it is asserted that (e) "extension of the exudation to the soft palate, and uvula is pathognomonic of diphtheria as contrasted with lacunar tonsillitis." I would even go so far as to say that any patch of exudation first noticed on the uvula is almost a certain indication of its diphtheritic origin. There are swelling (added to the), tenderness of the glands, and frequently pain in the ear on the affected side. The exudation is generally loosely attached, and its margin defined. If there be no extension of the exudate the attack runs a short course of a few days (usually a week) when the throat clears, and convalescence begins.

(a) "Principles and Practice of Medicine," Osler.
 (b) "Surgical Diseases of Children," Owen, p. 33.
 (c) "Text-book of Practical Medicine," Niemeyer, vol. ii., p. 602.
 (d) "Manual of Medicine," Allchin, vol. i., p. 166.
 (e) "Diseases of the Nose and Throat," Hall and Tilley, p. 326.

(a) Abstract of Paper read at the Guthrie Society, Westminster Hospital.

The Severe Faucial Form is a disease of great gravity, and among young children, whom it principally attacks, the mortality is very high. It commences like many of the acute fevers with a rigor, vomiting, or possibly a convulsion, headache, general malaise, sore throat, and dysphagia, followed by febrile reaction; quite early the fauces, tonsils, and uvula are red and swollen. The tongue is coated with a thick, creamy fur, and there is marked depression from the first. In a few hours the temperature (which is never typical in diphtheria) may rise to 104° or more. The tonsils become so swollen that they appear to meet in the mesial line, and the uvula is frequently oedematous. Large patches of thick white, or dirty ashy grey membrane are observed on the tonsils, palatine arch, fauces, or uvula, which is sometimes completely ensheathed, so that its outlines cannot be distinguished. The exudation may spread to the pharynx, larynx, and trachea, or invade the nasal fossæ. In very severe cases I have seen the whole veil of the palate blocked up by deposit, and the fœtor of the patient's breath becomes horrible. An acrid discharge, thin, and sometimes blood-stained, trickles from the nares setting up soreness and irritation over the skin of the upper lip. There are tenderness, swelling, and frequently infiltration of the subcutaneous structures and glands in the submaxillary and cervical regions (Angina Ludovici) which may terminate in sloughing. Attempts to swallow liquid nourishment are followed by spluttering and regurgitation through the nose, the urine is very often albuminous, and the pulse small and feeble. As the case proceeds the distress and prostration increase, the colour of the exudate changes from putrefactive causes, and attempts at separation are commonly attended by a fresh formation; the face becomes livid and anxious, acts of deglutition are accompanied by acute pain, and hæmorrhages are not infrequent. If the membrane extends to the larynx all the horrors of croup become apparent. Even without this complication, life may be threatened from the virulence of the toxæmia, laryngeal spasm, or sudden collapse from acute cardiac failure—an event which may occur at any time during the course of the disease. In the more favourable cases, the swelling and hyperæmic condition of the parts gradually subside, the dirty discoloured exudate separates, and is cast off in the form of sloughs, leaving areas of superficial ulceration, which for the most part heal rapidly. It has on many occasions surprised me to note the small amount of permanent damage inflicted on the faucial structures after extensive exudations.

Laryngeal form.—There is much to be said in favour of Bretonneau's assertion that membranous croup is always secondary to some pharyngeal exudation. The advent of this form of diphtheria is announced by a small dry cough, coming on at intervals of varying duration, together with a marked alteration in the voice. Both these symptoms have a special character difficult to describe; but when once heard they are never forgotten. The cough is harsh, metallic, or barking; the voice hoarse or muffled in tone. A peculiar laryngo-tracheal or whistling sound is produced during inspiration. Several of these suffocative attacks occur during the day, but they are more apparent, and always worse at night. The child is restless, gets out of bed, and makes strenuous efforts to obtain air by the use of all his respiratory muscles. As the disease advances, the intervals of calm become shorter, the stridor is more permanent, the voice changes to a whisper, or, as Aretæus says (a) "*Vox nihil significat*." Soon there is no interval, the struggle for air becomes continuous, and is terrible to witness. There are retractions of

the epigastrium, intercostal spaces, and lower ribs, so well expressed by the words "sucking in." Desperate attempts are made by the sufferer to remove the obstruction. In his frenzy he clutches or tears at his throat, thrusts his fingers into his mouth, seizes any object within his grasp, and makes piteous appeals for assistance. The colour changes, the lips and finger ends become livid, the face purple, and if not promptly relieved by surgical measures, drowsiness, succeeded by coma deepening into the lethal state, closes the scene (a). In those cases which terminate favourably, casts of the trachea and bronchi more or less complete are expelled, and recovery may be rapid.

Nasal Form.—Membranous, or fibrinous rhinitis, in other words nasal diphtheria, is an affection not usually accompanied by marked constitutional disturbance. patches of exudate are seen in the nares, in conjunction with rhinorrhœa, producing (b) "soreness of the external nostrils, and some tenderness of the superficial lymphatic glands beneath the jaw." For the most part the disease runs a benign course, but it occasionally becomes chronic, and large flakes of membrane are cast off from time to time. It must not, however, be overlooked that nasal diphtheria sometimes, though not often, presents malignant characteristics, and may extend to the ear, lachrymal ducts, conjunctive, and antra. (c) "A question of great importance in relation to these cases is the duration of infectivity."

Other, or Irregular Types.—The latent or ambulant form is, I venture to think, much more common than is generally supposed. In this group the cases are nearly all of a mild character, so mild as to escape observation. There may be no suspicion of diphtheritic infection at the time, nor is the condition recognised unless laryngeal complications arise, or paralytic symptoms develop at a later time. (d) "Heubner, quoted by Osler, has discovered cases usually secondary, occurring chiefly in hospital practice in young persons, the subjects of wasting affections, such as rickets and tuberculosis."

Complications and Sequelæ.—(e) In the medical supplement to the fourteenth annual report of the Metropolitan Asylums Board published not long ago, the following statistics are given, showing the incidence of complications occurring among 8,310 cases of diphtheria which were under treatment in the twelve fever hospitals during 1899. These figures have been supplied to me by Dr. Voelcker, of the Children's Hospital, Great Ormond Street, to whom I am much indebted for very valuable information and kind help.

Albuminuria	...	37	per cent.
Post-diphtheritic paralysis	205	"	
Relapse	...	2	"
Broncho-pneumonia	...	12	"
Otitis media	...	6	"
Lobar pneumonia	...	2	"
Nephritis	...	0.6	"
Scarlatina	...	4.3	"
Varicella	...	1	"

And in less than 1 per cent. with measles, whooping cough, German measles, tuberculosis, enteric fever, erysipelas, and parotitis. The other complications are hæmorrhages, skin rashes, spasm of the glottis, and the ever present risk of cardiac syncope. Hæmorrhages may arise from any mucous surface, such as epistaxis and the like, from the necrotic process involved in the separation of sloughs or as purpura. They are of evil augury; such cases do not usually recover. The exanthems seen are urticaria, diffuse

(a) "Manual of Medicine," Allchin, Vol. i., p. 169.

(b) "Manual of Medicine," Allchin, vol. i., p. 170.

(c) "Manual of Medicine," Allchin, vol. i., p. 170.

(d) "Principles and Practice of Medicine," Osler, p. 147.

(e) *British Medical Journal*, Oct. 20th, 1900.

(a) "Trousseau's Clinical Medicine," Vol. ii., p. 478.

erythema, and an anomalous rash resembling morbilli after the antitoxin treatment. (a) Two cases of acute relapse have been seen at the isolation block of the Children's Hospital within the last two years. Although albuminuria is by far the most constant of the complications, true nephritis is rare. It may be suspected if the amount of albumen be large. As a rule it tends to recovery. (b) In addition to the lobar and broncho-pneumonia given in the report, areas of collapse occur, and in very severe cases gangrene of the lung. Like the other acute infectious diseases, diphtheria is occasionally complicated with hemiplegia and other forms of palsy, the results of embolism, thrombosis, or hæmorrhage. Sudden collapse from cardiac syncope is the gravest of the complications. It may occur at any time either during or after an attack until convalescence is thoroughly established, but is most common during the second week. (c) The warning signs are a rapid fall in temperature, slow irregular pulse with diminished tension, increasing prostration, great restlessness, coldness of the extremities, præcordial or violent epigastric pain, continuous vomiting, great pallor of the face, blueness of the lips, sighing, irregular respiration, and muscular cramps.

Post-diphtheritic multiple neuritis is always a sequel, not a complication. (d) According to Dr. Voelcker, "insufficient food and inefficient nursing are predisposing causes." It occurs with the greatest frequency during the second or third week, but it has been seen in exceptional cases as late as the sixth or seventh. It may follow any form of diphtheritic infection, mild or severe. (e) The laryngeal and nasal types appear to be much less frequently pursued by neuritis than the faucial forms. There is no doubt that this sequel is most commonly noticed after severe attacks; opinions differ considerably regarding its relative proportion in children and adults. I am inclined to agree with Dr. Caiger that it is more often seen in children. (f) The first indications are irregularity and feebleness of pulse (not tachycardia), most noticeable in the early morning hours, a tendency to cough and splutter when fed, from involvement of the laryngeal muscles, and food finding its way into the larynx, nasal phonation, the velum hangs motionless: most commonly bilaterally, it is sensitive to the touch, and its reflex is lost, food regurgitates through the nose. The ocular symptoms observed are indistinctness of vision, failure of accommodation for near objects from paralysis of the ciliary muscle (cycloplegia), strabismus. The external rectus is most frequently attacked, then the internal rectus and superior oblique, diplopia, and ptosis are less common, weakness and sensory disturbance of the legs with lassitude, tingling, and ataxic gait, sometimes the arms are affected. The knee-jerks (at first frequently exaggerated) are lost early, and may not reappear for six months or more. In fatal cases the paralysis extends to the trunk involving the intercostals and diaphragm and may cause pulmonary collapse and pneumonia. The immediate cause of death in these severe forms of neuritis, is respiratory, and cardiac failure from toxins acting on the central nervous system.

The distribution of the neuritis is very variable. It is seen quite as often after the special antitoxin treatment as in those which have not had the serum. The paralysis in the extremities is seldom complete, except it be in very severe attacks. (g) "Palsy of

one or more of the cranial nerves is liable to occur and to become permanent, due probably to acute inflammation of their nuclei." With the view of determining the order of precedence of these nervous systems (a) Goodall analysed the result of 125 cases. He found paralysis of the palate was noticed first in 83, the ciliary muscles in 20, palate and ciliary muscles in 5, palate and lower extremities in 4, lower extremities in 3, muscles of the pharynx in 2, muscles of respiration in 2. In the remaining 6, the parts first affected were scattered. (b) When the limbs are involved, the muscles soon atrophy, and the reaction of degeneration is obtained. The ratio may be roughly represented at about one in four or five of the cases according to the latest returns. Roger, who made a careful study of the incidence at the Hôpital des Enfants in Paris thirty years ago, placed it at one in every three or four. I entirely agree in Dr. Voelcker's opinion that this paralytic sequel is a serious affection, one not to be lightly regarded, and one which not seldom terminates in the exit lethalis.

Differential Diagnosis.—The early recognition of diphtheritic infection is a matter of supreme importance. I know of no disease which has taxed my power of observation more severely, none in which I have been so frequently mistaken, even after years of experience; bacteriological examination as a positive test is not only uncertain in its result, but actually in some instances misleading. It is, I think, to clinical observation, supplemented by bacteriological confirmation, that we may look for a solution of the difficulty. For many years past I have been accustomed to regard the majority of sore throats met with in practice as infective, demanding at least a few days isolation, and antiseptic treatment. I have systematically adopted this plan, particularly in schools, where an error in diagnosis is not infrequently followed by wide-spread mischief. The points which guide one in arriving at a diagnosis of diphtheria are patches of exudation on the uvula, palate, or fauces which tend to coalesce. Albuminuria, marked depression, in undue proportion to the severity of the symptoms, tenderness of the glands, a temperature not much raised, the age and sex of the patient, the season, the presence of any nasal, or ear discharge, or any other illness in the house. An inquiry should be made into the sanitary surroundings, the milk supply, whether the patient has been exposed to any known source of infection in visiting friends, or has been present at any place of entertainment within the recognised period of incubation. Such evidences will, in the majority of instances, help us to distinguish a diphtheria angina from an attack of lacunar tonsillitis. In scarlatina, the faucial mucous membrane is tumid and vividly red, the tongue clean, or strawberry-like in appearance, the temperature high, vomiting is a frequent symptom in the early stages, and the punctiform rash is not long delayed. The neuritis has to be distinguished from other forms of toxic multiple neuritis, alcoholic lead and arsenical neuritis, anterior poliomyelitis, tabes, and hysteria. The diagnostic signs to be borne in mind, are the history, irregular distribution of the palsy, absence of knee-jerks, nasal phonation, paralysis of the palate, and ocular disturbances.

An epidemic of small-pox is reported to have broken out in Nice, but in the absence of non-enforcement of any system of compulsory notification it is impossible to make any definite statement, satisfactory or otherwise.

(a) Dr. Voelcker.

(b) "Principles and Practice of Medicine," Osler, p. 150.

(c) Lecture at the Children's Hospital, Dr. Voelcker.

(d) Lecture at the Children's Hospital, Dr. Voelcker.

(e) "Manual of Medicine," Alcock, p. 171. (f) Ibid.

(g) "Nervous and Mental Diseases," Potts and Gallaudet, p. 102

(a) "Diphtheritic Paralysis." Goodall, *Brain*, 1875, p. 282.

(b) "Nervous and Mental Diseases," Potts and Gallaudet, p. 203

SOME ABNORMALITIES AND COMPLICATIONS
IN A
MIDWIFERY PRACTICE
EXTENDING OVER THIRTEEN YEARS.

By M. CHARLES O'GORMAN, L.M.R.C.S.,
K. & Q.R.C.P.I.,

Medical Officer of Health for Aughrim, co. Wicklow.

It is admitted by all that emergencies and difficulties arise more frequently in the practice of midwifery than in any other branch of the medical profession. Experience reveals many points of value, and as I have for the last thirteen years carefully collected notes on my cases (over 400 in all), I take the opportunity of relating those which may be looked on as abnormal and of interest.

I do not intend to touch on ordinary labour cases, or those in which the forceps have been requisitioned, but to give a synopsis of the following:—

IMPERFORATE ANUS.

Mrs. H., *æt.* 34, was delivered of a male child on May 19th, 1892. On the 23rd the husband of the woman came to me and said the baby's bowels had not moved, that oil had been administered but without effect. On my arriving at the house I met Dr. Satchwell, who informed me that it was a case of "imperforate anus." I examined the baby, then four days old, and although it cried lustily no bulging of the perineum was perceptible; the abdomen was hard and swollen and seemingly tender to the touch. There was no vomiting.

Having consulted, we (Dr. Satchwell and myself) agreed to operate. I did a perineal section, keeping close to the coccyx, but could find no bowel.

The little patient became very exhausted, and not having passed water for over eight hours I passed a No. 1 catheter. A most foul smell of intestinal gas escaped immediately, but no urine. On withdrawing the catheter the eye was plugged with fecal matter. The case was now clear that the bowel opened into the bladder. We then made an opening in the groin (Littre's), and, having secured the intestine, dressed it antiseptically, as also the perineum. Small quantities of feces passed, some hours after, and also urine. The infant lived for four days. What a pity the malformation was not discovered at birth, but such anomalies will pass unobserved by the handy-woman.

"RETAINED PLACENTA."

I attended Mrs. D., *æt.* 41, a multipara, on July 27th, 1893. The baby was born early that morning, and I arrived at the patient's house about 11 p.m. Mrs. D. informed me that the after-birth had always to be removed manually.

Pressure over the uterus revealed the fact that the placenta was in utero.

I introduced my hand, and having grasped the placenta began traction, and this I continued for fully half-an-hour. There was good uterine contraction, but the placental adhesion was extraordinary. Suddenly my hand was forcibly expelled, and with it the greater part of the placenta. I again inserted my hand, and with my nails literally scraped away the remaining placenta, which, by the way, was situated at the fundus uteri.

Examining the placenta, I found it tough, and passing through it strings or tendons as thick and strong as the tendons of a turkey's leg. These string-like tendons were the cause of the retention. A fetid discharge lasted, off and on, for nearly three months, but proved of little inconvenience to the patient, who syringed (antiseptically) daily.

I attended Mrs. D. on August 18th, 1894, and the same difficulty presented itself, but I curetted the uterus on the fourth day, and the patient resumed her ordinary work on the thirteenth.

"ACCIDENTAL HÆMORRHAGE."

Some cases of accidental hæmorrhage have occurred in my practice from time to time, but a case I attended

on the morning of January 26th, 1896, seems to me sufficiently interesting for publication.

Mrs. G., *æt.* 40, a multipara, in the seventh month of pregnancy, was taken suddenly ill under the following circumstances:—

Her maid servant left her early on the morning of January 25th, and consequently she had to do some additional household work. She (*i.e.*, Mrs. G.) carried on several occasions two buckets of water, one in each hand, a very considerable distance and milked five cows. She retired to rest at eleven o'clock that night feeling quite well, and slept until 12.30, when she awoke in great pain and an intense desire to pass water. She arose for that purpose, but to her surprise began to bleed copiously. The ordinary bed-chamber became full of blood; she fainted, and was lifted into bed. When I arrived (about 5.30 a.m.) the hæmorrhage had saturated through everything on the bed and the patient was completely collapsed. I immediately made a vaginal examination. The os was high up, undilated, and frequent gusts of hæmorrhage ensued. The patient moaned frequently, and complained of intermittent pains in the vagina. *Ballottement* was easily felt, and a head presentation. External auscultation revealed nothing. No foetal heart, no placental bruit. I diagnosed accidental hæmorrhage from the above mentioned symptoms.

Treatment.—By means of an irrigator I injected into the vagina, streams of hot and cold water alternately, gave a full dose of ergot, and applied a tight abdominal binder. In half an hour the hæmorrhage ceased, the patient dozed, and about an hour later labour pains came on. From time to time I made careful vaginal examinations. Finally I ruptured the membranes, and the labour terminated normally with these exceptions *viz.*, the fœtus, with umbilical cord and placenta were expelled simultaneously. The placenta was small and bloodless. On cutting the cord it contained no blood, the fœtus though well developed, was anæmic to a degree, and dead, I should say for hours. Quantities of large blood clots were also expelled.

This case is an excellent sample of complete separation of the placenta, due in all probability to the woman carrying the buckets of water, an exercise which causes a great bearing-down, and a danger to all during gestation.

ALBUMINURIA AND PREGNANCY.

In May, 1893, I was consulted by Mrs. B., *æt.* 30, a multipara. She was in the eighth month of pregnancy, abnormally large, pulse 100, distressing dyspnoea, cardiac palpitation, anasarca, and greatly depressed. Her first words were, "Doctor, I am dying; save my child." To acquiesce then to such a gloomy view of her case I considered would do no good, so I replied, "Oh, nonsense, I can save you and the baby."

I made a few suggestions, *viz.*, to elevate the feet, absolute rest in the prone position (which proved difficult on account of the dyspnoea), a milk diet only. I secured a sample of urine, and promised to return in the evening.

I carefully examined the urine, and found it full of albumen.

I visited the patient again at 9 p.m. She was propped up with pillows, and presented the same symptoms as already described. The foetal heart and placental bruit were audible on auscultation, vaginal examination revealed nothing unusual, but the vulvæ were very cedematous. These I punctured, also the legs, giving much relief.

I prescribed hydrate chloral (*gr.* x) in water three times a day, and a mixture containing digitalis, *spt.* ether *nit.*, *tinct.* nux vomica, and chloroform water. The loins were cupped, and poultices applied every two hours.

I explained to her friends her critical condition, and the complications which might occur during or after labour, and I suggested bringing on labour if improvement did not show itself, but to such treatment they would not consent. The patient got a good night (the first for many weeks), and next day she said she felt greatly relieved.

Symptoms varied, one day the patient felt better and

cheerful, at other times the headache, palpitations, and dyspnoea caused much distress. The urine became very scanty, and if possible, more albuminous. Her appearance changed, the face becoming puffed and "pasty."

On June 26th, 1893, she was confined, after five hours labour, of a male child, and I left both well, but next day my patient complained of intense headache, and spoke incoherently. I had the baby weaned, and added bromide potash to the hydrate chloral. She had a "fit" that evening, lasting about an hour. The loins were again cupped and poulticed.

About the fifth day the dropsy had diminished so much that very little "pitting" on pressure existed. On July 7th (eleventh day after confinement), the patient, when sitting up in bed, had a smart hæmorrhage, which ceased on lying down. Her appetite now improved, and nearly all oedema passed away. Headache was the chief trouble.

On September 21st, at 8 o'clock, p.m., the baby, who up to then was apparently quite well, got a fit of convulsions, and died the next day. This unlooked-for event naturally told on the mother, so shortly afterwards I ordered her change of air, which she took.

She then passed out of my care, but her subsequent history was this: She became pregnant again in February, 1894, premature labour had to be induced in the last week of May, she became practically blind, and died of oedema of the glottis. This case fully exemplifies the views of Playfair, who says:—"We are scarcely in possession of a sufficiently large number of observations to justify any very accurate conclusions as to the risk attending albuminuria during pregnancy," and again, Hfmeir believes the same is a severe complication for mother and child.

TUMOUR OBSTRUCTING LABOUR.

On March 26th, 1898, I attended a Mrs. K., æt. 45, a primipara. She was in labour for six hours, and was bleeding freely. On making a vaginal examination a large mass was felt, filling the posterior cul-de-sac, the head was presenting, and the membranes intact. I immediately ruptured the membranes, and endeavoured to push back the tumour, which I succeeded in doing with difficulty. I then applied the forceps, and delivered quickly a male child.

Profuse hæmorrhage set in, so I manually removed the placenta, injected hypodermically ergot, and douched with hot saline solution. The bleeding ceased, and the patient had some brandy. I applied a binder, &c.

The pulse was now barely perceptible and the respirations quick, so elevating the lower end of the bed I let the patient rest before seeking for the tumour. At the expiration of two hours (that is five altogether since delivery) she complained of great bearing down pains, so I made a vaginal exploration. The tumour had again occupied the vagina posteriorly, and a pedicle could be traced for an inch, ending about the same length within the uterus. I seized the pedicle with a long catch-forceps, and having twisted it, removed the tumour. Examination then was unsatisfactory, for a small piece of pedicle was still adherent to the lower zone of uterus. This I curetted, but had to abandon before complete on account of hæmorrhage.

Next day Dr. Alfred Smith was summoned in consultation.

Before his arrival an unfortunate accident happened. The baby was sent to be christened. A strong wind was blowing, and it was bitterly cold, and on arriving at the chapel the infant was dead. A woman, no doubt actuated with good, but imprudent, intentions, ran into the bedroom of Mrs. K. and told her. This shock produced a dreadful flooding, and I was hurriedly summoned. I succeeded in arresting it.

On Dr. Smith arriving I gave chloroform, and the uterus being drawn down, Dr. Smith removed the remaining piece of pedicle and injected iodine. An astringent mixture and stimulants were prescribed.

An hour after the shiverings which follow iodine injection came on, and were constant during the night. Next day the patient presented a dreadful appearance. She was deadly pale, quick respirations, thready pulse, tongue coated, and over the whole cardiac region a loud

systolic bruit. There was no bleeding, although great restlessness. This condition lasted for another day and night, when she died.

Prognosis in this case could have been nothing but exceedingly grave from the start, but the hæmorrhages, age of patient, the shocks, particularly extracting the tumour, left the case as one inevitably beyond recovery.

SEPTIC HETEROGENETIC POISONING.

I attended a most interesting case on April 17th, 1895. The history of it is this: Mrs. K., æt. 24, a multipara, consulted me a fortnight before her confinement regarding a painful *tendinous paronychia* on the index finger of the right hand. I lanced it, and in five days it was well. Her husband, a sea captain, returned home from a voyage. He always suffered from suppurating cervical glands; in fact, his whole neck was riddled with holes from which oozed pus of an offensive kind.

Mrs. K.'s confinement passed off normally. On visiting her the next day she was sitting up in bed dressing (with lint and carbolic oil, the suppurating glands on her husband's neck. I remonstrated with both, and pointed out the deadly danger she was exposing herself to by such a proceeding, and inspected there and then a perfect cleansing and disinfection of her hands. On visiting two days later I found the index finger, the seat of the paronychia, very painful, red and enlarged. Mrs. K. complained of headache and shiverings, her face was flushed, pulse 110, temperature 102°. The breasts were full, and the right axillary glands enlarged and tender. The glands of the groin were also affected. The nurse informed me that my orders were not carried out by my patient, and furthermore that the husband had absolutely slept in the bed with her and the baby for the two previous nights.

I had the finger leached and poulticed (boracic). Gave quinine in doses of gr. x every three hours. Exhausted the breasts of milk, weaned the baby, and applied belladonna ointment to all other infected glands. Beef tea and milk ordered in large quantities.

In spite of every precaution, nourishment, change of room, antiseptics, good nursing, the glands suppurated one after another, and finally, on the fifteenth day, the patient succumbed.

PRESENTATION OF THE ARM AND TRUNK.—PODALIC VERSION.

I was asked by Dr. C. E. R. Gardiner to see a patient (Mrs. N.) on April 30th, 1898. When I arrived the patient was under chloroform (Mr. Howard). I examined the case, and whilst doing so an arm came through the vagina. The membranes had been ruptured for four or five hours, and the uterus was strongly contracted. I endeavoured to pass up my hand, but could not. Dr. Gardiner tried and also failed. As the patient was now under chloroform for two hours, I suggested letting her have a rest, and to inject morphia, $\frac{1}{2}$ gr., into the hip. My reason for this suggestion was to lessen, if possible, the contraction of the uterus and stay the frequent pains. This was agreed to. After the lapse of an hour we again gave chloroform, and Dr. Gardiner amputated the presenting arm and found no difficulty in passing the hand along the back of the child, seizing the legs, and terminating labour. The patient made an uninterrupted recovery.

MULTIPLE PREGNANCIES.

My principal cases of multiple pregnancies are as follows:—

1. Mrs. W., confined June 20th, 1897, two females. Presentation, heads.
2. Mrs. M., confined April 16th, 1897, male and female. Presentation, head and breech.
3. Mrs. McD., confined April 17th, 1897, male and female. Presentation, head and breech.
4. Mrs. M., confined June 16th, 1897, male and female. Presentation, both breech.
5. Mrs. K., confined May 3rd, 1899, two males and one female. Head, breech, head.
6. Mrs. P., confined February 24th, 1900, two females. Presentation, head and breech.

Remarks—In Cases Nos. 3 and 6 there was but one placenta, and as you see in No. 3 the sex differed, and in No. 6 was the same. Schroeder says that in such a case the twins must have been developed from a single ovule containing a double germ, and in this he is opposed by Dr. Brunton's theory. I consider that in all probability two placentae existed at one time, and became, as pregnancy advanced, fused into a single mass.

Case No. 5, triplets, is of great interest. The male twins had a common placenta, but the female had a separate one. The males were very nearly full time, but the female was barely four months. This case proves that it is possible for *superfœtation* to occur at a far advanced existing pregnancy.

Clinical Record.

A CASE OF DIABETES MELLITUS WITH DISAPPEARANCE OF SUGAR UNDER THE TALLERMAN SUPERHEATED AIR TREATMENT.

By DAVID WALSH, M.D., Edin.,
Physician, Western Skin Hospital, London, W.

THE treatment of glycosuric diabetes is a matter of such great importance in practical medicine that there need be no apology in relating the following experience:—The patient, a Wesleyan Methodist minister, thirty years of age, had been under medical care for the disease mentioned for about two years. His treatment consisted mainly in diet and in the administration of codeia pills. The disease, however, was not arrested, and the patient's condition had grown steadily worse. When first seen by the present writer in January, 1901, he was passing three pints of urine daily, with a percentage on January 19th, as ascertained by a personal analysis, of 2.5 sugar. He underwent several courses of the Tallerman superheated air treatment, and from the outset experienced an immediate improvement in health. Most of the subsequent analyses registering the excretion of sugar were made in the country by Mr. A. M. Hudson, M.P.S., a chemist at Cranbrook, who estimated the amount by Fehling's solution and by Roberts' fermentation test.

Treatment by superheated air commenced on January 25th, 1901, and twelve exposures were made ending February 22nd, 1901. After an interval of two months treatment was again continued from April 25th, 1901, to May 24th, eleven exposures. From the following table it will be seen that the improvement shown after the first month's treatment, ending February 22nd, was kept up between that date and April 25th, although the superheated air treatment was suspended during the latter interval. This continuous decrease in the excretion of sugar is a remarkable and noteworthy feature of the case. The urinary excretion of fluid and of sugar was as follows:—

1901.	Amount.	Sp. Gr.	Grammes per oz.	Per cent. of sugar.
Jan. 19 ...	60 ...	1035 ...	— ...	2.5
Feb. 25 ...	50 ...	1032 ...	.64 ...	2.1
March 4 ...	51 ...	1030 ...	.48 ...	1.66
" 11 ...	52 ...	1030 ...	.34 ...	1.19
" 18 ...	51 ...	1030 ...	.32 ...	1.18
" 25 ...	51 ...	1030 ...	.31 ...	1.09
April 1 ...	42 ...	1032 ...	.38 ...	1.18
" 8 ...	54 ...	1024 ...	.24 ...	.84
" 15 ...	62 ...	1024 ...	.21 ...	.71
June and July report from country, "scarcely a trace."				

When the patient first came under observation he complained of frontal headaches, constipation, insomnia, and general nervous and bodily debility. His health improved considerably by the end of the first course (nine treatments), and at the end of the second course (twenty-three treatments) the patient said he felt "practically well." So great was the improvement that a certificate was granted him of fitness to undertake a laborious country ministerial charge in Cornwall. There he has remained until quite recently, when there has been some return of the complaint. A provincial chemist (Mr. T. Farnsworth, Codnor, near Derby) re-

ported "scarcely a trace" of sugar in the urine in June and in July, 1901.

In the foregoing we have evidently had to deal with a chronic case of glycosuria. The practical cure that has been effected must be attributed to the Tallerman superheated air treatment, as that was the main additional and concurrent therapeutic circumstance in the case. In spite of the recurrence to a limited extent of the sugar, the fact still remains that a patient who for two years had been in a progressive state of debility was restored to such a condition of general bodily health that he was able to undertake the duties of a laborious occupation. It is of course impossible to arrive at trustworthy conclusions on the strength of a single case, and every one knows that sugar has disappeared from the urine while the patient has taken certain drugs, as, for instance, boracic acid, but such a result has not been constant. At the same time the facts of the superheated air case are most interesting, and seem to indicate that some forms of diabetes mellitus may be amenable to therapeutic measures which have already achieved in other directions results unattainable by drugs. In the present instance it should be mentioned that the special diabetic diet was maintained throughout the superheated air treatment. Diet, however, had failed to arrest the malady in the two years preceding the Tallerman treatment, which may fairly be credited with the highly satisfactory result. This special therapeutic method is well worthy of trial in other cases of glycosuria.

NOTES OF CASE.

W. B., æt. 30, Nonconformist preacher, came for advice January 19th, 1901. He complained of general debility; pain in back and legs when "run down"; liability to cold, &c.

He was pale, but stoutly built and muscles fairly firm. His father was alive and healthy at 80; his mother 68, dyspeptic but otherwise healthy. His eldest brother, who suffered from "spinal trouble," was 40 years of age, and had been treated at one time for muscular rheumatism. One sister died at eight months of age.

Personally the patient had never been vigorous. He had suffered from bowel attacks, griping pains, constipation with alternate attacks of diarrhoea, especially during the last year or two. At sixteen years of age he had a "touch of pleurisy," and spat blood many years ago. He had not lost weight during last 12 months and weighed 12 stone at time of examination. For two years he had been under treatment by various medical men at Hayward's Heath, Liverpool, &c., for sugar in the urine, and had been taking special diet. The latter comprised "Manhu" bread, green vegetables, meat, special wheats and other diabetic foods. The patient suffered from dyspepsia and chronic constipation, appetite moderate, thirst normal, lungs normal. No heart murmurs; pulse medium strength, regular; is anæmic and loses breath. He passed more urine than normal, but the quantity never at any time exceeded three pints in a day. Analysis showed sp. gr. 1035, with 2.5 per cent. of sugar in three pints of urine; no albumin. He complained of frontal headaches, from which he had always suffered more or less. He suffered much from insomnia, and lately his memory had failed a little. Special senses unaffected. Sometimes a feeling of "pins and needles" in hands and feet. Knee-jerks exaggerated. Pupils react to light and accommodation. Patient had been taking codeia pills for two years.

January 30th.—Patient felt some improvement after the third treatment. On February 13th the general condition was much improved and patient reported himself as sleeping well at home in the country but not in London. The urine was loaded with lithates, which had not been seen previously. On February 20th he had passed 48 ounces urine in the last twenty-four hours. Two days ago he passed two pints of urine, which he described as "very thick."

May 3rd.—Patient feels stronger and better in every way. Sleeps well. Certificate granted of ability to undertake a country charge as a Primitive Methodist in a country district in Cornwall.

On November 28th, 1901, patient reported some return of symptoms. Examination of urine shows sp. gr. 1018; sugar, 5 per cent. He reports 41 ozs. urine in a day.

He has since come up to London to undergo further treatment at the Welbeck Street Institute. He at once improved in general health, and the amount of sugar is steadily diminishing.

Remarks—Here we have a patient who for two years suffered from well-marked diabetes which had grown steadily worse in spite of ordinary treatment by diet and drugs. The sugar practically disappeared from the urine after several courses of the Tallerman superheated air treatment. At the same time his health, which had entirely broken down, was restored to such a pitch that he was able to undertake a laborious employment. It is true that under the stress of work the sugar has re-appeared to a modified degree, but the relief has nevertheless been notable. The case suggests most hopeful possibilities in the treatment of a disease that in the majority of cases has been hitherto regarded as incurable. Other observations on glycosuric patients have shown a marked diminution of sugar, notably one patient treated by the Tallerman method so long ago as 1897, when the sugar diminished rapidly in amount. The case described in the present article is now published, perhaps a little prematurely, in order that the credit of the special treatment in diabetes may remain in England, where the superheated air treatment was invented. Experience has shown that many of the investigations of English medical men have been "rediscovered" and published as original observations by physicians and surgeons both in America and on the Continent, more especially in Germany.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.
MEETING HELD FRIDAY, JAN. 10TH, 1902.

MR. HOWARD MARSH, F.R.C.S., President, in the Chair.

MR. MAYO ROBSON (Leeds) read a paper on
THE RADICAL TREATMENT OF CHRONIC INTESTINAL
TUBERCULOSIS,

in which he observed that whatever might be their views regarding the treatment of acute intestinal ulceration, surgical treatment was generally advisable in chronic intestinal tuberculosis. He related seven cases (one male, six females) in which he had operated with only one death, and remarked that while in cases one and seven the adhesions to adjoining parts were very intimate, in the other cases the affected part of the bowel was quite free, thus rendering operative measures easy and simple. In cases one, two, three and five, his decalcified bone bobbin was employed as a temporary splint over which to apply sutures, a method which he had described on numerous occasions and which he still employed and advocated as being simple and efficient. The physiological rest to the diseased parts secured by short-circuiting, as in case three, and by colotomy in case six, seemed to answer so well that where the radical operation of excision involved serious difficulties or the patient was not in a condition to bear it, he would not hesitate in future to be content with similar procedures, and then to trust to general treatment and hygienic surroundings to assist in the cure. If in the future operative treatment should be thought advisable in acute cases he anticipated that short-circuiting the diseased area would be found to be the more useful procedure, as it was the easier and safer method to pursue, but experience alone would show whether his suggestions would prove of as much service in acute as they are in chronic cases. It was interesting to note that in cases one and seven where there were tuberculous nodules in the peritoneum, where, in fact, there was tuberculous peritonitis co-existent with the bowel disease, the mere exploratory operation had not cured or even arrested the tuberculous process, but that the

radical operation of removing the principal focus of disease, or, as in case three, the short-circuiting and so setting at rest the diseased bowel, was in all three cases effectual in putting a stop to the tuberculous peritonitis and, so far as one could see without the parts being exposed, in curing the more diffuse disease. All surgeons present must have had the experience of curing tuberculous peritonitis by simple abdominal section, with or without drainage, and probably many of them had also experienced disappointment in other cases where the diffusion had returned after a longer or shorter interval. He suggested that the explanation of these recurrent cases lay in the fact that the original focus of disease in the ovaries, Fallopian tubes, or bowel, had not been removed and had again been the starting point for a further diffusion of the tubercle throughout the peritoneal cavity. If that were the correct explanation the remedy was quite clear, viz., that wherever the original disease might be it should be removed if that were possible without adding seriously to the risk of operation.

Dr. EWART asked what were the earlier symptoms and in what the indications for operation consisted? He also asked whether tuberculin had been used?

Mr. CHARTERS SYMONDS thought operation was resorted to rather for the relief of obstruction than to cure the ulceration, and he related the case of a girl with symptoms of mild appendicitis for which the appendix had been removed, followed by a fecal fistula, in whom the cæcum was excised, when tuberculous ulceration of the intestine was found. He also mentioned two cases, possibly of tuberculous ulceration, in men. In one case of very long standing two feet of greatly distended intestine were excised. In the other the gut was short-circuited. He approved the idea of removing the focus of disease whenever possible.

Mr. WATSON CHEYNE mentioned the case of an infant with obstruction associated with extensive tuberculous disease of the peritoneum in which he short-circuited the intestine, and this was followed by recovery. Short-circuiting, he said, was sound practice, but it was open to question whether it was advisable to search for and remove the original focus of disease, though if this were strictly localised it might be well to do so. He thought this procedure was not advisable in diffuse tuberculous peritonitis in view of the patient's depressed condition.

Dr. NEWTON PITT agreed that in most cases operation was done more in view of the obstruction than of the ulceration. Tuberculous appendicitis, he thought, was decidedly rare.

Mr. BARKER said he had removed tuberculous masses from the abdomen of a small girl in the region of the appendix, with recovery. He deprecated interference in cases of matting together of the parts as this was likely to be followed by distressing fecal fistula. The most suitable cases for operation were those in which there was a considerable quantity of fluid. He agreed that tuberculous disease of the appendix was rare. He referred to a case in which the cæcum, the ascending, transverse and descending colon had been successfully removed for tuberculous ulceration, the patient recovering health and strength.

Mr. KEETLEY divided the cases into three classes (1) those in which, a tumour could be felt (glandular); (2) tuberculous appendicitis and (3), diffuse tuberculous peritonitis. He mentioned a case in which he had removed some glands from the mesentery, and urged that these should always be searched for and removed.

Dr. NORMAN DALTON mentioned the case of a girl, æt. 12, who presented symptoms of appendicitis in whom, on opening the abdomen, the peritoneum was seen to be thickly studded with tubercle. She made a good recovery.

Dr. PERCY KIDD insisted on the difficulty of diagnosing ulceration in the early stages and suggested that in most of these cases there was concomitant disease of the lungs. Multiple ulcers were more frequently met with in the cæcum than in the ileum, and he expressed surprise that tuberculous disease of the appendix was not more common than it was.

Mr. MAYO ROBSON, in reply, said that five out of three hundred cases of appendicitis on which he had

operated proved to be tuberculous. He thought that loss of flesh, abdominal pain, diarrhoea and night sweats were the symptoms on which one would rely, and he insisted on the importance of removing the focus of the disease whenever possible.

Dr. E. PERCY PATON on a case of

HAIR-BALL IN THE STOMACH OF A CHILD OF NINE,
SUCCESSFULLY REMOVED.

The case was that of an intelligent girl, *æt.* 9, in whom a lump was accidentally found in the epigastric region. As she was known to have eaten hair and other similar substances since she was three years old, and had only been broken of the habit recently, a hair-ball was diagnosed. There were no gastric symptoms. On opening the stomach a mass, consisting chiefly of the child's own hair, seven inches long, weighing seven and a quarter ounces, and having the general shape of the stomach, was extracted. The child recovered without a bad symptom.

HARVEIAN SOCIETY OF LONDON.

MEETING HELD THURSDAY, JAN. 2ND, 1902.

Dr. D. B. LEES, the President, in the Chair.

Mr. A. D. REID showed a girl, *æt.* 8, with

CONGENITAL SHORTENING OF THE RIGHT LOWER
EXTREMITY.

She was the third child, and the labour was normal and easy. There was no family history of importance, and no history of injury. The shortening was noticed soon after birth. The present measurements from the anterior superior iliac spine to the internal malleolus showed an inch and a half shortening of the right side. The shortening was in the thigh. The tip of the great trochanter was on both sides in its normal relation to Nélaton's line. There was no wasting of the limb and no limitation of movement, no disability, and there has never been any pain. Some compensatory lateral curvature of the spine had resulted. Skiagrams showed that the neck of the right femur was set at a much less obtuse angle to the shaft than on the left side, thus accounting for the shortening.

CASE OF DOUBTFUL CEREBRAL DISEASE.

Mr. F. JAFFREY showed a boy, *æt.* 7, whom he had trephined for doubtful cerebral disease. The boy had been admitted into the Belgrave Hospital for Children on July 29th, 1901, under the care of Dr. Cauley, having been taken ill suddenly three days before with severe headache and screaming. There was a doubtful history of a blow on the head. The weather was very hot, but nothing in the history definitely suggested heat stroke. On admission the boy was drowsy, irritable, stupid, and took little interest in anything. The head was a little retracted, and the knee jerks were exaggerated. There was no optic neuritis and no evidence of ear disease. On August 1st he developed severe convulsions, which were most marked in the arm, leg, and face on the right side. The eyes were staring and consciousness was abolished. On the following morning Mr. Jaffrey trephined the skull over the middle of the Rolandic area. On dividing the dura mater it was seen that pulsation was absent and a considerable quantity of cerebro-spinal fluid escaped. A grooved director was passed under the dura mater in all directions, and while the fluid was escaping the brain began to pulsate again. He did not explore the brain. A drainage tube was inserted and kept in for three days. The fits ceased, but the boy made little progress for a fortnight, after which he improved so rapidly that at the beginning of September he was on the point of leaving the hospital when he had another attack of convulsions and again became unconscious. He remained in this condition for three or four days and then recovered. Since then he has had no further attack, but the parents say his memory is bad, and until this week he did not voluntarily use his right arm, but always used his left.

Dr. CAULEY stated that the diagnosis was extremely indefinite, and that on admission the boy seemed

rather intensely stupid than really ill. The headache was not localised, and there were no definite signs of cerebral abscess, tumour, meningitis or heat stroke. When the fits developed he had suggested operation with a view to relieving pressure. The localisation of the fits more on the right side decided the site for operation, and he had suggested at the time that the case might possibly be due to a latent abscess. There appeared little doubt that the operation was of very great benefit, and probably of vital importance. He could not suggest what was the exact nature of the cerebral mischief, and the recurrence of the attack a month later, with subsequent immunity, made the case still more puzzling.

Dr. W. EWART thought that the causation of the symptoms by excessive intracranial pressure had been demonstrated by the operation itself and by the relief which followed. The fact that on their second occurrence the same symptoms, presumably due to the same cause, disappeared spontaneously, suggested the view that transient effusions might be thrown out within the meninges, and soon reabsorbed again, as this had been shown to occur in the pericardium, the pleura, and the peritoneum. Alarming, but not necessarily fatal symptoms might thus be set up in susceptible subjects; but some of the worst forms of effusion and that formerly known as "serous apoplexy" might not be recovered from without surgical relief.

Mr. E. W. ROUGHTON showed a boy, *æt.* 5, who ruptured a congenital hydro-nephrosis by a fall. He removed the kidney. The specimen showed congenital stenosis of the ureter at its origin from the dilated renal pelvis. He also showed a man with partial rupture of the brachial plexus. An exploratory operation had shown that the 7th and 8th cervical nerves had been torn out of the intervertebral foramina. He then brought before the Society a case of internal derangement of the knee-joint. A loose transverse (inter semilunar) ligament had been removed by operation with a successful result.

CASE OF FRIEDREICH'S DISEASE.

Dr. L. GUTHRIE showed a man, *æt.* 24, who complained of difficulty in walking for twelve years and now exhibited the following symptoms of Friedreich's disease:—Ataxic reeling gait, unsteadiness on standing, especially with closed eyes, absence of knee-jerks, laboured, slurred, and indistinct speech, nystagmus on external deviation of the eyes, clumsiness and over-action in use of the upper extremities, antero-posterior kyphosis of dorsal vertebrae with lumbar lordosis. His discs were normal, muscular development and power good, choreic movements and lightning pains absent, sensation unaffected, intelligence unimpaired. There was no family history of the disease, nor of any other nervous affection, and no parental consanguinity. His personal history was peculiar. In August, 1889, he fell from a bicycle, and a few days later from a swinging gate, but appeared to have sustained only trifling injuries. A month later he complained of frontal headache, and rapidly lost the use of arms, legs, and speech, and feeding was difficult on account of spasmodic closure of the jaws. There were also twitching of the eyelids, mouth and hands, and jerking movements of the whole body and head, but no loss of consciousness, and no sphincter trouble. Dr. W. T. Newton, under whose care he was, thought the symptoms strongly resembled those of chorea. In November, 1889, he was admitted into St. Bartholomew's Hospital under the care of Sir Dyce Duckworth, when the only symptoms noted were weakness of the legs, spastic gait, loss of knee-jerks, tenderness of the cervical and dorsal vertebrae, drawing monotonous voice, and a faint systolic mitral bruit. His condition has therefore not appreciably changed for twelve years. The apparent onset of the disease might have been an attack of genuine chorea, but Friedreich's disease was not uncommonly mistaken for chorea. It was, however, most unusual for the choreic movements in Friedreich's disease to subside, as in the present case.

Mr. JAFFREY showed a woman, *æt.* 58, with multiple tumours on the forearm. Several small swellings were noticed fourteen months ago, and caused so much pain that she could not do her work as a charwoman. There

was no history of syphilis, but a strong family history of phthisis. On the outer side of the upper part of the right forearm were several small, very hard, prominent subcutaneous tumours, variable in size, movable on the subjacent tissues and under the skin. The induration diminished under potassium iodide. One of the tumours had been removed for microscopical examination. The diagnosis, he thought, lay between gummata, fibromata and sarcomata. Bazin's disease had been suggested.

The cases were discussed by the President, Dr. Ewart, Mr. Boyd Joll, Dr. E. Guthrie, Dr. C. F. Jaffé, Mr. F. Jaffrey, and Dr. Cautley.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD JAN. 3RD, 1902.

The President, Mr. ALFRED COOPER, in the Chair.

THE adjourned discussion on Mr T. E. Atkinson's paper on "The Small pox Epidemic" was opened by Dr. LEONARD DOBSON with a paper on

GLYCERINATED CALF LYMPH.

A discussion followed. Dr. EDDOWS drew attention to the importance of the care of the vaccinated arm, and Dr. CLIPPINGDALE commented on the especial necessity of this on the part of those practising among the poor, including public vaccinators.

Dr. REECE spoke on the Government requirements in public vaccination, with regard to the area of vaccination, the inspection and treatment of the arm after vaccination, and the inquiry into deaths following vaccination.

Dr. GARRY SIMPSON related his experience with regard to re-vaccination, and drew attention to the necessity of extreme care in the details of the act of vaccination itself, as well as in the after care of the arm.

Dr. BEVAN spoke on the importance of using an active and trustworthy vaccine lymph.

Dr. CHAMBERS pointed out that the degree of protection conferred by vaccination depended to a great extent upon the number of insertions, and that the term vaccination without a statement as to the number of insertions was vague and rendered statistics illusory.

Dr. BUTLER spoke on the difficulty in defining what constituted efficient re-vaccination.

At the close of the meeting a proposal was carried with reference to the advisability of the exercise of Government control over the manufacture and sale of vaccine lymph.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION.

MEETING HELD FRIDAY, JAN. 10TH, 1902.

Dr. JOHN MACINTYRE, F.R.S.E., President, in the Chair.

CASES.

Dr. WYATT WINGRAVE exhibited a young man, *æt.* 18, who had been the subject of (unilateral) acute cellulitis of the larynx, believed to be due to a foreign body.

Mr. LENNOX BROWNE exhibited a female patient, *æt.* 14, the daughter of a medical practitioner, who had been the subject of adenoids, and in whom deafness, almost inarticulate speech, mental hebetude and chorea were prominent symptoms. After removal of the adenoids the patient, with the consent of Dr. Ferrier, had undergone breathing and movement exercises, which had led in two months to the doubling of her vital capacity, increase of her chest girth, cure of her chorea, and very marked improvement in her speech and intellect.

Dr. CULVER JAMES showed a female patient, *æt.* 18, suffering from aphonia, with loss of speech. The Fellows present confirmed the functional nature of the trouble.

Mr. MAYO COLLIER exhibited a female child, *æt.* 5, the subject of defective speech, associated with defective hearing, almost to the extent of deaf mutism, in whom great improvement in both directions had followed on the removal of a large mass of impacted cerumen which had probably accumulated and been undetected in consequence of a curious abnormality in the direction of the meatus. (Abstract of these remarks will be found on page 49.)

Mr. LENNOX BROWNE exhibited five patients, the subjects of lingual varix, one of whom was a medical practitioner, and the other four had been sent to him by hospital colleagues as examples in patients at present attending the out-patient department, a point emphasised by the President.

Mr. MAYO COLLIER referred to an extreme case of paroxysmal dyspnoea, the sole reason for which appeared to be lingual varix. Treatment by galvano-cautery had resulted in a remission which had now lasted three years.

Mr. ATWOOD THORNE exhibited a patient with deafness associated with nasal stenosis and hyperostosis at the isthmus of the external auditory meatus. Remarks were made on this case by the President, Mr. MAYO COLLIER, and Dr. WYATT WINGRAVE.

Mr. CHICHELE NOURSE showed a case for opinion which, having many signs of a malignant growth of the left vocal cord, had so improved under biniodide of mercury as to suggest its being a gumma.

The President suggested that the case should be watched and further reported on at the next meeting.

Mr. LENNOX BROWNE read the notes (1) of two cases of "Acute Ulcerative Tonsillitis," which had been followed by orchitis, with an acute pustular inflammation of the skin of the penis and scrotum; (2) of a case of "Posterior Tongue Tie, with hypertrophy of the lingual tonsil," occurring in a female Board school teacher, *æt.* 23. A drawing illustrated that the epiglottis stood up, showing all its glossal surface, as well as the lingual tonsil. Removal of the latter, and snipping of the central glosso-epiglottic fold resulted in immediate restoration of the parts to the normal. (Dr. ABERCROMBIE, who had seen the patient both before and after treatment, testified to the striking peculiarity of the appearances as witnessed before and after treatment); (3) notes of a case of "Tuberculosis," in which, bacilli being numerous present, the patient showed continuous gain of body weight during four years of observation.

Dr. WINGRAVE spoke of the histological characters of the bacilli in this case, remarking especially on their tendency to degeneration with development of fresh organisms, and from the presence of pus corpuscles believed the case to be one of localised pulmonary abscess of a tuberculous nature.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, January 13th, 1902.

GELATINE IN THE TREATMENT OF BLOOD DISEASES.

M. LOMBARD read a paper at the Académie de Médecine on the therapeutic employment of gelatine in the pathological phenomena provoked by the variations in the plasticity of blood.

According to the speaker, diabetes, albuminuria, and hæmophilia were due more or less to the same cause, which consisted of variations in cryoscopic properties of the blood. These variations provoked in time hepatic, renal, or capillary alterations, in the same way that divers solutions disorganise the filters which were not made in view of that special filtration. Even when a lesion was anatomically constituted M. Lombard believed its cure could be obtained by bringing to its normal condition the plasticity of the blood. To reach that end he was in the habit of giving half an ounce daily of gelatine by the mouth, in solution, and in the cases in which he tried it the results were very encouraging; in some cases even a cure was obtained.

FATAL EFFECTS OF COCAINE.

M. Legueu communicated to the Société de Chirurgie two cases which terminated fatally after injections of cocaine into the rhachis. Both patients died on the

operating table. The first, a man, æt. 54, presented a rupture of the triceps of the left leg. The patient was afflicted with considerable obesity, and besides was emphysematous, had a florid face, the heart-beats were feeble, and the arteries atheromatous. Under these unfavourable conditions the usual anæsthetics were laid aside as dangerous, and injections of cocaine into the rhachis decided upon. At the end of three or four minutes after the injection, and while the operation was being done, the patient complained of oppression; he was placed in a sitting position, but the face became black and he fell back dead.

The second patient was a man, æt. 61, who was brought to hospital for strangulated hernia. The condition of the man was very unfavourable; pinched nose, livid face, tongue dry, the pulse was 140, and the temperature below the normal. In spite of these signs and symptoms an injection of cocaine was given, but before the operation could be commenced the patient gave signs of syncope, and although inhalations of oxygen and injections of ether were tried the man succumbed rapidly.

The speaker did not draw any conclusion from these cases, but considered that the counter indications of cocaine were not yet sufficiently understood.

THE STATE OF THE PARIS HOSPITALS.

The *Journal des Débats* has been investigating the condition of the hospitals in Paris, and the conclusion seems to be that many of them ought to be pulled down without delay. With a few exceptions the hospitals in Paris have been constructed with little regard to medical requirements. The majority appear to have been either established in old convent buildings, venerable but unhealthy, or in new barrack-like buildings. The result is that the venerable buildings encourage rats and smaller objectionable things, and the new ones are draughty and very badly arranged.

The revelations of the *Débats* will be what is colloquially termed "an eye-opener" for those, and they are the majority, who loll in the belief that the only weak point in Paris hospital administration is the difficulty of replacing the exiled Sisters of Mercy.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Jan. 11th, 1902.

THE *Prager. Med. Woch.*, 40/01, has a report of a CASE OF CIRRHOSIS HEPATITIS WITH GRAVE ANÆMIA, by Dr. Hokes. The case is a second one reported by the same writer, and although acknowledging that in many respects both cases show similarity to the disease known as Banti's, yet they differ from it in important points. The case now reported, like the first, differs from Banti's in there being no ascites, no splenic tumour, and no atrophy of the liver. The writer looks upon both cases as hypertrophic cirrhosis of the liver, with grave anæmia; whilst in Banti's cases there was atrophy. Opposed to the assumption of an essential pernicious anæmia was the moderate loss of hæmoglobin in the red blood corpuscles.

The *Deut. Med. Woch.* has a paper on the TREATMENT OF RUPTURE OF THE LIVER, by Dr. Wilms. Nineteen cases of this accident were treated in the Leipzig University Klinik during the past five years, and the author attempts

to formulate some generalisation as to the ætiology, pathology, symptoms, prognosis and treatment. The accident was almost always caused by crushing between the buffers of railway carriages or by being run over by vehicles. As regarded pathology the most varying forms of injury were met with. In most cases the right lobe was affected, occasionally there were one or more longitudinal rents, and occasionally a corner of liver was torn off or larger portion of the liver crushed, or destroyed portions of liver were found within the organ. These intra-hepatic destructions had generally been designated as apoplexies of the liver. When the injury was inflicted by blows, such as kicking by a horse, the pole of a waggon, cycling, the injuries were much of one kind. Below the external rent was a part that was crushed. Separation of a large part of the capsule was often observed, but this had little effect on the amount of hæmorrhage.

The diagnosis might be easy or difficult. Generally speaking, injury to the abdomen was easy to determine, and the liver was usually indicated as the part where the injury was caused by crushing between buffers or falls on the right side. It is generally found that pressure over the right side of the abdomen is painful, the body is drawn up, the abdominal walls tense, the patient complains of intense pain in the hepatic and gastric regions; in both dependent parts, but more on the right than the left, there is extensive dulness, and in such cases rupture of the liver is probable and laparotomy is indicated. The first thing to do will be to ascertain whether there is simple contusion or internal hæmorrhage, or laceration of intestine or injury, with severe hæmorrhage, or commencing peritonitis. The following appearances are to be noted: The face is pale and anxious, the skin sometimes covered with a slight sweat, the pulse may be regular, or small, weak, rapid, and easily compressed. The pain is general or localised over the stomach and liver, it is rarely of a radiating character from the shoulder. Painfulness on pressure is an important local sign. Pressure on the abdomen shows that the abdominal muscles are tense, and the side affected is even more tense than the other. Then below is the dulness on percussion that changes slowly on change of position. There may be vomiting—of course, some of the symptoms may be absent or more than usually pronounced. The presence or absence of icterus was of no importance as regards the need for laparotomy. As indications for this are the general condition, the presence of dulness in the lower part of the abdomen, and the tense condition of the abdominal muscles. If the indications are not sufficiently pointed the patient must be carefully watched for a few hours.

Prognosis.—From the collection made by Fraenkel, out of thirty primary laparotomies seventeen were successful. The results in the Leipzig Klinik were not so good, but there the operation was performed in many cases that afforded no prospect of recovery. Of the nineteen cases of rupture of the liver, fifteen were operated on at once and three of them recovered.

Bleeding was arrested by suture and packing with gauze. Slight rents were treated by suture. By several cases it was shown that even large ruptures could be successfully treated by suture. Packing was made use of in cases of extensive rupture.

At the Medical Society Hr. Mullerheim showed a preparation of

PERIVAGINITIS DESSICANS

from a woman, *set.* 35, in whom the portio vaginalis, as well as the whole vagina, necrosed, and was cast off. The patient was ill a fortnight, suffering from severe pain in the lower part of the abdomen and discharge, and had been treated by formalin injections. When first seen she had the symptoms of general sepsis; she was icteric, feverish, and had a pulse of 130. On the vulva was a large gangrenous ulcer, the clitoris and labia minora were destroyed, and the skin deeply undermined. Whilst cleansing the genitals a soft mass came into view, along with slight hæmorrhage. This was at first taken to be a cast-off placenta, but on more careful examination its tubular shape, lined with its rugæ remaining showed it to be the whole vagina. On examining the patient it was found that two fingers could be readily passed from the vagina into the bladder; the anterior bladder wall bulged towards the vagina. The uterus and adnexa were normal.

With treatment, washings, &c., the ulcer healed and the purulent cystitis improved. To prevent closing up of the vagina oily tampons were packed into it, and, at every dressing, care was taken to separate any adhesion that might be forming. The perivaginal tissues shrank however, and finally the vagina contracted to such an extent, as to be only the length of the thumb and just capable of admitting it. Closure of the bladder opening was of course, troublesome under such circumstances, but this was achieved eventually.

The cause of the trouble was difficult to determine, but he was of opinion that pus from an external ulcer had in some way penetrated into the perivaginal tissue and caused the destruction of the whole vaginal mucous membrane. He had discovered fifteen similar cases described in literature.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Jan. 11th, 1902.

TREATMENT OF ANEURYSMS.

At the "Gesellschaft der Aerzte" Eiselberg showed a trunk-maker, *set.* 52, who presented a pulsating swelling over the space between the adductors of the left leg. Examination revealed a large aneurysm of the femoral artery about twice the size of the fist, the artery being one and a half its normal size above this point. The heart and other vessels were normal. The patient had frequently complained of cold vermiculation and a boring pain in the left leg.

At the end of November last the aneurysm was totally extirpated. On examining the section microscopically two longitudinal oval slits were observed in the vessel walls, while the microscope revealed an enormous increase of the fibrous tissue between the two layers of the intima.

In his description of this operation he said he had performed eleven extirpations for this lesion—five in the popliteal space, four in the femoral, one in the brachial, and one in the temporal arteries. In all these cases the lesion was due to direct damage to the artery. Nine at least could be so attributed, although two were assigned to forced marches of sixteen hours at a stretch.

In all the cases the aneurysms appeared shortly after the lesion, such as stab from a knife, cut from a scythe, &c. In one of the cases, however, the aneurysm remained stationary for sixteen years, till one day it commenced rapidly to increase in size, demanding immediate operation. In all the cases save one the operation has proved a perfect success, the exception being one where resection of the vein was necessary on the dorsum of the foot, and this determined gangrene followed by erysipelas and death. The permanency of the recovery cannot be so dogmatically affirmed, as many of the patients returned in the course of two years complaining of "sleeping" of the leg, or formication and boring pain in it. In seven of them recurrence did not take place until after two years, and only two of the cases have remained perfectly well.

In one case the gangrene set in six weeks after operation, but this was very soon recovered from. In the case presented to the society the patient was attacked with a bluish black condition of the toes and foot. This may finally end in gangrene also.

IODINE REACTION FOR BACTERIAL DIAGNOSIS.

Grassberger and Passini pointed out to the society that on the sporulation of the butyric acid bacillus a granular condition is observed in the body of the microbe which takes up iodine greedily, producing the starchy reaction. This formation of starch points to a degenerative process, as frequently these cells are barren of spores, although the bacilli are strewn with starch granules. If these granules be cultivated and inoculated the reaction will be found negative; another proof of degeneration. In a few of the cases, however, these starchy granules germinated, but the clumping of the starchy granules pointed to the metamorphosis of death. These microbes, when carefully cultivated under anaërobic conditions in sugar-free agar, assume in ten hours an active non-granular appearance with flagellæ. Sporulation under these circumstances appears without any preceding granulation when cultivated in sterile meat. Infants' stools contain large quantities of micro-organisms presenting the iodine reaction, among which are genuine butyric bacilli. There is one species of these micro-organisms which closely resembles the Friedlander and rhinoscleroma bacilli.

In their researches they found that a large number of the micro-organisms respond to this iodine reaction, such as *Milzbrand*, the *spirilla* and *coli* class and more particularly if an old culture be raised on a 5 per cent. maltose medium.

MYOMATOSIS OF UTERUS.

Reinprecht showed a pathological preparation of the uterus in a case of uterus myomatosis, which had been removed by supra-vaginal amputation. In the left ileo-cæcal region there was a dermoid cyst about the size of a walnut. Further examination of the adnexa failed to discover the presence of a left ovary, while there was marked atresia of the left Fallopian tube.

From the history it seems that the patient, in her sixteenth year, had great pain in the lower part of the abdomen, with constipation, vomiting, and meteorism, and amenorrhœa of nine months' duration. From this it is assumed that some torsion took place, with displacement and probable strangulation, cutting off the nutritive supply, which subsequently led to degeneration and absorption of the left ovary.

THE HÆMOLYTIC POWER OF GLANDS.

Klein gave the results of his experiments with a 10 per cent. emulsion of the liver, spleen, kidneys, pancreas, and testicular organs. None of these gave a constant result, although the pancreatic emulsion was constantly found to be "lytic" in action. Again, the pancreatic extract is the only one that had the "lytic" action counter-acting the fowl serum action on the blood corpuscle of the guinea pig.

The influence of these emulsions on agglutination was also variable; the mucous membrane of the bowel being the only inhibitor of the phenomenon. Experiments *in vitro* gave similarly diverse results to those met with in the stomach and with subcutaneous injections. A mouse can take *per os* 300,000 times the normal subcutaneous dose of diphtheria virus. One gramme of the pancreas of a dog neutralises 10,000 times the lethal dose of diphtheria toxin in the guinea pig.

SOFT CHANCRES ON THE FINGERS.

Ullmann showed a young man with ulcers at the roots of the finger nails due to auto-infection. Duccraix's bacilli were found in all the ulcers. Extra genital soft chancres are very rare in comparison with true syphilis. According to statistics, out of 9,000 soft chancres, only five extra genital are recorded and eleven perigenital.

The Operating Theatres.

DREADNOUGHT SEAMEN'S HOSPITAL,
GREENWICH.

KRASKE'S OPERATION AFTER PRELIMINARY COLOTOMY.—

MR. WILLIAM TURNER operated on a man, æt. about 52, who had been admitted for continuous diarrhoea, notwithstanding increasing swelling of the abdomen, with no solid motions. These symptoms had been increasing for about fifteen months, and he had become very much emaciated. On examination *per rectum* a swelling occupying the whole lumen of the gut, but especially the anterior wall was felt, an inch and a-half from the anal margin; in the centre of this there was some broken down soft tissue, which was obviously growth; the finger could not be passed through it, and the attempt caused much bleeding and pain. It was found impossible to pass a No. 6 catheter through the stricture. The whole growth was freely movable, and was bulging into the lowest part of the rectum, simulating a low intussusception. Passing the finger behind it, the upper limit could be just reached with the tip. The abdomen was markedly distended and tympanitic, and the day following admission inguinal colotomy was performed (the single silk stitch through the mesentery being employed); the colon was found to be very distended. Four days afterwards the gut was opened. This relieved all symptoms of obstruction; the patient was then enabled to take solid food, and his health picked up considerably. Ten days afterwards, the growth having got perceptibly higher during the interval, the patient was again anaesthetised and laid prone upon the operating table, with his legs drawn up; an incision was made from about an inch from the posterior margin of the anus to the centre of the sacrum for about four inches and then curved outwards and to the left along the crest of the ilium; this incision was carried deeply down to the bone, and then the muscles and the ligaments were separated from the coccyx and the left side of the sacrum; in this

way the cellular tissue posterior to the rectum was exposed and the anterior surface of the bowel readily separated from its attachments; the coccyx was next removed and also the lower part of the sacrum to just below the level of the third foramen in one piece by means of a saw, slightly more being taken on the left side than on the right; the ligamentous and muscular attachments on the right side being separated as before. In the cellular tissue the rectum was easily found by the fingers and the lower portion just above the anus quickly separated and divided across. The growth was discovered to extend up about five inches; it was very carefully separated from the bladder, this being facilitated by a metal sound passed into the bladder *per urethram*; but during this process part of the left vesicula seminalis and the lower two inches of the vas had to be removed as they were found to be implicated in the growth. As this was being done the peritoneal cavity was opened and the upper part of the rectum which is covered by peritoneum, was exposed and drawn down, but with a great deal of difficulty. The rectum with the mesentery was then cut across about half an inch above the upper limit of the growth, part of the peritoneal surface being thus removed. The vessels were caught by Spencer Wells' forceps and tied, but with some trouble, owing to the depth of the wound. The peritoneal surface was then sewn up by a continuous suture, and the wound stuffed with gauze no stitching being put into the skin margins. The operation only lasted fifty minutes. Mr. Turner said his reasons for doing an inguinal colotomy first were the almost absolute obstruction caused by the growth and the general weak condition of the patient thus produced. The method employed in the colotomy was, according to his experience, extremely quick and very efficient, and the great complication of prolapse was practically avoided thereby. He thought it was quite unnecessary, from the cases he had seen, to spend time in stitching the peritoneum to the skin and then the bowel to the skin, when such results could be produced by the simpler method of merely using the single blanket, stitch through the mesentery, as described in Rose and Carless's "Manual of Surgery." The patient's condition, he pointed out, prevented the operation for the removal of the growth being thought about till after ten days, but as there seemed a likelihood of complete removal of the disease the facts were put before the patient, and he elected to have the operation done. As regarded the first part of the operation, Mr. Turner said he did not make the incision into the anus as the bowel just above the anus was healthy, although the likelihood of being able to remove the growth and bring the remaining portion of the rectum down to join the anus was remote. The removal of part of the sacrum was not carried out, he said, on exactly the same lines as described by Kraske, but time was saved by taking the whole of the lower part of the bone instead of only the left side. As is so often unfortunately found, he remarked, the extent of the disease was greater than had been anticipated, both upwards and anteriorly, five and a-half inches of the rectum being a considerable amount to be forced to remove, when the lower inch is left intact, and the vas and the vesicula seminalis being also implicated led to a dissection

which endangered very greatly the wall of the bladder. The left ureter, he pointed out, was not seen, though he had great doubts as to its being untouched after removal of the growth. The main dangers after the operation, he thought, were three:—1. Shock leading gradually to collapse, usually accompanied by 2, a considerable amount of oozing from so large a surface, and (3) peritonitis, with or without prolapse of the bowel, the best chance of avoiding which is, he considered, to pack the wound carefully with gauze, especially in this case, as it was found quite impossible to bring the lower end of the upper and remaining part of the rectum out to the skin margin, and this led to a great danger of sepsis and septic peritonitis.

The patient unfortunately succumbed to asthenia on the fifth day. At the post-mortem it was found that the whole of the growth had been successfully removed; the ureter was untouched, but there was some prolapse of small intestine into the upper part of the operation cavity. There were no signs whatever of peritonitis.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 15, 1902.

THE CONSUMPTION SANATORIA QUESTION.

We are in imminent danger of going off on a wrong track in the matter of the provision of sanatoria for the open-air treatment of consumptives. Following the example set by the Brompton Hospital for Consumption and other similar institutions, the tendency is to devote the large sums now becoming available to the construction of more or less palatial edifices in which but a comparatively small number of patients can be received. It is impossible to over-estimate the importance of striking out a new line in the direction of discarding the plan of sinking money in buildings of this class and of substituting cheap erections on a scale commensurate with the demand, admitting of displacement from time to time as occasion may require. The question of expense is all important because, unless the funds are judiciously expended only the merest fraction of the

tuberculous sick can be treated on approved principles, and until it has become possible to admit to treatment all who may apply, the idea of stamping out, or even checking, the ravages of this disease must be abandoned as chimerical. There is no lack of sites suitable for the erection of sanatoria for the tuberculous poor, and we have it on very good authority that results equally good as, if not indeed surpassing, those obtained in brick and mortar hospitals, can be secured at a fraction of the cost of the latter. If we insist somewhat emphatically on this point it is because there are rumours that the munificent donation due to the generosity of Sir Ernest Cassel is to be expended in the building of a sanatorium to accommodate at most from eighty to a hundred patients. When we reflect that the treatment is essentially one of long duration, extending as it often does over months and even years, it will be seen that the good accomplished by such an institution must be restricted to very few. At the Mount Vernon Sanatorium at Hampstead the treatment is limited to three months, with the result that no cures are to be recorded, although in most instances a certain degree of improvement has followed. But what is the plight of the patients who have improved as the result of their three months' sojourn there? They return to their ill-ventilated homes and inadequate nourishment, they, or many of them, resume their occupations under more or less unhygienic conditions, and, we doubt not, within a short space of time they relapse into their former plight and the benefit of the brief period of treatment is forfeited. It is painfully obvious that there still remains to be devised a broad general scheme which shall deal with this gigantic problem on the only lines which can make for success. Should His Majesty give his sanction to the present costly and inefficient plan of providing for the few instead of for the many an example will be set which cannot fail to be productive of very great evil. It is to be hoped that His Majesty's advisers will take a broad view of the problem before they have committed themselves to any definite expenditure. What is wanted is a large number of light wooden houses distributed all over the kingdom on suitable sites, constructions which can be destroyed and re-erected elsewhere from time to time, without the costly administration which absorbs such a large proportion of money contributed by the charitable in our large general hospitals. If His Majesty would set the example it would be quickly followed by local authorities, the more readily because the cost would not be prohibitive.

CEREBRO-SPINAL MENINGITIS.

DURING the epidemic of cerebro-spinal meningitis in Stuttgart in 1893 and 1894 Jaeger conducted a series of bacteriological examinations on the pathological specimens of the cerebro-spinal fluid and the nervous tissue that were then so freely obtainable, of the disease. The researches were continued from March, 1896, to June, 1901. During that time thirty autopsies were made, of which twenty were

on males. The ages of the deceased varied from six months to forty-seven years, and included acute, sub-acute, and chronic forms of the disease. Some of the acute cases were fatal in two days, and others less severe in fifty days. Briefly stated, the researches of Jaeger have confirmed the observations of Weichselbaum, made in 1887, who in that year discovered in the ventricular serum of a case of the disease, a microbe which he described as the *diplococcus intracellularis meningitidis*. He found that some of the microbes were readily stained, and some not at all, and concluded that those which he could stain had undergone degeneration. From experiments on animals he looked on the microbes as pathogenic of the disease. White mice were very susceptible to the influence of the microbe; injections into the pleura and peritoneum were constantly followed by the death of the animal, and the microbes were found in the exudate and in the spleen in large numbers. Hypodermically injected the serum containing the microbe produced no effect. Weichselbaum pointed out the characteristic differences between the microbe and the diplococcus of pneumonia. He had, however, only seen a few endemic cases of the disease and had lost no opportunity for examining pathological specimens from patients during an epidemic. Jaeger describes the microbe as closely resembling the gonococcus of Neisser. A culture of twenty-four hours produces a diplococcus or a tetra-coccus which is readily stained by methylene blue. It is immobile, is not reproduced by spores, and requires a temperature of 77° F. to 82° F. The colonies are very abundant on gelatine, and on agar and bloods serum and in hydrocele fluid. Its pathogenic action is feeble, but variable according to the species; white mice and guinea pigs are much more susceptible to its influence than rabbits. When given in a sufficient dose the effects are produced in twenty-four hours, and on examination the peritoneum is found to contain a large quantity of a viscid fluid, in which are found intra- and extra-cellular cocci, mostly in a condition of degeneration. The spleen is sometimes found enlarged, when this occurs the microbes are present in the blood. Animals that have recovered from toxic doses of the cultures, having had convulsive movements, tremblings, and so forth, are found free of the microbe on post-mortem examination. Subdural injection, after trepanning, was found to produce in the guinea-pig softening of the spinal cord and the presence of microbes. In the rabbit the same experiment produced no result. Microbe cultures produced from the guinea-pig serum were not more toxic than the ordinary ones. The pathological lesions found after a lethal dose of the microbe culture were: a purulent exudation on different points of the superior surface and base of the brain and cerebellum. The amount of pus and the number of the points are in proportion to the severity of the case. In severe cases the ventricles are distended with pus and bloodshot. In chronic cases that survive the meningitis the tissues

are found thickened and hardened, and hydrocephalus follows in still more chronic cases. Weichselbaum's microbe closely resembles the gonococcus, though not identical with it, and it may be looked upon as the pathogenic agent of at least one form of cerebro-spinal meningitis, and is found in some forms that are due to different causes. It may be a very long time before this knowledge can be made therapeutically available; nevertheless, it is a step forward toward the elucidation of the pathogenic causes of this obscure and terrible disease.

INTESTINAL ASEPSIS.

READERS of the clinical lectures of Abernethy, if to day there be any, cannot fail to notice the importance he attached to the use of saline purgation. He found from observation the good effects of the purge, but he had no theory for the practice. Later, the physicians who succeeded him told that the purgative acted by simply unloading the bowels. The question of the beneficial action of the saline purgative has been the subject of study by Kohlbrugge, who made a series of very interesting experiments on dogs and other animals. From these he concludes that there is a process of auto-sterilisation constantly being carried on in the healthy intestine, the intestinal secretions being bactericidal and normally all the bacteria that come in contact with the intestinal walls undergo chemical destruction, being reduced to inert products, and, of course, devitalised. The advantages of a saline purgative consist in its power to increase the secretions, a theory which offers a rational explanation of the value of drachm doses of Epsom salts in dysentery. The bactericidal property of the intestinal secretion, he believes, is derived from the blood, a theory which is supported by the observed fact that when the circulation in a segment of bowel is interrupted the bacteria augment enormously, and disappear almost as quickly if the circulation be restored. Coli bacilli swallowed with food are destroyed in the stomach, and even fæces when eaten by rabbits are sterilised by the juices of the alimentary canal. The influence on health of putrefactive intestinal changes is almost wholly due to the bacilli of the large bowel, and the numbers there vary greatly. Kohlbrugge concludes that the ordinary microbes of fæces are inoffensive and their importance is exaggerated, and further adds that the intestinal antiseptic remedies in no way modify the secretion. For purgatives and milk diet are our only means of staying putrefactive changes. We are reminded that the intestinal wall is a membrane which secretes actively, and one impermeable to bacteria. To facilitate secretion subcutaneous injections may be used. How far physicians will accept his views on the utility of chemical antiseptics in controlling putrefactive changes in the stomach and small intestines we cannot say. But we believe they will not meet with general approval. There are very few prescribers who have not seen good effects follow on the

administration of chemical antiseptics. We do not refer to pyloric stenosis with a distended stomach, where the food is simply undergoing fermentative and putrefactive change very much as it would do outside the body. But as a rule we think Kohlbrugge's paper will be accepted by the medical profession as conveying a great truth and a much-needed lesson. It may be said that he has done little more than repeat a truism, for Beaumont had long ago shown the antiseptic properties of the alimentary secretions. Nevertheless he has done well to once again remind his professional brethren that they have a valuable ally in the auto-sterilisation property of the small intestine, one more effective than ordinary antiseptics and readily made active by the administration of that old-fashioned remedy, the *sal mirabile* of the once famous Doctor Glauber.

Notes on Current Topics.

London v. Irish Qualifications.

OUR attention has been drawn to the report of the election of a medical officer for Staines Workhouse in which a supporter of one of the candidates is credited with having made remarks which, if not exactly derogatory towards, were at least depreciative of, Irish qualifications. The gentleman in question stated that Dr. B— was the more suitable candidate than Dr. D—, because he held "higher degrees, he being an M.R.C.S. and an L.R.C.P. of London, whilst Dr. D—'s diplomas were Irish." Anyone who held a London degree, said the speaker, must be particularly efficient. The result of the election was that the candidate with London qualifications was elected by a majority of one vote. We sympathise strongly with Dr. D—, but we are afraid that the opinion that London degrees are superior to Irish ones is bound to commend itself to an English Poor-law guardian, and that it will be difficult or impossible to eradicate it. In the first place, London is nearer to Staines than is Dublin, and in the next place London is a larger city. Either of these reasons is sufficient argument, so far as local English electors are concerned, for considering that London medical degrees must be deemed higher. The fact that those who are in the best position to judge do not consider the degrees of the English Colleges to be higher, or, for the matter of that, lower, than the Irish Colleges is not likely to trouble the head of an English rustic. If an ordinary man of business was asked to express an opinion on the merits of the two degrees, he being unprejudiced and knowing all the facts, we fancy he would be inclined to the opinion that the Colleges who were—so to speak—under the displeasure of the General Medical Council for endeavours to shorten their course would be the bodies whose degrees were least valuable. But putting this aspect of the question aside, it is quite time that these foolish notions of superiority were abandoned. Where there is a *bona fide*

ground for imputing superiority, as in the case of the degree of a teaching University, let such superiority be deemed to exist, not on the grounds that there is any marked difference in the quantity or quality of the medical teaching, but on the ground that the recipient is more likely to be possessed of a wider culture than is the non-University student. But when the comparison lies between bodies such as the English and Irish Colleges, the foolishness of endeavouring to maintain that the qualifications granted by the one body are superior to those granted by the other is evident, more especially when the basis for the supposition is that usually adopted. If the case to which our attention has been drawn were a more definite one in which the opinion as to the superiority of the London degrees had been an axiom laid down by the guardians as a body, we should feel it advisable and useful to draw the attention of the Irish Graduates' Union to the matter. Where, however, the opinion has only been expressed by a single member of the board, acting on his own initiative, we doubt the possibility of any effective action.

Small-pox in London.

THE small-pox outbreak in the metropolis is still increasing by leaps and bounds. Last week no less than 289 fresh cases were notified. On January 5th there were 30, on the 6th 56, on the 7th 53, on the 8th 33, on the 9th 37, on the 10th 34, and on the 11th 46. At the end of the first week in August there were 13 patients under treatment for small-pox in the Metropolitan Asylums Board hospitals. At a corresponding period in September there were 137; in October, 175; in November, 284; in December, 491. The figures since that time show for the week ending December 14th, 481; December 21st, 543; December 28th, 665; January 4th, 755; January 11th, 856. During the present epidemic over 6,000 cases have been treated in the Board hospitals. The total number of deaths from small-pox, including last week's returns, amount to 256. The distribution of these fatalities has hitherto been extremely unequal, from causes which it is not easy to determine, at any rate in the present stage of the outbreak. Thus, in St. Pancras, where the disease originated, there have been 44 deaths, 35 in Holborn, 25 in Stepney, 16 in Westminster, and so on in diminishing numbers to Kensington, Chelsea, Bethnal Green, and Paddington, which are credited with one apiece. At a most timely juncture the Metropolitan Asylums Board have published a valuable report of their Statistical Committee relating to small-pox and its prevention by vaccination. It seems incredible that the most rabid anti-vaccinationist could withstand the force of the following official statement:—"The total mortality-rate per cent. from small-pox of vaccinated cases was 14.21; of doubtful cases 65.09, and of unvaccinated cases 50.52." Not less weighty is the remark that "no greater argument to prove the efficacy of vaccination can be adduced than the fact that out of upwards of 14,800 cases received at the hospitals, only four

well-authenticated cases were treated in which re-vaccination had been properly performed, and these were light attacks. The facts given in this report cannot be too widely known, and it is to be hoped that their educational value will be appreciated by the medical profession as well as by the general public.

Case of Poisoning in a Hospital.

A SAD occurrence took place at Cork Street Fever Hospital, Dublin, during the past week, which resulted in the death of a patient—a girl, *æt.* 14. In the course of making up a prescription a quantity of carbolic acid was inadvertently added, with the unfortunate result mentioned. It appears that Dr. Day, the resident medical officer, who is in charge of the hospital and pharmacy, had as his assistant a gentleman who was fully qualified. Unfortunately, that gentleman was laid up, suffering from diphtheria, and it was found very difficult to get a qualified medical man to take his place. In consequence, Dr. Day was compelled to obtain the assistance of a young gentleman who was within a month or two of his final examination. At the time the mistake occurred Dr. Day and his assistant were in the pharmacy preparing medicine for the patients, and there was also a nurse present, who was employed giving out lint and ointment. The assistant asked the nurse to make up a mixture for a child. Unfortunately, the nurse took a bottle of carbolic acid, and, apparently under the impression that she was using the stock bottle containing the medicine required, poured a quantity of it into the patient's bottle. The coroner stated that so far as he could see the case was a pure misadventure. The jury found that death was caused by accidental poisoning. They wished to express their deep sympathy with the parents of the child, and recommended them to the kind consideration of the hospital authorities. The coroner quite agreed with the verdict and recommendation of the jury. We sympathise most sincerely with all concerned. The unfortunate occurrence appears to have been altogether due to the difficulty of obtaining a medical man as substitute for the assistant medical officer. It seems, however, a little strange that in a large hospital such as Cork Street there should not be a duly qualified resident or visiting compounder apart from the medical officers. We are sure the latter have ample work without the added duty of compounding.

Changes in the Returns of the Registrar-General.

STATISTICAL accuracy is clearly one of the foundation stones upon which the science of preventive medicine is built. Anything tending in that direction will, therefore, from that point of view command the careful attention of the medical profession. With the commencement of the year it is interesting to note that various important changes have been announced with regard to the weekly return issued by the Registrar-General from Somerset House.

First of all, the number of towns dealt with has been increased from thirty-three to seventy-five, a readjustment which will bring within notice no less than 45 per cent. of the population of England and Wales. So far as London is concerned, the list of causes of death has been modified, but at the same time care has been taken to preserve the means of comparison with the former list wherever that has been possible. The value of that precaution will be at once appreciated by those who have occasion from time to time to refer to the returns. Several of the less important diseases have been omitted from the list, and their place filled with maladies of a more definite and serious nature. At the head of Table IV., in which these changes appear, a note is made to the effect that some of the names retained on the list are printed in italics to draw attention to the fact that their use is objectionable either on account of their purely symptomatic indication, or for some other reason. Again, some of the large groups of diseases have been subdivided. "Phthisis" or "tuberculous" disease, for instance, is particularised by the addition of a more precise term, such as "pulmonary." The substitution of "tuberculous peritonitis" is suggested in place of the vague and misleading name "tabes mesenterica." Another important sub-division is that of the malignant diseases into three distinct groups, namely, the carcinomatous, the sarcomatous, and the more generally malignant conditions. Pneumonia, again, is to be separated into lobar and lobular and both forms to be distinguished in turn from the epidemic form of the malady. Other general terms that come under the official rebuke are puerperal fever, gastro-enteritis, and convulsions. It is to be hoped that the useful lessons thus inculcated will not be lost upon the medical practitioners of the United Kingdom, upon whose intelligence and accuracy the value of the vital statistics dealt with by the Registrar-General must ultimately depend.

Election to the King's Professorship of Institutes of Medicine in Dublin University.

THE President and Fellows of the Royal College of Physicians of Ireland met on Friday last to elect a successor to Dr. J. M. Purser in the chair of Institutes of Medicine in the School of Physic in Dublin University. It will be remembered that Dr. Purser resigned last autumn to the regret of everyone, because he considered that it would be for the good of the school that a new professor should be elected at a time which would give him the opportunity of supervising and selecting the fitting out of the new laboratory which has been lately built. By a resolution of the College, of October 4th, 1901, a special committee, consisting of the President, Dr. James Little, Professor O'Sullivan, and the King's Professors in the School of Physic, and the Registrar of the College were appointed to consider all applications sent in by candidates for the Professorship

and to report thereon. The committee went most carefully into the applications which were received and as a result, unanimously recommended Dr. W. H. Thompson, M.D., R.U.I., F.R.C.S. Eng., Dunville Professor of Physiology, Queen's College, Belfast, as the most suitable candidate for the post, and their selection was ratified by the College. Dr. Thompson is already well known in the University of Dublin, where he formerly held the post of Demonstrator of Anatomy, and will, we are sure, be warmly welcomed back. He received his medical education at the Queen's College, Galway, obtaining whilst there the first medical scholarship and a senior scholarship in anatomy and physiology. Dr. Thompson's qualifications for the post which he has obtained are well known. His communications to medical literature are many, and show that he has devoted himself with energy and capacity to the work he has chosen. At the present time he has in the press a translation of Pawlow's lectures on "The Work of the Digestive Glands." Dr. Thompson will, we are confident, prove a worthy successor to Dr. J. M. Purser. It is a position which it is by no means easy to fill, and we confess that it is with a feeling of pride that we learn that the Fellows of the Royal College of Physicians have not had to go outside Ireland to find a man whom they consider worthy to fill it.

Royal Medical Benevolent College.

WE learn with pleasure that under the will of the late Mr. France, Consulting Ophthalmic Surgeon of Guy's Hospital, a sum of money has been placed at the disposal of the Council of Epsom College to provide for aged and necessitous members of the medical profession. The election is vested in the Council of the College for the time being, following the regulations the donor formulated in the case of the ten female scholarships at the Royal Asylum of St. Anne's Schools which he purchased and presented to the College. Mr. France was a warm supporter of the institution from its initiation, and for many years was a most regular attendant at the meetings of the Council. This second benefaction, leaving the election of the pensioners in the hands of the Council, emphasises the confidence felt by the testator, derived from his personal experience, in the care with which the recipients of these great boons are selected by the governing body. The Council, at their last sitting, determined to found pensions of £30 a year, to be called the "France Pensionerships." The first election to these pensions will take place at the meeting of the Council on April 2nd.

Proposed Memorial to the late Dr. Kenny.

A CIRCULAR has been issued from the Mansion House, Dublin, inviting subscriptions to a proposed memorial to the memory of the late Dr. J. E. Kenny, City Coroner for Dublin. The circular has been signed by men of widely different views both in politics and religion, and echoes most truly contemporary opinion regarding the late Dr. Kenny. With his politics many disagreed, but for his steadfast-

ness to them and his constancy to his political friends through good or evil report, there was but one opinion. The circular before us is not, however, concerned with Dr. Kenny as a politician; it is concerned with him as a man, as a member of the medical profession, and as one who inspired all those who came in contact with him with respect and regard for him. His genial friendliness in the social circle, his kindly sympathy with his professional brethren— young or old—with whom he came in contact in the discharge of the duties of coroner, and his devotion to his profession and to his patients, will ensure a generous and speedy reply to the request embodied in the circular now being circulated. The form which the memorial will take has not been as yet definitely decided upon, but it appears probable that it will be that of a monument over his grave at Glasnevin Cemetery. Dr. J. P. Quinn, of 15, Westland Row, Dublin, is acting as hon. sec., and will be glad to acknowledge receipt of subscriptions sent towards the proposed memorial.

Ice in the Treatment of Tetanus.

FROM Indiana comes the report of the successful treatment of tetanus by the external application of ice by Dr. Ropers. The treatment was continued for four days, and the spasms gradually lessened in severity and frequency, and finally ceased altogether. The treatment by ice of idiopathic tetanus is so old that some of our contemporaries have come to describe it as new; but the late Dr. Todd (*Medical Gazette*) describes its use. He states "that he has seen great benefit from applying ice along the whole length of the spine. . . . When the cold finally reaches the spinal cord, its influence is shown by a marked depression of the heart, which turns to a general depression of the vascular system; if this depression becomes great, the use of the ice must be suspended." Again, in 1863, Dr. Chapman published his series of papers on the subject. Dr. Russell Reynolds, however, wrote unfavourably of the remedy: it utterly failed in his hands; about the same time the late Dr. Bennet published a series of contraindications to its use, and the use of ice as an external application to the spine in nervous disease was gradually discontinued. Under what conditions the ice proves useful, and what are the conditions in which it produces no good results have yet to be ascertained. The fact, however, remains that Todd, one of our most careful observers, found it useful, and that from Indiana comes the report of the successful use of this powerful therapeutic agent.

Lumbar Anæsthesia.

FRESH statistics bearing on the induction of anæsthesia by the injection of cocaine, or more rarely eucaïne, into the spinal canal, continue to be published. They can by no means be regarded as uniformly favourable to the use of the drug in this manner. Indeed, the statistics of some users render it difficult to understand what has induced

them to continue the administration of an anæsthetic to which such very unpleasant, not to say dangerous, after-symptoms are attached. Trzebicki, of Cracow (a), has injected cocaine in 138 cases. He succeeded in inducing anæsthesia in 103 cases. Failure to induce it often depended on individual peculiarities which it is impossible to determine beforehand. In some cases, the symptoms of intoxication were very severe—vomiting, convulsions, loss of consciousness for several hours, paralysis, and vaso-motor disturbances. An important discussion, which took place at Bier, on the subject of cocaine injections (b) does not lead one to regard this form of anæsthesia with any more favour than do Trzebicki's statistics. In 20 per cent. of cases, nausea and vomiting occurred. In 40 per cent., the pulse increased considerably in frequency, accompanied by a rise of temperature which sometimes reached 104° F. A subsequent headache was very constantly complained of, which in some cases lasted for three or four days after the operation. Syncope occasionally occurred in patients who did not maintain the horizontal position for some time after the operation. In one case paraplegic symptoms set in eight days after the operation, followed by insomnia and delirium of a maniacal form. On the whole we fear that the future of lumbar anæsthesia is not a very promising one.

Accommodation in the Ear.

It is now several years since Rumbold pointed out the function of the intratympanic muscles in regulating the selection of sounds, in other words, their power of accommodation in the ear as the ciliary muscle accommodates the eye to light. Professor Hensen, of Kiel, has recently investigated the subject and states that he had previously found that a transitory contraction of the tensor tympani muscle in the dog could be excited by the utterance or emission of a sound. The membrana tympani, which owing to its own rigidity ordinarily remained in a condition neither of tension nor of flaccidity, is thereby brought into a state of tension, and in its movement passed into the optimum position of accommodation for the perception of any given tone. When a tuning-fork is sounded, while at the same time a metronome was made to click, after each click a wave-like increase of the tuning-fork note is distinctly perceptible, and the same result follows other short-sound impressions. This, however, must be a contrast effect, or it may be due to accommodation, or it may be due to both. Contrast can be excluded by the following experiments:—If during the sounding of the tuning-fork the nostrils are actively closed at regular intervals, or the finger or other soft object is bitten, the increase of the note occurs in the same way, and always with the rhythm of the voluntary movements. Professor Hensen, who reported his work at the recent fifth International Congress of Physiologists, can find no other explana-

tion for this latter phenomenon than a simultaneous contraction of the accommodation muscle. Further, when attention is paid to a sounded note it does not disappear immediately, but recurs one or more times after the sound has stopped. This he also regards as evidence of accommodation in the ear. The subject is one of considerable interest and requires further investigation, as it would account for several phenomena of the sense of hearing which are at present somewhat doubtful.

Public Bacteriologists.

THE Cambridge Town Council has taken the important step of appointing a public bacteriologist. They are to be congratulated upon their enlightened policy, but the position thus raised deserves something more than passing attention at the hands of all interested in practical sanitation. There can be no doubt whatever as to the great value of a service for expert bacteriological examination in the prevention of infectious diseases, more especially in the case of diphtheria and enteric fever. Cambridge happens to have a well-equipped laboratory at hand, and to be well provided with a supply of competent bacteriologists. At the same time it seems absurd to offer an able man of that stamp a salary of £100 per annum. In times of epidemic it would take several bacteriologists to cope with the work of any moderately sized town, and it need hardly be remarked that it would be absolutely impossible for the Medical Officer of Health to undertake laborious work of the kind in addition to his ordinary duties. The more reasonable plan would appear to be in the union of several large towns or districts to maintain a staff of trained bacteriologists in a suitable laboratory. The hybrid chemical analyst and bacteriologist presents a peculiar combination of duties that can rarely prove satisfactory. By the way, a well-known Society journal some year or two ago published a coloured cartoon of a distinguished public analyst who grasped firmly in the hollow of one hand a culture tube in a way calculated to make a trained bacteriologist shudder and turn pale, but for all that he was a good chemist.

Professional Executions.

A LEGISLATIVE proposal recently thrown out by the Bavarian Government is not without a peculiar if somewhat sinister attractiveness. It seriously asked the State to legalise the putting to death of persons who were declared by several medical men to be the victims of hopelessly fatal disease. The executioner-in-chief was to be, of all men, a member of the medical profession. It is hardly to be wondered at that the proposal met with short shrift at the hands of a modern legislative body. In former days so transcendental a scheme would have had more chance of survival than in severely practical and humanitarian times like those in which we live. Indeed, in Sparta the deliberate sacrifice of human life was an accepted principle under certain

(a) *Wien. Klin. Wochens.*, 1901, No. 22.
(b) *Ann. Soc. Belge Chir.*, Mars, 1901.

conditions. As everyone knows, the Hindoos and the Chinese make a virtue of self-immolation under some circumstances. Were the idea carried out it is somewhat interesting to speculate on the way in which the medical profession would perform the rôle of executioner, and what weapons they would employ for the purpose. Incidentally, it might afford an apt illustration to the anti-vivisectionists, who are fond of picturing medical men as revelling in all kinds of bloodthirsty cruelty. The general public, however, will probably continue to regard their medical attendants as on the whole humane and harmless fellow creatures.

Utero-Fixation and Pregnancy.

WHATEVER may be thought of the utility in prolapse of the uterus of the operation of fixing the fundus uteri to the abdominal wall, by means of artificially induced adhesions, the procedure is one which ought not to be too readily advised in women still capable of becoming pregnant. Two cases reported in a recent number of the *American Journal of Obstetrics* show that the abnormal anatomical relations of the uterus determined by utero-fixation are incompatible with an uneventful gestation. In one case labour was followed by rupture of the uterus and fatal peritonitis, and in the other Cæsarian section saved the infant, but at the expense of the mother's life. If, therefore, the prolapsed condition of the uterus entail such distress or inconvenience as to render utero-fixation necessary, it would seem imperative in women who have not reached the menopause to take steps to prevent subsequent pregnancy, preferably by ligature of the Fallopian tubes, which, after all, would add but little to the gravity of the operation.

The Payment of Medical Fees in President McKinley's Case.

A SOMEWHAT novel point has arisen in connection with the payment of the surgeons who attended the late President McKinley. The dastardly deed was directed against the President of the Republic, and not against Mr. McKinley as an individual. He thereby became the patient of the nation, and the expenses incidental to his treatment cannot fall on the President's family any more than the punishment of the murderer. It will, therefore, be the duty of Congress to vote an adequate sum to indemnify the surgeons for the tremendous responsibilities which were theirs during the anxious period that intervened between the infliction of the wound and the fatal termination. This is a novel point that has not been raised, at any rate in public, in connection with similar regrettable occurrences in other countries.

Public Exhibition of Hypnotism.

PUBLIC exhibitions of so-called therapeutical hypnosis have fallen into discredit, and for some years they have ceased to attract the attention of the morbidly-disposed section of the public. "Dr." G. M. André and "Professor" Charles Howard have

revived the subject at a demonstration recently given in the Drawing-room of St. James's Hall. They went through the usual performances, with which most of our readers are probably familiar, but as only selected subjects were operated upon it is obvious that there must have been free scope for fallacy. Without questioning the genuineness of the phenomena we cannot but ask what benefit is likely to accrue to anyone from witnessing feats which are painful—to the observer—when not absolutely repulsive.

Closure of a Women's Medical College.

THE Women's Medical School at Chicago is about to close its doors. It has been in existence some thirty-two years, and has been "run" at an annual loss of 5,000 dollars. The failure of this institution appears to be due to the preference manifested by the majority of female students for what are called the co-educational schools—that is to say, schools at which male and female students pursue their studies in common. We suspect that the same preference would be manifested in this country if only it could find expression, but so far the doors of the general hospitals have been jealously closed to female students, and there is no present prospect of a relaxation of the taboo.

It is reported, we know not on what authority, that Miss King, the lady who voluntarily submitted to inoculation with bovine tuberculosis at the hands of Dr. G. D. Barney, has since developed pulmonary phthisis, thus proving the inaccuracy of Prof. Koch's views on the non-transmissibility of this form of tuberculosis to the human subject. It is added that Miss King is suffering from a decidedly irritant type of the disease. We give this information for what it is worth, and if confirmed we trust steps will be promptly taken to affirm the illegality of the experiment, and to bring home the responsibility of so reprehensible a deed.

THE annual general meeting of the Harveian Society of London will be held at the Stafford Rooms, Titchborne Street, Edgware Road, W., on Thursday, January 16th, at 8 p.m. The President, Dr. D. B. Lees, will deliver an address and the officers for the year will be elected. The meeting will be followed by a *conversazione*, at which will be shown illustrations of colour photography, and a collection of British butterflies and moths by Mr. H. C. Phillips. The evening will be enlivened by music, singing and refreshments.

THE Secretary of State for War has declined to accede to the suggestion of the Royal Institute of Public Health to appoint to the Medical Advisory Board a representative of sanitary science other than an officer of the Royal Army Medical Corps, on the ground that the present representation of preventive medicine on the Board by a thoroughly capable expert is sufficient. We may take this pronouncement as an intimation to a certain gentleman

who shall be nameless, that his services are not required.

PERSONAL.

DR. S. H. PERRY has been appointed Medical Officer of Health to the Spalding Rural District Council, at an annual salary of £200.

DR. CHARLES A. WEST, of Bodmin, has been appointed Visitor to the County Prison *vice* the Earl of Mount-Edgumbe, resigned.

DR. C. KILICK MILLARD has been elected President of the Midland Branch of the Incorporated Society of Medical Officers of Health.

DR. C. T. VACHELL, Honorary Physician to the Cardiff Infirmary, has resigned that post, which he had held for fifteen years, and has been elected Consulting Physician.

MR. EDMUND OWEN, surgeon to St. Mary's Hospital, has been appointed Consulting Surgeon and Surgeon-in-Chief to the French Hospital, in the place of the late Sir William MacCormac.

SIR FELIX SEMON and Dr. J. A. Ormerod have been selected by the medical staff of the National Hospital for the Paralysed and Epileptic to represent them on the reconstituted Board of Management.

DR. P. T. MANSON, son of Dr. Manson, the chief medical adviser to the Colonial Office, has left England to join Dr. Durham in a mission to investigate the outbreak of beri-beri in Christmas Island.

DR. MORTON, of Sheffield, met with a nasty accident last week, his horse having taken fright and pitched him out of his trap. His injuries were severe enough to justify his detention at the Royal Hospital.

TEMPORARY-MAJOR C. STONHAM, C.M.G., surgeon-captain Middlesex Imperial Yeomanry, has been granted, on relinquishing the appointment of officer in command and chief surgeon Imperial Yeomanry Field Hospital, the honorary rank of major in the army, with permission to wear the uniform of the corps.

COLONEL SIR T. J. GALLWEY, Principal Medical Officer of the Home District, has been selected for appointment as Principal Medical Officer in India, with the rank of Surgeon-General, succeeding Surgeon-General W. Taylor, who has been made Director-General of the Army Medical Service.

It was proposed to appoint Surgeon-General Price permanent successor to Surgeon-General Taylor as Principal Medical Officer in India, granting him at the same time an extension of service to enable him to retain the office for the full period; but, according to *The World*, these arrangements have fallen through, and an officer will be sent out from England to take up the duties, Surgeon-General Price reverting to his former position as Principal Medical Officer, Bombay.

We are glad to be able to contradict the reported death of Dr. W. G. Lawes, in New Guinea, on the authority of Mr. Sidney Spokes, dean of the National Dental

Hospital, London, who informs us that Dr. Lawes was recently in this country, and is now on his way back to the Antipodes. It may be added that the name of Dr. Lawes is intimately associated with New Guinea, he having been stationed there for the past forty years, and accomplished much in the civilisation of the natives, among whom he is immensely respected.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

EDINBURGH ROYAL INFIRMARY.

THE annual meeting of the Court of Contributors was held on January 6th, when the annual report was submitted. From this it appears that 3,492 medical and 5,444 surgical patients were treated in the wards during the year, a decrease of 17 as compared with last year. The average daily number of patients was 701, the highest and the lowest being 759 and 591 respectively. The percentage mortality was 7.6 as against 8 in the preceding twelve months, or, excluding deaths within forty-eight hours of admission, 5.9. During the year 33,238 out-patients were treated, an increase of 783. The ordinary income was £33,552; the ordinary expenditure £50,044, or £71 ls. 9d. per occupied bed. Legacies and donations of £100 and upwards (the extraordinary income) amounted to £29,865. The capital expenditure has been unusually heavy, on account of the construction of two new pavilions, the remodelling of the kitchen and stores, and the reconstruction of the drainage system and heating apparatus, the total cost under this head being £41,100. The average number of nurses and probationers was 199, and 627 applications for admission as nurse had been received. The convalescent house income had failed to meet the expenditure by over £1,700; and the managers appeal for further subscriptions in aid of it, pointing out that during the year 1,258 patients, who must otherwise have remained occupants of beds in the hospital, had been inmates when they no longer needed special hospital treatment. Dr. Claud Muirhead, Sir Andrew Macdonald, Mr. Patrick Blair, Colonel McHardy, C.B., Miss Imlach, and Miss Louisa Stevenson were elected managers.

UNIVERSITY OF EDINBURGH.—ANNUAL REPORT.

During the past year the total number of matriculated students was 2,929, an increase of 176 from last year. Of this number the Faculty of Arts claims 906; Science, 167; Divinity, 29; Law, 402; Medicine, 1,403; and Music, 23. The number of women students was 272. Of the students of medicine 44 per cent. were Scotch, 23 per cent. English or Welsh, 17 per cent. Colonial, 8 per cent. Irish, 6 per cent. Indian, and 2 per cent. foreign. The medical degrees conferred were as follows: M.D., 61; M.B., C.M., 15; M.B., Ch.B., 180 (including 8 women). The total annual value of University fellowships, scholarships, bursaries, &c., now amounts to about £17,920 of which £10,480 go to the arts faculty, and £3,600 to that of medicine. Speaking of the Carnegie Trust, the report states that the benefit offered in accordance with the first purpose of the Trust deed—the payment of class fees—has been largely taken advantage of in Edinburgh, although the regulation requiring the University preliminary to be passed by intending *bénéficiaires* has so far told against any marked increase in the number of first year's students. An increase in the numbers attending certain honours and practical classes is probably due to the fund enabling students to attend a larger number of courses than they would otherwise have taken. In regard to the second main purpose of the bequest, a detailed statement of the requirements of the University is being prepared by the Senators and Court for submission to the trustees. The re-cataloguing of the library has proceeded during the past year, and a total of 178,000 volumes have now been dealt with. This covers almost the whole of the general library; the theological library has been com-

menced, and the medical and modern language will shortly be undertaken. Among changes in the office bearers of the University, the appointment of Professor A. R. Simpson as Dean of the Medical Faculty in room of Professor T. R. Fraser resigned, may be mentioned. The John Usher Institute of Public Health is approaching completion, and is expected to be ready for occupation by May 1st. It will afford much ampler accommodation for the Public Health Department of the University than it has previously possessed, and will provide a full laboratory training in the branches of study required by medical officers of health. The Hughes Bennett laboratory, gifted by Mrs. Cox in memory of her father, the late Professor Hughes Bennett, was formally opened in the course of the summer, and forms a much-needed addition to the Physiological Department.

Of new departures of special interest the admission of women to the Faculty of Divinity, the transference of examinations in Medical Jurisprudence and Public Health from the third to the final professional, and the institution of an "Appointments Committee" to assist students and graduates in obtaining educational posts may be mentioned.

SMALL POX IN GLASGOW.

During the latter weeks of 1901 a few cases of small-pox cropped up in Glasgow, but the number never reached two figures, and as no fresh cases were being notified it was hoped that the outbreak was at an end. Between December 27th and January 3rd, however, no fewer than fourteen cases occurred, twelve of which were removed from one model lodging-house in the affected area. Up to January 6th the total number of cases was twenty-nine, all of which are said to be of mild type. In view of the outbreak in a model lodging-house, Dr. Chalmers, the Medical Officer of Health, has sent a circular to all superintendents of such places, urging the necessity of a strict watch being kept, especially upon newcomers, and pointing out the advantages of having all the servants and other officials revaccinated. The necessity for greater supervision is clearly shown by the fact that in the house from which the largest number of cases was removed, one of the lodgers had been ill for nearly four weeks, and the character of the malady not having been recognised, most of the present cases were infected by him. It has been suggested in the Press that, considering the severity of the epidemic which Glasgow has just passed through, a system of regular medical inspection of all lodging-houses should be instituted until the disease is eradicated. At present it is practically limited to such places, and some such scheme would seem feasible enough; at all events, any additional expense incurred now will more than repay itself if the city is spared a second epidemic at all approaching the last.

GLASGOW WESTERN INFIRMARY.—AN ADVISORY COMMITTEE.

The following resolution has been passed by the managers:—"That the senior staff, consisting of the visiting physicians and visiting surgeons, the two physicians for the diseases of women, and the pathologist, be constituted an advisory committee for the current year, in order that the Board of Management may obtain their opinion on matters that may arise from time to time, and may be referred to them by the Board for consideration and report." Such an action cannot but conduce to that harmonious co-operation between the directorate and the staff which is essential to the well-being of a hospital. The Glasgow Western Infirmary thus comes into line with other modern hospitals in giving the staff a say in what concerns the working of the institution. In most of the Edinburgh hospitals this has likewise been conceded; for instance, in the Royal Infirmary, Edinburgh, though none of the staff have seats on the Board, they can make their voices heard through the representatives sent by the Royal Colleges, and there are, as well, medical managers appointed by the University and Court of Contributors. Similarly the Board of Management of the sick children's hospital, includes several medical men among its numbers,

one at least being a former member of the staff. The Deaconess's Hospital admits its staff to the Board of Management, and in the Leith Hospital, two members of the staff are annually elected to the directorate. The advantage of such an arrangement, giving laymen and medical men a chance of arriving at each other's standpoint, and thus obviating difficulties and misunderstandings which may arise, are so obvious that it is difficult to see why any lay board should hesitate to allow members of the staff to be represented on it.

Special Article.

SMALL-POX RETURNS.

THE Statistical Committee of the Metropolitan Asylums Board have prepared statistics of the epidemic of small-pox in London, which were laid before the Board on Saturday last. It must be borne in mind that the percentages are only provisional, in that the proportions are worked out only in respect of "completed cases," i.e., cases which have terminated in death or discharge. The cases were divided into three classes, namely—(1) "vaccinated"—i.e., cases having visible cicatrices; (2) "doubtful," which include (a) cases stated to have been vaccinated but bearing no visible evidence thereof, and (b) cases in which no statement was made, but in which the eruption prevented any reliable observation as to cicatrices; and (3) "unvaccinated"—i.e., cases admittedly unvaccinated, or bearing no marks of the operation, and as to which no statement was made. The total mortality rate per cent. of vaccinated cases was 14.21; of doubtful cases, 65.08; and of unvaccinated cases, 50.52. It was useful to consider the statistics as grouped under age periods. Under 10 there were only 12 vaccinated cases and no death; 6 doubtful cases, all of whom died; and 95 unvaccinated cases, of whom 52 died—a percentage of 54.74. Under 20 there were 161 vaccinated cases, of whom 3 died—a percentage of 1.87; 12 doubtful cases, of whom 7 died—a percentage of 58.33; and 161 unvaccinated cases, of whom 79 died—a percentage of 49.07. There appeared to be a distinct diminution in the protective power afforded by primary vaccination after the age of 20 years, the death-rate rising from 9.85 in vaccinated cases between 20 and 25 years of age to 28.95 in cases between 35 and 40. Among the patients admitted during the year there were 21 who were employed on disinfecting work (of whom 1 died), most of them being servants of borough councils. Not one of those persons had been revaccinated since infancy. There were also admitted 2 sanitary inspectors, 2 dustmen, 1 undertaker (who died), and 1 medical officer of an infirmary; and 3 other persons, 1 of whom assisted in removing a small-pox case from an infirmary, 1 scrubbed the ward from which a small-pox patient had been removed, and 1 made the beds in a lodging-house in which cases had occurred. All those persons ought to have been protected by revaccination. Against this they drew attention to the experience of the managers at their small-pox hospitals and in the ambulance service for many years past, in both of which services revaccination was always performed on engagement. Of 2,198 persons employed at the small-pox hospitals between 1884 and 1900 inclusive, in which period 17,900 small-pox cases were received into the hospitals, only 17 persons contracted small-pox, of whom 13 were not revaccinated until after they had joined the ship, and four were workmen who escaped medical observation. During the past year a very large number of the new staff had joined the ships and the Gore Farm Hospital, but not one case of small-pox had occurred. Not one of the staff of the hospital ships had ever died of small-pox, and not one had ever suffered from the disease for the past eight years. From the year 1881 to the end of 1901 there had been employed on the ambulance service of the Board 1,282 persons. Four of those persons contracted small-pox, of whom one escaped vaccination when appointed; he died; one was unsuccessfully revaccinated on joining the service, and the operation was not repeated; she died; the two others had been revaccinated and recovered.

The report was adopted and the Board directed that copies be forwarded to members of the London County Council, the metropolitan borough councils, the metropolitan boards of guardians, and other bodies, the secretary of the Anti-Vaccination League, and to any other applicants.

The number of patients under treatment in the Board's hospitals on Monday evening was 944.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

QUACK PUFFS IN HIGH-CLASS JOURNALS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The enclosed four-page pamphlet on "The Hearing. Curing the Deaf, and how it is done," appears in the *Century Magazine* of this month. It is placed next to the ordinary reading matter, printed in similar type, and without any sign or hint to denote that it is really a paid-for puff. The pamphlet, for a production of the kind, is uncommonly well-written, so that the average reader might easily mistake it for a literary contribution to the magazine.

It is only in the last paragraph that the true nature of the article is revealed. Here we find the name and address of the "Drouet Institute," with the announcement that "free consultations are given by correspondence," and that a "charge is made for consultations at the Institute," &c., &c. Whatever the intention may be, there can be no doubt that the article, in such a form and place, is calculated to lead simple and confiding readers to look upon it as a *bona fide* production, and bearing the endorsement of the leading magazine in which it appears calculated to drive such readers effectually into the hands of the conductors of the establishment in question. If the advertisers were merely tradesmen engaged in puffing wares of equivocal quality, the publication of a puff of the kind in such a form for the sake of a little extra paltry gain would hardly be considered a very commendable business transaction on the part of so distinguished a firm of publishers as Macmillan and Co. Medical readers need no enlightenment as to the character of the so-called "Institute," and it is astonishing that an eminent house like Macmillans could lend themselves without inquiry to promotion of its questionable purposes.

I am, Sir, yours truly,

January 6th, 1902.

H. S.

DIET AND CONSTIPATION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me in the first place to apologise to your correspondent, Dr. John W. Martin, Sheffield, for my apparent discourtesy in not replying to his important questions in your issue of October 23rd, in which my paper on the above subject was discussed. I have been to India on professional work, and have only this week returned, and immediately on reading his letter in your columns I hasten to reply. I confess that my directions as to a dietary which will remove the cause of constipation based upon a uric acid diathesis are somewhat general, because I find it necessary to adopt my dietaries to the idiosyncrasies of each patient, but my answer to Dr. Martin's queries would be as follows:—

1. One pint of fresh milk may be looked upon as a fair average for a lady, and a pint and a half for a man.
2. The cereals that I prescribe are, very finely ground whole meal bread, Quaker or rolled oats, pearl barley, pearled wheat made into turnery, and for thin people I also use golden maize and hominy—all of these made into porridge, and eaten with honey and maple syrup and stewed figs in alternation.
3. With regard to salads it is happily possible nowadays in England to get salads all the year round. In summer there is a profusion of green salads, but in winter one is more restricted. However, even at the worst times one can generally get watercress, celery, sliced onions or garlic, and beet, while in most towns

you can also get lettuces and endive, and people who have cellars can always keep a supply of blanched dandelion and chicory leaves.

4. By "conservatively cooked" greens I mean greens in which the soluble salts have been preserved in the cooking and have not been thrown down the sink.

Some people, e.g., boil spinach in water, and when the spinach is cooked they strain off the water and serve up the boiled-out leaves. Those who know better either add no water or merely a few spoonfuls, so that when the spinach is cooked, there is nothing to throw away and all the salines remain in what is eaten.

If I can give any further helpful information, I shall be happy to do so, as my observations in India have added to my stock of knowledge on the subject, and to my conviction that a high percentage of cases of chronic constipation are caused by an incorrect dietary and can be permanently cured by prescribing one of the dietaries I advised in my paper on the subject.

I am, Sir, yours truly,

JOSIAH OLDFIELD.

5, Harley Street, W.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the autumn of 1900 you were good enough to allow me to call the attention of the younger metropolitan members of the profession to the advantages offered by the above society. The result was that last year we enrolled thirty-five new members. May I venture again to trespass on your kindness in order to point out that any qualified medical man residing within twenty miles of Charing Cross can be proposed as a member, the annual subscription being two guineas, payable for twenty-five years? But any annual subscriber may become a life member within ten years of his election by making up his subscription to twenty-five guineas if he shall have been under thirty years of age, to thirty guineas if he shall have been under forty years of age, and to thirty-five guineas if he shall have been over forty years of age at the time of his election as a member of the society. For the special benefit of young members I may point out that a member under thirty years of age at the time of his election can compound for a single payment of twenty guineas, under forty for twenty-five guineas, and over forty for thirty guineas, thereby becoming a life member, and his widow at once being eligible for a grant should her circumstances unfortunately justify it.

The Secretary is Mr. J. B. Blackett, 11, Chardos Street, Cavendish Square.

I am, Sir, yours truly,

CHRISTOPHER HEATH, President.

January, 1902.

Literature.

WILLIAMS ON THE ADMINISTRATION OF ANÆSTHETICS. (a)

THE object of the author of this excellent text-book on anaesthetics was to provide a practical guide, and he has kept his object well in view. He has not allowed his pen to run away with him, but has stuck to his text throughout.

He commences by reminding the anaesthetist that before beginning to administer the drug he should see that he has at hand all the necessary instruments for any accidental complication that may arise during the course of the operation.

Following this we have a paragraph on the time of day for operation, and a short article on the preparation of the patient.

Here we would suggest to the author the desirability

(a) "A Practical Guide to the Administration of Anaesthetics," By R. J. Probyn-Williams, M.D., Lecturer on Anaesthetics at the London Hospital Medical College; Assistant Anaesthetist at the Dental Hospital, London. (London: Longmans, Green and Co., 1901.)

of giving quinine for two or three days prior to the operation in full doses, five grains night and morning, or three times a day if it does not produce distressing cinchonism. We also think that the three hours interval of fasting before anaesthetisation is too long; we prefer that the patient gets a cup of strong beef-tea not more than two hours before operation.

Where from any cause it is considered advisable to use as little chloroform as possible a dose of chloretone given some hours before anaesthetisation is to be recommended.

The examination of the patient is an admirable piece of didactic writing which will commend itself to all practical anaesthetists.

Next in order follows the consideration of the position of the patient. The stages of anaesthesia are next dealt with and respiration and circulation naturally in this connection receive much of the author's attention, and nothing can be better than his opening sentence on page 18:—"The character of the breathing is one of the most important guides in maintaining the condition of anaesthesia."

We have said enough to make clear that the book is a trustworthy guide. It points out how dangers may be recognised, may be avoided, and how they may be combated.

There is scarcely a condition of danger that the author has not considered and his directions commend themselves as the outcome of a long, practical experience.

The letterpress is copiously illustrated so that the reader can the more readily understand the different anæsthetic apparatus in use, and the more easily follow the author's directions.

Laboratory Notes.

MERCK'S GLYCERINATED CALF-VACCINE LYMPH.

In view of the aspersions that have been cast in the public press on the efficacy of much of the calf-vaccine lymph in the market, it is important to make use of products emanating from firms of established repute. We have received some samples of Merck's Pure Glycerinated Calf-Vaccine Lymph, which is stated to be prepared under strict aseptic precautions by the method used in the Government laboratories. The samples in question are free from colour and but slightly turbid. The lymph is contained in capillary tubes, protected by a second glass envelope and a wooden case. Used to re-vaccinate some adults, it gave typical vesicles running a normal course without either œdema or undue erythema. Although it is claimed to retain its activity for a considerable time, it is obviously desirable, as far as possible, to use it and all other vaccine lymphs as promptly as possible.

Medical News.

British Medical Association.

THE twenty-fourth annual general meeting of the Dublin Branch of the British Medical Association will, by the kind permission of the President and Fellows of the Royal College of Physicians, be held on Thursday, January 30th, at 4.30 o'clock p.m., in the hall of the College. The officers and Council for the ensuing year will be elected by ballot, and any other necessary business transacted. Mr. C. B. Ball, F.R.C.S., President-elect, will deliver the annual address.

A New Hospital.

THE Hospitals Committee of the Metropolitan Asylums Board have decided to immediately proceed with the building of a hospital at Longridge, in the near neighbourhood of that already existing, at a cost of considerably over £100,000. It is expected that the hospital will be ready to receive patients in two months' time.

The Gresham Lectures.

A COURSE of lectures will be delivered in Gresham College, Basinghall Street, London, E.C., on Jan. 21st, 22nd, 23rd, and 24th, at six o'clock, by Dr. E. Symes Thompson, Gresham Professor of Medicine, on "Immunity from disease."

The lectures will be illustrated, and are free to the public.

New Universities.

EARL SPENCER presided over a special meeting of the Court of Victoria University at Owens College, Manchester. The gathering was called to consider what action should be taken in the event of a University Charter being obtained by University College, Liverpool. The report of the Special Committee was adopted, in which it was stated that both University College, Liverpool, and Owens College, Manchester had decided in favour of obtaining independent Charters. Yorkshire College deprecates the splitting up of the University, but expressed the opinion that should the dissolution take place the grant of a Charter to Leeds would be essential.

Deaths under Anaesthetics.

AN inquest was held last week on the body of a man age 66, who had died under the administration of the A.C.E. mixture, when about to undergo colotomy at University College Hospital. Dr. Dudley Buxton attributed death to cardiac failure consequent upon excessive vomiting, and a verdict to that effect was arrived at. A similar fatality, this time under pure chloroform, occurred on the 7th inst. at the Birmingham General Hospital, the victim being a man age 61. The administration of 150 minims of chloroform on a mask was promptly followed by collapse and death. The usual verdict was returned.

Bequests to Medical Charities.

By his will, the late Mr. James Alexander Molleson, of Edinburgh, has left the following bequests to local and other charities:—Trinity House Hospital Fund, £10,000; Longmore Hospital for Incurables, £2,000; Victoria Hospital for Consumptives and the Sick Children's Hospital, £1,000 each. The residue goes to the Royal Infirmary, Edinburgh. The total amount specially bequeathed is £18,500.

Orthopaedic Hospital of Ireland.

THE annual meeting of the Governors, subscribers and friends of the Incorporated Orthopaedic Hospital of Ireland, was held last week. The chair was occupied by Lord Justice Walker. The annual report, which was read by the secretary, contained the following:—The dispensary attached to the hospital has continued to do good work; 2,891 cases have been treated in this department, being the largest number in any year since its foundation. Many would have been admitted as indoor patients but for the want of accommodation. The Board, as well as the working staff, deplore the fact that many children have to be refused admission owing to this, and they again appeal to their friends and the charitable public to help them to obtain larger and more suitable accommodation now that the Corporation have taken the site in Tara Street from them, where it was proposed to erect a large Orthopaedic Hospital. The gymnasium has been found of great service, and an indispensable adjunct in the treatment of many cases of deformity constantly met with. The establishment of the county cots has enabled the Board to afford relief to many children from remote country districts. It is much to be desired that the funds of this excellent charity should be in such a position as to render it possible for them to erect an Orthopaedic Hospital which will be more in keeping with the needs of Dublin.

Society for Relief of Widows and Orphans of Medical Men.

At the quarterly Court of the Directors of this society, held on Wednesday last, the President (Mr. Christopher Heath) in the chair, two new members were elected, the deaths of four reported, and that of Mr. J. E. Upton, an honorary member, who for many years had kindly given his services as solicitor to the society. The election of a member was declared void. A fresh application for grants was made by a widow aged 74, and relief at the rate of £30 per annum given. It was resolved to distribute £1,282 among the 52 widows, 13 orphans, and the 4 recipients from the Copeland Fund now receiving half-yearly grants. The Christmas present, £569, had been given on December 18th. The expenses of the quarter were £77 7s. 6d.

Notices to Correspondents, Short Letters, &c.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be pared by attention to this rule.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate, providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning corrected proofs.

THE LATE R. B. ANDERSON FUND.

OWING to several requests and conditional promises of subscription, the Committee has resolved to keep this Fund open till the last day of February next instead of closing it January, 8th, as previously announced.

WALTER MONNINGTON,
Hon. Sec., 7, Fig Tree Court, London, E.C.

DR. S. M.—We hope to be enabled to carry your suggestion into effect within the near future, and will communicate with you in due course.

THE RELIEF OF PAIN IN PILES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The reporter of my note on a method of speedily relieving the pain of piles has evidently written c.c. for p.c. The words should be "10 p.c. of cocaine and 20 p.c. of menthol in oil of theobroma," and not 10 and 20 c.c., as printed at p. 30 of your issue for January 8th. May I ask you to be good enough to make the necessary correction?

Liverpool, January 9th, 1902.

Yours faithfully,

WILLIAM CARTER.

J. L.—Krohn's modification of Junker's regulating inhaler is the apparatus which we had in view. It is equally used in surgical as in obstetrical cases, and it enables chloroform to be given with a facility, a certainty, and a degree of safety previously unattainable.

HOSPITAL ABUSE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is stated in the daily papers that Mr. Max O'Rell, author and journalist, a gentleman whose literary ability must have secured for him ample means of subsistence, has just undergone an operation at the French Hospital in New York. Is this not another instance of hospital abuse? The hospital in question was presumably instituted for the benefit of the indigent poor, to which class no one will suspect Mr. O'Rell to belong.

I am, Sir, yours truly,

PRACTITIONER.

Meetings of the Societies, College Lectures, &c.

LONDON.

WEDNESDAY, JAN. 15th.

ROYAL MICROSCOPICAL SOCIETY (20, Hanover Square, W.).—8 p.m. The President will deliver his Annual Address.

ROYAL METEOROLOGICAL SOCIETY (Institution of Civil Engineers, Great George Street, S.W.).—7.45 p.m. Annual General Meeting.

THURSDAY, JAN. 16th.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8 p.m. Annual General Meeting. Election of Officers. President's Address. Annual Conversations.

GUTHRIE SOCIETY (Board Room, Westminster Hospital).—8.30 p.m. Dr. Hall-Edwards: The X Rays in South Africa (illustrated by lantern slides).

FRIDAY, JAN. 17th.

EPIDEMIOLOGICAL SOCIETY (11, Chandos Street, Cavendish Square, W.).—8.30 p.m. Meeting.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN (Evelina Hospital).—8.30 p.m. Cases will be shown by Mr. A. H. Tubby, Mr. J. J. Clarke, Mr. Walter Edmunds, Dr. G. Carpenter, and Mr. F. C. Abbott. Papers.—Dr. L. Marshall (Nottingham): A Case of Thyroid Dislocation of the Hip in a Child.—Dr. L. A. Milligan: A Note on a Case of Chronic Granular Nephritis in a Child, aged seven years.

DUBLIN.

THURSDAY, JAN. 16th.

DUBLIN UNIVERSITY BIOLOGICAL ASSOCIATION (Front Hall, Trinity College).—8.15 p.m. Council Meeting Royal College of Surgeons.

FRIDAY, JAN. 17th.

ROYAL ACADEMY OF MEDICINE IN IRELAND.—Section of Surgery, College of Surgeons, 8.30 p.m.

SATURDAY, JAN. 18th.

MEDICO-PSYCHOLOGICAL SOCIETY (Royal College of Physicians).—Annual Meeting Dublin Branch.

MONDAY, JAN. 20th.

APOTHECARIES' HALL.—Final examinations commence.
ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.—Final examinations commence.

Appointments.

BROWN, A. TENNISON, M.B., C.M., Aberd., Medical Officer of Health to the Hoxbury Urban District Council, Yorks.
CHIFFERFIELD, THOMAS JOHN BUSBY, FRASER, M.B., C.S. Eng., L.B.C.P., and L.M. Edin., Medical Officer for the Eighth District of the Lisaker (Cornwall) Union.
COLLINGS, HAROLD, M.B., M.R.C.S., L.B.C.P., Resident Surgical Officer to the General Infirmary, Leeds.
COLLINGWOOD, FREDERICK W., L.B.C.P. Lond., M.R.C.S., Anaesthetist to the Samaritan Free Hospital, London.
CRIPPE, HARRISON, F.R.C.S. Eng., Surgeon to St. Bartholomew's Hospital, London.
DENTON, STANLEY E., C.M.G., M.A., M.D., B.C. Cantab., Assistant Demonstrator of Anatomy in the University of Cambridge.
DICKMAN, HENRY GAO., M.B. Edin., Medical Officer of the Urban District Council of Diss, Norfolk, and Public Vaccinator No. 3 District (Diss) of the Norfolk Union, Norfolk.
MACKENZIE, W. H., M.D. Edin., Medical Attendant at the New Hospital for Infectious Diseases for the Kirkcaldy and district burghs, Fife.
MCCANN, FREDERICK, M.D. Ed., F.R.C.S. Eng., M.R.C.P. Lond., Physician to In-Patients at the Samaritan Free Hospital for Women, London.

Vacancies.

Bootle, Borough of.—Hospital for Infectious Diseases.—Resident Medical Officer. Salary £120 per annum, with board, washing, and apartments at the Hospital. Applications to be addressed to J. Henry Farmer, Town Clerk's Office, Bootle.
Bradford Royal Infirmary.—Dispensary Surgeon. Appointment for twelve months, renewable. Salary £100 per annum, with board and residence. Applications to William Maw, Secretary, Royal Infirmary, Bradford.
Doncaster, Borough of.—Medical Officer of Health. Salary £300 per annum. Application to Thos. B. Sugden, Town Clerk, Doncaster; R. A. H. Tovey, Clerk to the Halby-with-Berthorpe Urban District Council; H. M. Marshall, Clerk to the Wharfedale Urban District Council.
Durham County Asylum.—Junior Assistant Medical Officer. Salary commencing £140, with board, laundry, and attendance. Applications to the Medical Superintendent, County Asylum, Winterton, Ferryhill.
Joint Counties Lunatic Asylum for the Counties of Brecon and Radnor.—Medical Superintendent for the new Asylum at Talgarth. Salary £450 per annum, with partially-furnished house, coal, light, washing, and garden produce. Applications to Henry F. W. Harries, Clerk to the Committee of Visitors, County Hall, Brecon.
London, Corporation of.—Public Health Department. Female Sanitary Inspector. Commencing salary £125. Applications must be made on or before February 1st, 1902, to Monckton, Guildhall.
London Hospital, Whitechapel, E.—Assistant Director of the Pathological Institute at this Hospital. Salary £300 per annum. Application to G. Q. Roberts, House Governor.
Norfolk County Asylum, Thorpe, Norwich.—Junior Assistant Medical Officer. Salary begins at £130 per annum, with board (no liquors found) lodging, and washing. Apply, by letter, to the Medical Superintendent.
Royal City of Dublin Hospital.—Resident Medical Officer. Applications to Mr. G. Jameson Johnston, F.R.C.S., 13, Lower Fitzwilliam Street. (See advt.)
Royal College of Physicians of London and Royal College of Surgeons of England. Research Laboratories.—Assistant Bacteriologist in the Research Laboratories. Salary £200 per annum. Applications to Frederick G. Mallett, Secretary, Examination Hall, Victoria Embankment, London, W. C.
Scalebor Park, Burley-in-Wharfedale.—Medical Superintendent. Salary £500 per year, with furnished house, board and attendance. Application to Messrs. Dixon and Morns, Asylums Department, County Hall, Wakefield.
The Royal Infirmary of Edinburgh.—Pathologist. Salary £400 per annum. Application to William S. Caw, Treasurer and Clerk.
The Royal University of Ireland.—Examiners in Surgery, Midwifery, Pathology, Ophthalmology. Applications to be sent to the Secretaries. (See advt.)
Whitecha. el.—Eastern Dispensary, Leman Street.—Resident Medical Officer. Salary £140 per annum, with furnished residence, coals, and attendance. Application immediately to George W. Illey, 60, Great Prescott Street E. (See advt.)

Births.

CARRUTHERS.—On Jan. 6th, at Halton, Cheshire, the wife of W. Hodgson Carruthers, M.D., of a daughter.

Marriages.

McSORLEY-LAWES.—On Dec. 26th 1901, at Enderby, British Columbia, Hugh S. McSorley, M.D., C.M., elder son of the late Rev. Hugh McSorley, Vicar of St. Paul's, Tottenham, to Mildred, daughter of Richard Lawes, of Enderby, formerly of Chester.

VAN SOMEREN-FLETCHER.—On Jan. 2nd, at the Parish Church, Northwood, Middlesex, Ernest Herbert Van Someren, M.R.C.S., L.B.C.P. Lond., of Venice, Italy, to Grace Ivy Ethel, daughter of Mr. and Mrs. Horace Fletcher, of Venice.

Deaths.

REID.—Godfrey Forrest Reid, M.D. Dub., Civil Surgeon, 8th Division, of The Bungalow, Bethlehem, O.R.C., shot on duty at Tweefontein Camp, Christmas morning, died Dec. 27, 1901.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXIV.

WEDNESDAY, JANUARY 22, 1902.

No. 4.

Original Communications.

AN ANALYSIS OF SOME RECENT GYNÆCOLOGICAL METHODS. (a)

By H. MACNAUGHTON-JONES, M.D., M.Ch.,
M.A.O.

IDEAL ASEPSIS.

DISCUSSING in the first place whether an ideal asepsis were possible, Dr. Macnaughton-Jones maintained that, practically speaking, it was. This presupposed a perfectly constructed theatre with every aseptic appliance, and the most scrupulous attention to details in the persons and surroundings of the operator, assistants, and nurses. Summarising these essentials, he defined them to be a theatre capable of being well ventilated, at a temperature of 100°, with a supply of filtered air, well lighted, with tiled walls, and a concreted and drained floor, perfectly trapped, thus enabling all fluid to run from it without any possibility of infective reflux of gases; all washing sinks and baskets for dressings worked by foot pedal, and all the appliances capable of disinfection or sterilisation. It also involved the complete sterilisation of every material, whether in clothing worn by the patient or nurses, towels, bandages, compresses, dabs, sponges, and dressings. With regard to the preparation of the hands of the surgeon, assistants, and nurses, it took for granted perfect sterilisation of the arms, hands, and nails, not only before, but all through an operation, and the same might be said of the appliances and instruments used in conducting it. In such a theatre, and under these conditions, if the patient were properly prepared, an asepsis that might be called ideal could be secured. He continued:—

PREPARATION OF PATIENT.

What is involved in the preparation of a patient? Summarising the steps of such preparation we may include previous thorough ablution of the body, with careful shaving of the part, proper emptying and disinfection of the bowel, softening and disinfection of the skin of the abdomen, with thorough cleansing and disinfection of the vagina, and curettage of the uterine canal when necessary. Coming to the immediate preparations, if these be done in the theatre or an apartment adjoining, under the conditions mentioned, the body of the patient (nude, save for the aseptically covered upper and lower extremities), can be thoroughly disinfected by lavements with wood fibre sponge and izal soap, from the thorax to the thighs, first with sterilised water, next with perchloride solution, followed by perchloride of mercury and absolute alcohol. This should be done by an assistant, thoroughly sterilised, and with cotton or rubber gloves. Sterilised sack drawers are then drawn over

the flannel bandages which have been previously applied, the drawers reaching to the groin, and there loosely tied. A sterilised flannel jacket opening behind is then slipped over the trunk. Three pieces of soft muslin material, about two yards long by half a yard wide, are next taken, one having an oval aperture cut in the centre for the abdomen. The first is laid across the lower part of the abdomen and covers the drawers, the second is placed with the aperture over the operative area, the third meets the jacket, covering the chest above. All three are clamped together at the sides by sterilised sponge-holders or clamp forceps. These keep the coverings immovable during the operation. The skin inside the aperture, in the central portion, is now washed with ether, and the patient is ready for the incision. (a)

OPERATION AND TOILET, ABDOMINAL.

During an operation, asepsis means scrupulous care in the placing and replacing of instruments, the occasional dipping or boiling of these if necessary, periodical cleansing of the hands of the surgeons and assistants (each of the latter being confined to his own special duties), the rejection of instruments not re-sterilised, needles or others that may possibly have been infected in any step of the operation, the flushing and cleansing as far as possible of infected areas and cavities with weak formalin fluid, rapid and effective hæmostasis, with final cleansing from all remains of blood or coagula, and then proceeding to the abdominal toilet with freshly cleansed hands and thoroughly cleansed tissues and skin. Lastly, in the abdominal toilet itself careful adjustment of the layers, and the use for the cutaneous wound of sterilised non-absorbable material.

How should we close the abdominal wound? After careful readjustment of disturbed parts, such as the bowel and omentum, and having seen that the appendix is normal and in position, three deep sutures are carried through all the tissues with a Zweifel's needle from one side to the other, with the exception of the skin. These are long, and are allowed to drop at the sides, secured by forceps. Next the peritoneum is closed by fine continuous sutures of silk or cumol gut. Then the rectal fascia is separated with the handle of a scalpel, or the finger nail, at either side from the muscle. The fascia is then made to overlap by continuous or interrupted suture of sterilised gut, cumol or other. Lastly, the skin is closed by a continuous suture of bronze aluminium wire or the celloidinzwirn (of Braun), (a preparation of sterilised cotton saturated with celloidin), or with silkworm gut. [A demonstration of the two forms of the Zweifel suture was given.] The closed wound is now sponged with formalin solution, and dried. It is next covered with a few layers of sterilised iodoform gauze, over which is placed a layer of collaetin (zinc plaster, Säger's Klinik Prag), which reaches from the umbilicus to the

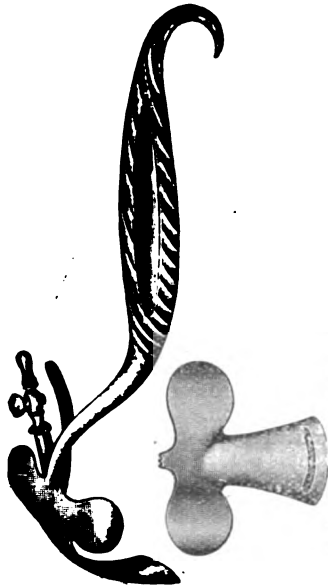
(a) Lecture delivered to the Cork Medical Society, January 13th, 1902.

(a) This method of preparation is a combination of those adopted in Professors Säger's and Bum's Klinika at Prague and Halle respectively.

groin, and is about ten inches wide. This, properly trimmed at the groin, makes an impermeable covering. Over this is placed a light layer of sterilised wool, and over all is drawn a tailed domette binder.

VAGINAL ASEPSIS.

In the case of the vagina, asepsis is secured first, by douching with lysol, then, thorough washing of the canal with izal soap and wood wool, next, by repeated sponging out of the canal and all its folds with dabs



Flushing Vaginal Retractor.

dipped in perchloride solution or formalin, and finally, plain douching out with sterilised water. During an operation a play of sterilised lysol water is kept up, or the flushing retractor of Leopold is employed. This latter is an admirable instrument, and is always under the control of one of the assistants, a tube connecting it with the douche can. In such operations as colpotomy, vaginal fixation, vaginal celiotomy and hysterectomy for carcinoma, disinfection and curettage of the uterine canal should be a preliminary step, and amputation of the cervix and closure of the wound by sutures, or amputation by means of Paquelin's knife will prevent subsequent infection. Of course, in a private "home" or house such ideal asepsis as we have indicated we cannot in many particulars hope for, but we can aim to arrive at it as nearly as possible, and only in respect to the suitable ventilation, heating and drainage of the room have we any insuperable difficulties in carrying it out.

SEPTIC COMPLICATIONS.

Should septic complications be present, such as pus abscesses, ruptured pus sacs, collections of septic pus, decomposing tissues, or possible contamination from the bowel, in irrigation with formalin solution and sterilised water, the iodoform (abdominal or vaginal) drain with effective mopping out of the various cavities in which septic material may collect, we have the best means of combatting septic consequences.

Already the speaker had advocated the resection of the edges of the abdominal wound after free cauterisation with Paquelin where a septic sac has burst and has had to be delivered, as in the case of the specimen exhibited, where a portion of the ectopic sac had become putrefactive. This course he had adopted in another case, in which a large septic accumulation had occurred in connection with appendicitis. The abdomen was thoroughly flushed out with formalin solution, and also mopped repeatedly with the same, until it was thoroughly cleansed and free from odour. Then the walls of the incision were resected before union, and an iodoform drain inserted. The patient made an excellent recovery.

DRAINAGE.

With regard to drainage, he held that reaction against it was setting in in perhaps too strong a direction. While, where not absolutely required,

it introduced a dangerous and unnecessary element into the method, on the other hand, he held that drainage was always indicated where the elements of future sepsis could not be removed, as, for example, where old pus sacs had been ruptured, where there was uncertainty of further bleeding, where communications with septic tissues or cavities had been made, and wherever drainage as an elementary step towards safe healing of parts was essential, as in various abdomino-vaginal and vaginal operations.

OPERATIONS FOR RETRO-DEVIATIONS.

In referring to operations for retro-deviations of the uterus, Dr. Macnaughton-Jones said that four procedures were all that it was necessary to discuss. The Alexander-Adams operation, which was that of selection in cases of freely mobile uterus, in which, for various reasons, an operation was indicated, consists of the isolation of the round ligament at its insertion, the opening up of the inguinal canal and processus vaginalis, the isolation of the round ligament at the internal abdominal ring, and the drawing of it forwards and securing it to the oblique aponeurosis, its ligature and section, with the doubling up of the cut end under the oblique fibres with careful aseptic closure of the canal. This was the favourite operation with many of the leading Continental operators, one that he had seen both Professors Zweifel and Menge perform recently.

Next, the operation of Olshausen, suitable specially for cases in which there were adnexal complications with the retro-deviation, and where adnexal operations of oophorectomy or resection with salpingostomy had to be performed or might be anticipated. This step involved celiotomy, free exposure of the round ligaments and adnexa in the Trendelenburg position, the folding of each round ligament on itself, and the suturing of it at either side to the peritoneum in front, this latter step following the interference with the adnexa. There was no doubt that this was a most complete and theoretically perfect operation. Neither of these procedures in any way involved the uterus. It had also been proved in practice to be a most favourable one for future parturition, and there was the great advantage that it enabled the operator to deal freely with the adnexal complications.

He now came to the two operations that included the uterus, namely, ventro-suspension by Howard Kelly's method, or ventro-fixation as performed by Terrier and others. The former was that which he had himself most frequently hitherto performed. It did not prevent removal or resection of the adnexa; it was done through a comparatively small wound of the abdominal wall, and with but little disturbance of parts. It secured the uterus with but little chance of any reversion to the mal-position. It had never in his hands interfered with pregnancy and delivery. In no instance had the uterine sutures given rise to any trouble. In it the fundus uteri is readily exposed, the adnexa explored, two sutures are passed posteriorly through the uterine fundus, and one anteriorly, all uniting the uterus to the peritoneum and sub-peritoneal fascia in front. These are not tied until the wound is thoroughly cleansed, and the peritoneum united. They are then tied, and the wound closed in the usual manner. Recovery is generally rapid, and mortality from the operation is practically nil. It does not certainly afford the same facility for dealing with adnexal adhesions, or tumours, as the method of Olshausen.

Finally, there was the ventro-fixation procedure, in which the uterus is fixed to the abdominal wall. In women past the childbearing period, and when the uterus is enlarged and heavy from

interstitial hyperplasia or possibly a small myoma, this was, he considered, the best operation. Personally, he never had a return of displacement after ventro-fixation, and though not now performing it during the childbearing period, he had known of several successful parturitions after it, and in only one case, where a transverse birth had occurred, had there been any evil consequences. In this method one thick gut suture was passed through the posterior wall an inch behind the summit, and carried through peritoneum, muscle, and fascia, at either side. Two thinner ones were passed, one at the summit, the other on the anterior wall, about two centimetres lower through the same structures. The peritoneum was then united with thin silk or gut, the fascia sutures were next passed, and the entire wound was then closed with the overlapping fascia, the uterine sutures being included. It was hardly necessary to insist on the perfect asepsis that all these operative procedures demanded, and more particularly he wished to draw attention to the need for complete hæmostasis, both arterial and venous, in the Alexander-Adams operation, which was typically an operation the success of which depended on the completeness of the antiseptic precautions taken. (a)

THE QUESTION OF PAN-HYSTERECTOMY OR MYO-HYSTERECTOMY.

In approaching the question of myomectomy or panhysterectomy for myoma, we touched a burning point of controversy among leading gynecologists. His own predilection was in favour of the supra-vaginal operation whenever it could be performed. It had these advantages: it was, as a rule, quicker, there were fewer chances of infection than when the vagina was opened, less danger to the ureters, it was of the two an easier operation, and it afforded a better pelvic floor. On the other hand, if there were any question of disease of the cervix, it left the woman still with a portion of the diseased organ, with some possibility, if not in some cases a strong probability, of further degenerative changes, such as suppurative endometritis, with erosion, a myoma, polypus, or possibly malignant changes. Again, there were cases complicated by broad ligament extensions, in which a cervical stump was difficult to make, and where it was not possible to satisfactorily remove the organ by the supra-vaginal method. Lastly, there was the large number of cases in which adnexal complications, suppurative or other, were present, and in these panhysterectomy was, as a rule, the best procedure. These might be taken as the most prominent indication for giving the preference to the latter step. Of course, it was the only one to be considered where malignant disease complicated the myoma. As to the question of removal of the ovaries with the uterus, he believed the answer experience taught was, that if there were any evidence of disease present or threatening in the ovary, it was better to remove it. On the other hand, if it were healthy, the leaving of one ovary tended to anticipate and prevent in younger women some of the post-operative physiological effects of the operation.

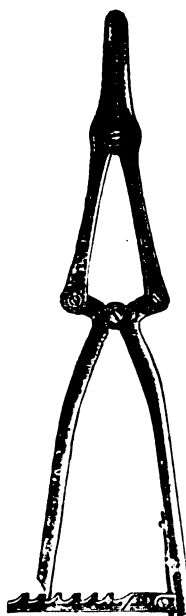
THE ABDOMINAL OR VAGINAL ROUTE IN HYSTERECTOMY FOR MYOMA.

The other question that had to be touched on was, the relative indications for the vaginal and abdominal route in operation for myoma by pan-hysterectomy. The only rational and safe answer appeared to be that it is advisable to perform vaginal hysterectomy when we are dealing with an interstitial submucous myoma or a subserous one in the pouch of

Douglas, of such a size that it may fairly be taken that it is suitable for the vaginal route. This will not be the case, even under the most favourable circumstances, should the tumour reach the size of the fetal skull at full term. Also there is the second condition, of a vagina and outlet of sufficient size and distensibility, and lastly, a sufficiently mobile uterus, and one free from adhesions.

Of the methods for performing hysterectomy, some were so well known and had been so critically discussed as to require no notice. The objects striven for, viz., reasonable rapidity of operation, rapid and secure hæmostasis, safety to the ureters and bladder, were obtained by different surgeons by different methods. One thing appeared to him certain—that apparent brilliancy of effect and rapidity in execution would never compensate for deliberation in carrying out detail, with a view to permanent and complete post-operative security.

The methods by ligature, with or without the aid of clamps, and Doyen's plan with his lever forcipressure clamp, combined with ligature, they were all familiar with. Everything considered, he believed



Zweifel's Broad Ligament Clamp.

that the method by ligature, assisted by the temporary use of clamp, not trusting to any crushing method, was by far the safest for the general operator to adopt, and best achieved the objects just enumerated. He would refer to two methods which he had seen performed this year, one in Halle, the other in Leipzig, by Professors Bumm and Zweifel respectively. The latter used a special forcipressure clamp after the method of Doyen, the degree of pressure being multiplied and regulated by the special mechanism of the instrument, which it was mathematically ascertained was multiplied three-fold at its blades. The clamp (shown) was applied to the broad ligaments, first at one side of the uterus and then at the other. After division of the ligament the cautery was used, and then double ligatures were applied of chromicised cumol gut. (a) The process is repeated at both sides. In myomectomy the uterus was shelled out from its capsule before the application of the clamp and ligatures. This considerably facilitated the removal of the myoma.

[Specimens illustrative of these disputed points were shown.]

Professor Zweifel used the same forcipressure clamp in vaginal hysterectomy, and had a small pressure forceps made on the same principle. It was worthy of notice how freely Professor Zweifel used the actual cautery in addition to the clamp to all suspicious bleeding points.

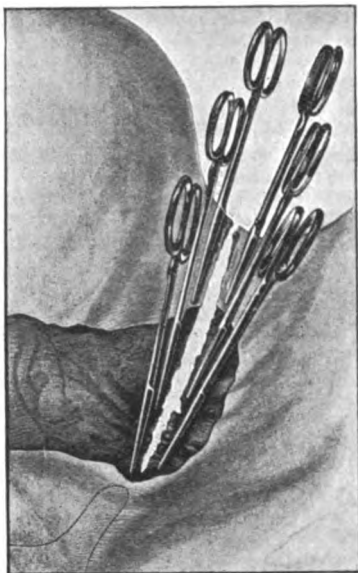
In the operation performed by Professor Bumm six pairs of Kocher's forceps were used at either side. Two of these light forceps were first applied, and the broad ligament divided above between them. Then two more, with further division of the ligament, and finally two others which involved the uterine artery in the section. There was practically no bleeding. (b) The same steps were taken at the opposite side, the uterus being now held only by its vaginal attachment. By the aid of an assistant pushing up with

(a) In some extreme cases of incontinence of urine from pressure of an inverted uterus, complicated with enlargement of the anterior wall, ventro-fixation in his hands was immediately followed by a complete cure.

(a) Prepared in the manner described by the speaker in THE MEDICAL PRESS AND CIRCULAR of December 11th, 1901.

(b) "Beiträge zur Geburtshilfe und Gynäkologie zur Technik der Myomotomie," Band I., Heft. I. 1898.

the finger from below, it was opened, and the final removal of the uterus completed, the vaginal vessels being temporarily secured by application of the same forceps. So far the operation was rapid and bloodless. The vessels at either side were now secured



Six Pair Kocher's Forceps applied to divided broad ligament.

with interlacing sutures from above down, the vagina closed and covered by peritoneum with the continuous suture. Cumul gut was employed for the operation, and bronze aluminium wire for skin. An iodoform tampon was placed in the vagina.

REMOVAL OF OVARIAN CYSTOMA BY VAGINA.

Removal of ovarian cystoma by the vagina has been recommended, and he had seen Professor Schauta, in Vienna, remove a large cystoma in this way. But the step involved a clear diagnosis of a unilocular cyst, and freedom from adhesions. To a simple parovarian cyst the method was applicable; the posterior cul-de-sac was opened, the sac felt and seized, and tapped with such a trocar as that he showed of Koeberle, and then the collapsed sac was readily drawn into the vagina. Still, on the whole, seeing the possibilities of errors of diagnosis, and the chances of unseen complications, while the mortality of such cases was almost nil, the advantage of the vaginal over the abdominal method was so questionable as not to make it in his opinion advisable.

CHOICE OF ABDOMINAL OR VAGINAL CELIOTOMY IN ADNEXAL DISEASE.

Touching on the important point as to the choice of abdominal or vaginal celiotomy in disease of the adnexal and adnexal tumours generally, speaking for himself, in the great majority of cases he gave the preference to the abdominal operation. These were his reasons. There was a better field of view, greater command over the affected organs, greater power of exact dealing with the ovaries and tubes in carrying out conservative measures, and in the event of inherent difficulties from adhesions, size of cysts, sacs, or solid growths, greater facility in dealing with them safely and of completely removing them. There were, however, cases in which undoubtedly colpotomy was the operation of selection. In simple parovarian cysts and small cystic tumours of the ovary, in cases of cystic disease of the adnexa complicating small interstitial myomata, or sub-peritoneal myoma in Douglas, in adnexal trouble

complicating retro-deviations of the uterus; in short, in those cases which were more or less of recent occurrence, the adnexal mass fairly movable and free from adhesions, with a mobile uterus, when by Martin's operation of anterior colpotomy, we can readily turn out the uterus into the vagina, and remove or resect the adnexa, the vaginal operation may be preferable. Should difficulty arise the advantage of morcellement by claw forceps and scissors, by Doyen's drill, or slicing of the uterus into segments (Landau), in those cases in which the reduction of the size of the uterus was imperative, was obvious. Some years since he found Schauta, in Vienna, performing all his vaginal hysterectomies by first bisecting the uterus so as to facilitate the manipulation of the adnexa and simplify the removal. Remembering, however, the frequency with which it is now shown that malignant and tuberculous degenerations affect the tubes and ovaries, and seeing the difficulties that may surround complete extirpation of all the diseased tissues by the vagina, it would seem that the cases were comparatively few in which the vaginal was preferable to the abdominal operation. [A number of specimens illustrative of the various points raised were again shown.]

This view of the relative advantages of the two operations was not, he knew, that held by some of the most distinguished authorities, such as A. Martin (the dearest vaginal operator he had ever watched) and Schauta, whom he had seen, on several occasions, perform the most difficult operations on diseased adnexa by the vagina. At the same time he had seen the attempt abandoned, as he had himself had to abandon it.

This brought him to the plan (the claim to the original idea being somewhat hotly disputed) of Kelly of proceeding to deal with the uterus by bisection from below upwards by seizing the cervix and drawing it up and then making an accurate coronal section. After bisection of the cervix the uterine arteries are secured and afterwards the round ligaments and tubo-ovarian vessels. The bisected uterus is then removed. Such removal of the uterus, it was claimed, afforded greater space for handling, greater facility for dealing with, and better access to, the diseased adnexa. (a)

CONSERVATIVE OPERATIONS ON THE ADNEXA.

There can be little doubt that in the conservative operations on the adnexa, both on ovaries and tubes, we have made one of the greatest advances in gynaecology. More and more we find it unnecessary to remove both ovaries, or indeed either, and with careful resection of cysts sufficient of ovary can be retained for future conception. He had had three cases of pregnancy at full term in which one ovary was removed, the other resected, and ventro-suspension of the uterus performed. At the same time it was advisable under all circumstances that the surgeon should have a free hand before operation as to the course he should deem it most advisable to pursue. In performing such conservative operations, where there are suppurative cysts of the ovary or purulent conditions of the tubes, it must be remembered that without complete removal of these we leave a nidus for future mischief and the possible necessity for a future operation. Also, a patient, notwithstanding all previous explanations, or her desire and determination not to have the ovaries removed if possible, was not as a rule considerate of any consequences due to the conservatism of the surgeon. There were also other considerations con-

(a) The Removal of Pelvic Inflammatory Masses by the Abdomen after Bisection of the Uterus. By Howard A. Kelly, M.D. "Johns Hopkins Bulletin," Vol. XII., No. 118, Jan., 1901; "St. Paul Med. Jr.," June, 1901; "Amer. Jr. Obs.," Vol. 42, No. 6, 1900.

nected with the condition of life of the patient and her physical necessities.

HYSTERECTOMY IN CARCINOMA.

As to hysterectomy in carcinoma uteri, there were four vital points for discussion did time permit. First, the necessity for the earliest vaginal pan-hysterectomy when the diagnosis of the disease was confirmed; secondly, the line of demarcation between operable and inoperable cases; thirdly, the best procedure to follow in abdominal pan-hysterectomy when the disease extended outside the uterus and involved the broad ligaments and pelvic glands; lastly, the best alternative measures in inoperable cases. He then referred to Wertheim's operation, which he had recently seen performed by Professor Gustav Klein in Munich—free exposure of the operative field in Trendelenburg's position, the separation of the ureter down to the cervix uteri from the fourth lumbar vertebra (recognising it by its peristalsis), isolation of the ureter from the uterine artery and ligation of the latter, removal of the uterus and the glands. As to alternatives, he thought that the choice lay between (a) removal of as much of the uterus as possible and the use of the cautery; (b) the treatment by the chloride of zinc method and amputation of the affected surface by the Paquelin knife; and (c) thorough cauterisation of the uterine tissues with either the steel or Paquelin cautery.

The lecture closed with a short retrospect as to the position of gynaecology now and at the time when, some twenty-two years ago, he (Dr. Macnaughton-Jones) performed the first successful ovariectomy in a Cork hospital. (a)

Paris Clinical Lecture.

LOCOMOTOR ATAXY AND SYPHILIS.

By DR. FOURNIER,

Professor at the Faculty of Medicine of Paris.

[FROM OUR PARIS CORRESPONDENT.]

MY subject to-day will be locomotor ataxy and its relationship to syphilis. I select this subject because I have in hand some fresh information which I am certain you will appreciate, and which will, I hope, complete the demonstration I have long attempted of the intimate relationship of ataxy and syphilis. I will give you in a few words the history of the problem. We may divide it into three periods: first, which I will call the period of incredulity, because, when in 1875 I expressed the opinion that locomotor ataxy was consequent upon syphilis. I was alone for a long time in my opinion. The second period was one of research. Clinicians studied and observed cases, but their opinions differed, for while some maintained that the affection was absolutely independent of syphilis, others considered that the specific malady might be the inciting cause in some cases, while others, again, among whom were Vulpian, Erb, &c., expressed their conviction that the majority of cases of ataxy were really due to syphilis. The third period is the present. To-day the proof is to hand, and everyone, in France and abroad, admits the close connection between the two maladies. You will find, however, in some text-books allusions to what is called *morbid coincidence*. The authors say:—"No doubt tabes dorsalis is often met with after syphilis, but of these two affections the first is not rare and the second is very common; there is consequently nothing very astonishing in their occa-

sional co-existence. The fact does not prove that one is the cause and the other the effect."

It is to destroy that argument that I imposed on myself the heavy task of collecting 1,000 cases during the last twenty-five years, and these I now bring forward to-day to convince the most incredulous. Special attention has been given to every one of these cases, so that they are in every respect perfectly trustworthy.

Here are the results I obtained: Out of 1,000 patients I found an unquestionable history of syphilis 925 times, which represents 93 per cent. Now, this enormous proportion is conclusive, and the few exceptions only serve to prove the rule. Yet even in the cases not directly traceable to syphilis, the reason may possibly be that the specific malady was so benign as to escape notice, or that it was hereditary or conceptional. This fact led Marion to the conclusion that if syphilis was found to have existed in the antecedents of 93 per cent. of patients suffering from tabes dorsalis, it existed in reality in the proportion of 100 per cent. Should I be justified in asserting that syphilis is the sole and only cause of tabes? No, and for two reasons: the first that I desire to limit my observations to my own strictly-controlled cases, and secondly, that the affection may be the result of various spinal affections. Syphilis, then, is not the only cause, but it is the principal cause, of ataxy. I will not further discuss this point, but will pass on to the study of hereditary ataxy.

It was believed for a long time that acquired syphilis could alone produce tabes, but it is proved to-day that hereditary syphilis is also a cause. I have notes of eight examples of this kind, and will give the history of one of them, which will serve for all the others. A girl, æt. 12, was brought to my friend Romak, presenting the following symptoms: Lightning pains, gastric disturbances, incontinence of urine, ptosis, diplopia, diminished vision from atrophy of the optic nerve, abolition of patellar reflex, &c., in short, all the classical symptoms of tabes. The affection had commenced three years previously; the father was syphilitic and infected the mother. The mother had eleven pregnancies, but seven terminated either by miscarriage or by the birth of a still-born child.

Let us now investigate another aspect of the question before us. Are there syphilitic infections which, more than others, expose the victims to tabes dorsalis? You know that syphilis is not the same in all persons, for, as you know, the symptoms vary considerably in intensity, but for the sake of nomenclature we will divide them into very grave, moderate, grave, and benign. Although it may be said that ataxy may follow any form of syphilis, yet in the great majority of the cases I mentioned to you 90 per cent. followed syphilis which at the onset was benign, and by benign syphilis I mean, the *small number* of the secondary symptoms which characterise them, the *slight nature* of these accidents and their *short duration*.

Is this predilection for the slight cases of syphilis special to ataxy and does it produce important consequences? No, for in the immense majority of cases, the benignity is the rule before the appearance of the tertiary symptoms, in a word, the graver tertiary period has the most frequently for antecedent a benign secondary period. If we take any tertiary symptoms whether it be cutaneous, cerebral, lingual, &c., we shall find that 99 per cent. were preceded by a benign secondary period. The fact is constant and should remain engraven on your memory.

A second point is this: Are all individuals affected with syphilis equally exposed to become ataxic? No. Locomotor ataxy threatens all syphilitics, it is true, but not all in the same degree. It has its chosen

(a) Illustrations and full descriptions of the methods and technique, &c., referred to in this lecture will appear in the *British Gynaecological Journal* (British Gynaecological Society's) for February, 1902.

victims, so to speak, and these are more particularly individuals who present what I term accidental causes, and of these I will mention three. The two first accidental predisposing causes of ataxy are nervous exhaustion and nervous heredity, on which Charcot insisted in particular, as you know. Nervous exhaustion is met with the most frequently as the result of irregular modes of living, excesses of all kind, more particularly venereal, social vicissitudes, worry, fatigue, reverses, late hours, debauchery, high living, nights passed at gambling, feverish excitement, &c.

The second accidental predisposing cause is nervous heredity. Tabes is frequently met in persons having among their ascendants subjects affected with nervous maladies such as hysteria, epilepsy, paralysis, hypochondria, mania, neurasthenia, eccentricity of character, &c.

The third accidental cause is the inadequate treatment of the syphilitic disease.

Such, gentlemen, is the ætiology of locomotor ataxy, which I will sum up as follows:—Principal, effective, and essential cause of tabes—syphilis. Accessory factors: Nervous exhaustion, nervous heredity, inadequate treatment of syphilis at the outset.

DIPHTHERIA. (a)

By FREDERICK S. PALMER, M.D., M.R.O.P.,
President of Durham University Medical Graduates' Association.
(Concluded from page 53).

Prognosis.—This is always doubtful. (b) "No case however mild, can be regarded as free from peril." Before the introduction of the antitoxin treatment, Oertel considered the mortality to be from 30 to 40 per cent. This has now been reduced to nearly half the number. The outlook is therefore materially influenced by the interval which has elapsed between the first manifestations and the adoption of the special treatment. The sooner it is commenced the greater are the chances of a successful issue. The prognosis of the neuritis is, in the milder forms, fairly good. A large number of them recover, and as Sir William Gowers says, (c) "the ultimate recovery is almost perfect," but many of the severe cases do not end so happily. The duration of the paralysis when limited to the palate and ocular muscles is normally from six to eight weeks. When the limbs are affected it may last for six months or longer. With reference to the incidence Sir William remarks:—"It is probably not far from the truth to say that on an average one-fourth of those who do not die from the primary disease subsequently suffer from paralysis."

Bacteriology.—The Klebs-Loeffler bacillus, or specific organism, is polymorphic and non-mobile, varying in length from 2 to 6 μ . It usually appears as a straight or slightly curved rod, with round or club-shaped ends. It does not form spores, and appears to multiply by fission only. Other bacilli are not infrequently seen bearing a strong family resemblance to the specific organism (pseudo-bacilli diphtheriæ) which exhibit the same staining and cultural behaviour. Their exact position has not yet been satisfactorily determined, or whether they may be regarded as attenuated varieties of the same organism. (d) The other bacteria observed chiefly in cases of mixed infection, are the streptococcus pyogenes, the micrococcus lanceolatus, the bacilli coli communis, and the staphylococcus aureus and albus.

Immunisation.—(e) The researches of Behring in

(a) Abstract of Paper read at the Guthrie Society, Westminster Hospital.

(b) "Fagge's Principles and Practice of Medicine." P. 238.

(c) "Diseases of the Nervous System." Gowers. P. 88.

(d) "Principles and Practice of Medicine." Osler.

(e) "Green's Pathology and Morbid Anatomy," p. 238, 239, and 311.

1882 led to the discovery that attenuated cultures of the bacillus injected into susceptible animals rendered them immune from diphtheritic infection, and that by the gradual repetition of the process, especially in large animals, a high degree of immunity could be thus obtained. The crowning result of his work was the revelation that serum taken from an animal so immunised has the power to neutralise to a large extent the virulence of the same poison when injected into man, and gave origin to the serum antitoxin treatment now in general use with such beneficial results to mankind. The duration of this protective power does not appear to last more than a few weeks—approximately a month—but during that period the protection conferred is said to be complete. According to Holt, quoted by Osler, "the serum is much less efficacious in the cases of mixed infection (septic diphtheria), and is valueless in the membranous inflammations which are due to streptococci." The serum injection is followed by an urticarial rash, and very frequently by the development of another exanthem, on or about the fourteenth day from the puncture, either erythematous, urticarial, or morbilliform in appearance, with joint pains, albuminuria, and occasionally an abscess at the seat of the injection.

Treatment: hygienic, local, general, and prophylactic.—All cases of suspected diphtheria should be immediately isolated, and when the diagnosis is established, removed if possible, to some hospital provided with a block, or wards for their reception. Everything not in actual use, curtains, carpets, furniture, ornaments, and the like must be taken away. To insure free ventilation a fire should be kept going in the room day and night; the air can be changed by opening the window at intervals, except it be in the height of summer, when it may remain open all the time. A nurse, or nurses, should be provided to take entire charge of the invalid, and communication with the rest of the household strictly cut off. Other children in the house, who have been in contact with the invalid, should not be allowed to go to school, but be kept under strict observation; and their throats gargled with some mild antiseptic vehicle. After recovery or other termination of the illness the apartment should be thoroughly and properly disinfected. The bedding and clothing are best purified at some professional disinfectors by a process of dry heat, or steam. The ceiling should be whitened, the painted work scrubbed with carbolic soap and water, and the paper removed. No books or toys used by the patient should escape destruction by fire. In the event of death early removal of the body is imperative, it should be enclosed in a disinfectant sheet, the coffin lined with the same material, and the interment conducted as privately as possible. Before leaving this subject to pass on to the local and general treatment, I should like to take advantage of this opportunity to say a few words of warning about the inadvisability of expressing a too confident opinion of the diphtheritic nature of an angina in the early stages of the disease, more particularly in the mild faucial forms. The most experienced practitioners have been mistaken. It is often impossible to say offhand what it is. An error in diagnosis involves the household in unnecessary alarm, and obloquy, frequently undeserved, is heaped unsparingly on the doctor, which a few hours' watching, supplemented by bacteriological information, might have avoided. More serious still is the premature removal of a patient to an isolation hospital who has no claim to this distinction. The mischievous, but I regret to add, determined attitude of the public to have an illness labelled at once with a definite name—to force our hands—before the means of doing so exist, should be, in my opinion, met with a stern resistance. A few hours' quarantine usually settles the difficulty,

and will prevent those bitter feelings of regret that I have heard expressed on more than one occasion. Once a definite diagnosis of diphtheria is pronounced, retreat becomes impossible, there is no middle course, no neutral ground to fall back upon. In these doubtful cases the compulsory notification of infectious diseases adopted by local authorities is not an unmixed blessing.

Local Treatment.—(a) The only external application likely to be of any service is a hot compress placed over the front of the throat. The remedies suggested for internal local application are antiseptics, solvents, and astringents. They are very numerous. I will only mention the favourites: Formalin 2 per cent. solution, mercuric perchloride, 1 in 1,000, carbolic acid, resorcin, creolin, salicylic acid, sulphur and sulphurous acid, chlorine water, potassium permanganate, hydrogen peroxide, Loeffler's solution of menthol, dissolved in toluol and perchloride of iron, boric acid and boro-glyceride, a solution of perchloride of iron in glycerine and water with a small quantity of carbolic acid, which in former years I always used. The favourite application by Dr. Voelcker at the Children's Hospital is salol in alcohol and glycerine; the results are considered to be satisfactory there. Among the solvent remedies are papain, lactic acid, pepsine, and trypsin. If local applications be adopted they should be efficiently carried out by experienced hands twice or three times a day. At frequent intervals the throat and nose may be gently sprayed or irrigated with a weak solution of boric acid. If, in very young children, the local application produces much distress or terror, I believe it is wiser not to pursue it; the resistance offered is trying to witness, and the efforts of the child are attended with great exhaustion.

General Treatment.—The experience of the last few years has placed beyond all controversy the beneficial results of the antitoxin treatment. A full dose should be at once administered. The amount injected does not appear to be important provided it be sufficient. At Great Ormond Street 3,000 units are given to quite young children; this dose is repeated in twenty-four hours, if the membrane exhibits any tendency to extension. In severe cases and in older persons it is better to commence with 6,000 units, and to repeat it the next day if no improvement takes place. The injections should be made into the subcutaneous tissue of the anterior abdominal wall, so that it may not interfere with the comfort of the dorsal decubitus. In the milder cases, one injection is usually sufficient. The patient must be kept in bed for at least three weeks, and not allowed to sit up for any purpose. The diet should be light and nutritious, given at short intervals, milk, beef-tea, chicken or veal broth, eggs beaten up, Valentine's meat juice, or some other preparation of meat in a liquid form, to which a little plasmon or somatose may be added. If any serious difficulty arises in deglutition or the nourishment is regurgitated through the nares, no time should be lost in resorting to rectal or nasal feeding. Bearing in mind that we are dealing with a disease of a distinctly asthenic character, marked by depression and leucocytosis, I am persuaded that the large majority of these cases require alcohol as soon as the symptoms are pronounced, the quantity ordered depending on the severity of the attack. In children, I always insist upon twenty or thirty drops of brandy in milk every four hours, in older persons either larger quantities, or port if it can be taken. Many of the sick with paralytic symptoms, take liquid nourishment better when it is thickened with arrowroot or Benger's food. If the dyspnoea becomes

urgent, it is safer to proceed at once to intubation or tracheotomy. No internal medicines are now given at the Children's Hospital until the throat has cleared. After the process is accomplished, a mixture of iron and quinine is prescribed. I confess that I still lean to the opinion that the tincture of the perchloride of iron, given in fairly large and frequently repeated doses, combined with potassium chlorate, has a beneficial influence on the course of the disease, but care is required in watching the effect of the potassium salt. Its value in local affections of the mouth cannot be denied. When there is evidence of cardiac dilatation, prostration, or tendency to syncope, digitalis or strophanthus should be given. At the same time strychnia by hypodermic injection must be administered. If delirium or typhoid symptoms supervene, ammonia, ether, and cinchona are the appropriate remedies, combined with free alcoholic stimulation. In post-diphtheritic paralysis the remedial agents resolve themselves into absolute rest in the recumbent position, frequent good, generous feeding, and the administration of strychnia, either alone or combined with atropine by the mouth, or by hypodermic injection. In cases where respiratory or cardiac failure is threatened, or when there is evidence of cyanosis, the inhalation of oxygen is demanded and galvanism may be applied to the præcordial region. Experience has not yet persuaded me that either massage or the use of the constant electrical current is of very great service in this form of toxic neuritis, beyond maintaining the nutrition of the muscles. Under no circumstances whatever should the patient be allowed to sit up in bed.

Intubation and Tracheotomy.—The clinical manifestations which proclaim the necessity for surgical measures are those of deficient aeration, noisy stridulous breathing, increased expiratory efforts, recession of the supra-clavicular, supra-sternal, and epigastric spaces, cyanosis, and drowsiness. Before us lies the choice of two alternatives, intubating the larynx through the mouth by a bloodless operation or opening the trachea below the seat of obstruction. In considering the claims of these two procedures. I venture on a territory which is strongly guarded by able advocates on either side. Before the days of antitoxin there is no reasonable doubt that tracheotomy held the field; but recently the pendulum has been swinging round in favour of intubation, at least, as a preliminary measure. It is true that in a small proportion of the cases, intubation has failed and relief has been afforded subsequently by opening the trachea; but even with this knowledge before me I am bound to admit that the latest statistics of intubation are very satisfactory. In practised hands and performed early, the method is steadily advancing in favour. The records at Ormond Street are exceedingly good; tracheotomy is now seldom performed at the Children's Hospital. Intubation gives quite as satisfactory results as tracheotomy, and the recoveries are much more rapid. In private or country practice the distance and absence of resident skilled help in replacing the tube if it should be coughed up are weighty arguments in favour of tracheotomy. The average time that an intubation tube has to be worn is from five to nine days; in tracheotomy it is frequently a question of weeks.

Prophylaxis.—It is obviously our business to protect as far as possible those persons who are, or have been, exposed to the contagion from falling victims to the ravages of this fell disease. With this object in view, and bearing in mind the protective power of the antitoxin serum, a dose of this fluid should be injected as a prophylactic. It need not be large; 1,000 units is sufficient for the pur-

pose. The trifling inconveniences occasioned by its use soon disappear; they cannot be compared with the probabilities of an escape.

AN EXPERIMENTAL PRODUCTION OF THE OSTEO-ARTHRITIC TYPE OF RHEUMATOID ARTHRITIS:

A CONTRIBUTION TO THE STUDY OF
RHEUMATOID ARTHRITIS (a).

By F. J. POYNTON, M.D., and ALEXANDER
PAINE, M.D.

In this paper the authors brought forward the results of an experimental investigation with a diplococcus isolated after death from the knee-joint of a man, *æt.* 67, who had suffered from arthritis. The cause of death had been carbolic acid taken by misadventure while engaged in his employment. Several joints were found much damaged by the arthritis, and the changes were such as are actually associated with the rheumatoid arthritis of later life. Thus, the fluid in the joint was almost clear and scanty in amount; there was a small body formed probably by the organisation of inflammatory exudation. The cartilages were eroded and the bones eburnated. The synovial membrane was much thickened. A diplococcus was demonstrated in the uninoculated and inoculated synovial membrane, and was isolated and cultivated upon blood agar.

From intravenous injection into two rabbits, arthritis resulted in both instances without valvulitis or visceral suppuration. One rabbit was killed upon the fifteenth day. No erosion of cartilage or alteration in the bones forming the joints was found. The other developed a monoarthritis of one knee with great wasting of the muscles of the thigh and leg. This animal was killed in the tenth week, and the specimen of the joint was shown to the Society. The exudation was scanty, and clear and sterile; the cartilages were in some places ulcerated, and had elsewhere lost their gloss. The articular surfaces were flattened; there was new formation of imperfect bone and cartilage, and lipping. The muscular atrophy was very definite. The joint capsule and periarticular tissues were but little thickened, but the crucial ligaments had lost their lustre and were swollen and opaque. A condition of osteoarthritis had therefore resulted from the intravenous inoculation of a diplococcus isolated from a case of rheumatoid arthritis.

This type of arthritis the authors had not observed hitherto as a result of inoculation with the diplococcus of rheumatic fever.

They pointed out that other observers had isolated micro-organisms from the exudations in rheumatoid arthritis. For example, Max Schüller, Bannatyne, Wohlmann and Blaxall; Chauffard and Raymond had isolated bacilli; Von Dungern and Schneider a minute diplococcus.

They emphasised the fact that the monoarthritis in their investigation was the result of an intravenous inoculation, and not of a direct injection into the joint, and summarised their conclusions as follows:

1. A diplococcus was present in the synovial membrane of the knee-joint of a man, *æt.* 67, several of whose joints showed the chronic destructive changes of one type of rheumatoid arthritis.

2. This diplococcus had been isolated and cultivated.

3. Intravenous inoculation into rabbits had upon two occasions produced arthritis without cardiac lesions.

4. The organism had been isolated from the joint exudations.

5. In one instance an osteoarthritis had resulted which was non-suppurative, and which differed in the character of the changes from that which they had hitherto observed in experiments with the diplococcus of rheumatic fever.

6. They, therefore, considered this diplococcus to be the cause of the arthritis, both in the case from which it was isolated and in the rabbit.

Cultures of the diplococcus were demonstrated, and section showing it *in situ* in uninoculated and inoculated fragments of the synovial membrane. The diplococcus of rheumatic fever was also demonstrated in the synovial membrane from a case of early rheumatic arthritis. Microscopic specimens of the arthritic changes were also shown, with pipette containing the fluid removed from the affected joints.

A CASE OF ASTHMA AND ITS TREATMENT.

By D. GOYDER, M.D.,

Hon. Consulting Medical Officer, Bradford Royal Infirmary.

E. W., a boy, *æt.* 14, who had been subject for many years to attacks of bronchitis, was seized on September 29th, 1901, with sudden and extreme difficulty of breathing. I found him propped up in bed with extended arms, staring eyes, anxious and somewhat livid face, and breathing with tremendous difficulty, all the muscles of respiration, head, neck and chest, exerted to the utmost in the heaving and gasping breaths he was taking. Beside these conditions he occasionally uttered sharp cries, not unlike the sudden scream present in meningitis. His appearance, indeed, was most painful to those around him, suggesting that, unless he was afforded speedy relief, he must sink from asphyxia and exhaustion. His temperature was only 101°, though his pulse was quick and irregular, about 130, his respirations being about twenty-four to the minute. The surface of the body was bedewed with a clammy moisture, and he had little or no cough and no expectoration. I at once prescribed for him a mixture with antimony, nitrite of soda and chloroform with an alkali, and ordered the application of heat to the chest and extremities, and the raising of the temperature of the room to 65° F. At 11 p.m. of the same day he was only very slightly relieved, therefore I ordered a tabloid of nitroglycerine every two hours, and the mixture to be given every half hour till morning. Next day, September 30th, the pulse and temperature were about the same, the dyspnoea and laboured breathing, dusky face were still very great, and the sharp cry, though less frequent was still present, but there was now occasional cough and some muco-purulent expectoration. In the absence of marked relief to the symptoms I determined to administer oxygen gas, and till I could obtain it, I added spirits of ammonia, and 5-grain doses of iodide of potassium to each dose of his mixture. The effect of the first dose of this was described by the father as magical, within a quarter of an hour of taking it the asthmatic spasm relaxed, his face speedily regained its natural colour, and muco-purulent expectoration was freely brought up. The relief was so complete that I diminished the frequency of the medicine to intervals of two hours, but determined to administer the oxygen notwithstanding, for though the relief of the asthmatic spasm was complete, I judged it necessary to support the respiration and improve the condition of the blood by the aid of the gas. I therefore directed it to be respired every two hours, and the air in the room to be improved by occasionally permitting the gas to escape into it at intervals during the day.

I need scarcely say that the case required anxious attention and care for some days after the relief of the spasm. The mixture with iodide of potassium, though

(a) Abstract of Paper read before the Pathological Society, January 7th, 1902.

given with diminished frequency, was continued for over a week, only being stopped when the breathing was perfectly free and tacit. After the third day, the cylinder of oxygen gas being exhausted, I thought it unnecessary to refill it, and the result justified this course: the boy had not the slightest recurrence of spasm, and may be said to have recovered his normal condition of health in ten days from his attack—that is, on October 8th. It is necessary to remark here that after the relief of the asthmatic spasm the temperature rose to 104°. The pulse, however, fell to 120, and became more regular. This rise of temperature is quite intelligible from the fact of the more perfect oxygenation of the blood after the relaxed spasm had permitted the air freely to enter the air cells. The temperature declined every day about a degree, and the pulse gradually fell until the eighth day, when both became normal.

Inquiry into the boy's condition previous to this attack elicited that he had what appears to have been only a slight cold, but seemed more than usually distressed. His previous bronchial attacks had generally come on after sudden barometrical depression and the appearance of a wave of air laden with moisture after a period of dry, warm weather. This fact was especially noticeable previous to this very severe attack.

The presence of his catarrh must have been associated with swelling and congestion of the minute bronchi, which would furnish just those conditions in which spasm is likely to be excited. His anxious and distressed state seemed to foreshadow the impending attack, and might be inferred by his possession of a highly strung nervous system, a condition of things generally associated with those who suffer the most severely from asthma.

The primary factors in cases of asthma which should strike one are the obstruction of the minute bronchial tubes, and the irritation of the nervous centres by the circulation of impure blood in them. What then were the conditions in the previous history of this case which brought about the tendency to spasm? It will naturally occur to you that the attacks of bronchitis in his earlier life, repeated every winter on the approach of cold and damp, must have resulted in alteration and thickening of the bronchial membrane, and the induction of the chronic form of bronchitis. This structural change generally involves the muscular and mucous coats of the bronchia, but in severe and continued cases the efforts at breathing exerted by the patient, are apt to result in dilatations of the cartilaginous part of the tubes, with consequent tubular emphysema and bronchiectasis. Examination in previous years in this boy's case proved that such changes were taking place in his instance—the shape of the chest elongated from back to front, and somewhat flattened at the sides, the resonance of the whole chest on percussion, the roughness of the bronchial sounds, the indistinctness of the respiratory murmur, and the prolonged expirations, were the accurate indications of these alterations. I had also observed in his previous bronchial attacks, more or less spasm of the minute tubes—his respiration had been laboured, but never to the terrible extent exhibited in his last attack. It may seem singular that with such impairment to the larger bronchial tubes, the smallest, up to the air cells, should yet retain their muscular coats to such an extent as to permit spasm and contraction of their calibre—under nervous influence and the consequent breathlessness—exhibited in asthma, but the singularity disappears when it is remembered that in the smallest tubes the mucous and muscular coats lie in direct contact without the intervention of any of the cartilages present in the larger bronchia.

In the treatment of this case it was somewhat of a disappointment that the first prescription, containing antimony, nitrite of soda and chloroform, and the subsequent administration of nitro-glycerine should have failed to relieve the asthmatic spasm; their failure to give more than very partial relief is explained by the fact that their influence has been proven to be exerted upon the circulatory rather than upon the mucous structures,

as in obstruction of the heart, congestion, and stasis in the vessels, with consequent angina. Nitrites are indeed recommended in text-books in cases of asthma, but their effects are only secondary, and not primary or specific. On the other hand, iodide of potassium is alleged to exert a direct antispasmodic effect upon the respiratory nervous centres, and thence through the pneumogastric on the lungs. Its influence, that is, the iodide of potassium, in glandular structures is well known, but it has besides been proven to exert a special expectorant effect in dry bronchial affections. This at once explains its immediate and beneficial action in this case of asthma. In cases of plastic bronchitis, in which organised casts of the tubes are expectorated, I have more than in one case proved its influence and efficiency in loosening the casts and favouring their expulsion from the tubes.

With regard to the use of oxygen gas in this case, I was induced to employ it because of the hope that it would assist in the oxygenation of the blood, but also because of an article by Dr. Given in the October, 1901, number of the "Phonographic Record of Clinical Teaching and Medical Science," published by the Phonographic Medical Society, "On the Use of Oxygen in Chronic Pulmonary Affections." Dr. Given alleges that in chronic and long standing cases of bronchitis and bronchiectasis, the systematic administration of oxygen gas breathed unmixed with air, deeply into the lungs for half an hour, three times a day, produces a most beneficial result after all other means fail. Cough, expectoration, and dyspnoea, steadily decrease under its use, and the bronchial membrane assumes a more healthy and natural condition. He gives a case illustrative of these effects on page 147 of the "Record." (a)

"To get this result the inhalations must be thoroughly and efficiently carried out. The oxygen unmixed with air should be drawn into the chest with fairly deep breaths from the vulcanite mouthpiece, which is usually supplied with the cylinder of gas; this mouthpiece is held in the teeth with the lips closed over it.

"In the case of one old patient of about 65 years, who had long suffered from chronic bronchitis with evidence of dilatation of the bronchia, the shrinking of one lung and repeated attacks of engorgement of both bases which now and then brought him to death's door, the use of the oxygen resulted in a most satisfactory state of affairs, one lung practically cleared up, and the other became very much better, and all moist sounds disappeared. Expectoration after having been profuse and offensive dried up, and the marked cyanosis of the face and extremities gave place to healthy colour. This patient was most enthusiastic, and took much trouble and care in giving himself the oxygen, he held the tap of the cylinder in one hand, and turned it on during inspiration and shut it off during expiration."

It is my intention to test the effect of this treatment on the young bronchitic who has been the subject of these remarks.

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF PATHOLOGY.

MEETING HELD AT THE ROYAL COLLEGE OF SURGEONS,
JAN. 10TH, 1902.

The President of the Section, DR. McWENNEY,
in the Chair.

DR. McWENNEY exhibited some microscopic slides showing the pathological changes that occur in the calf after the introduction of vaccine lymph, showing the presence of Guarnieri bodies in the vaccinated epithelium.

DR. EARL having been called to the chair,
DR. McWENNEY read a paper on the

(a) See page 147, October number of "Phonographic Record."

PRESENT STATE OF OUR KNOWLEDGE AS TO THE ETIOLOGY OF VACCINIA,

which was illustrated with lantern slides.

Prof. McWeeney in the course of his remarks referred to the fact, that having been entrusted by the Irish Local Government Board with the supervision of the production of calf-vaccine, he had naturally thought of undertaking a research with the object of ascertaining the cause of vaccinia. Before doing so, he had thought it well to carefully survey the ground that had already been covered by others and lay the present state of the question before the Academy. That vaccinia was merely small-pox, modified by passage through the calf, there can be no doubt, since the work of Von Thieme, Ceely, Voigt and Fischer. The microbic etiology of the two diseases must therefore be identical. Since the commencement of the bacteriological epoch repeated and unsuccessful endeavours had been made to establish a bacterial etiology for these maladies. As among the most recent of these attempts might be cited those of Klein, Copeman, Kent, Nakanishi, and of Czaplewski and Vanselow. Mann had demonstrated that in sections of vaccine tissue, appearances closely resembling micro-organisms, but really consisting of granular or rod-like precipitates of stain—mere artefacts—might be produced in the process of Gram's method. The bacillus of Nakanishi was at once recognisable by anyone familiar with the microbic flora of the calf's skin, as the Xerosis bacillus, which closely resembles that of diphtheria, but is harmless. The *Micrococcus quadrigenus* of the last named observers has been recently admitted by themselves to be devoid of all etiological relation to the vaccine process. The attempts to prove that variola and vaccinia are due to a parasitic protozoon were begun in 1886 by Van der Loeff, continued by L. Pfeiffer, of Weimar, and still further developed by Guarnieri, of Pisa, and by Pfeiffer's pupil, v. Wasielowsky. To Guarnieri belongs the credit of having selected as the field of observation the rabbit's cornea, a transparent, non-vascular structure, in which the histological events could be observed uncomplicated by the vascular and exudative phenomena of inflammation. Guarnieri saw in the epithelial cells of the inoculated cornea, rounded bodies varying in size from that of a minute coccus to about one-third of that of an epithelial nucleus. They lay in the protoplasm, often close to, and even indenting, the nucleus. Amœboid movements were observable on the warm stage, and Ernst Pfeiffer saw the bodies lying between the epithelial cells an hour after vaccination, and within them a few hours later on. Several observers, such as Ferroni and Massari, Salmon, and others have endeavoured to explain these bodies as resulting from irritation of a non-specific kind. But Hückel, whilst not admitting their parasitic nature, has been led to infer that they are the result of some alteration of the cell produced by the parasite or its toxin. E. Pfeiffer has shown that lymph that has lost its activity through filtration or otherwise, is incapable of producing "bodies" in the corneal epithelium. Wasielowski has propagated the vaccine virus on the rabbits' cornea for forty-three generations, and used the corneal epithelium scraped off the forty-third consecutive rabbit for vaccinating children, and produced a large percentage of typical vesicles. The only feature presented by such virulent epithelium and not presented under any circumstances, by normal or otherwise irritated epithelium, is the presence of the "bodies" described by Guarnieri. For this reason it was difficult to escape from the conclusion that the "bodies" were the carriers of the infection. The cycle of development which they went through was far from being clear. In some form or other they must exist in vaccine lymph. Perhaps this was what Cohn described as *Microsphaera vaccinae*. Perhaps some of the "cocci" found in fresh lymph were really stages of this mysterious protozoon. Beyond the seeming existence of a nucleus, the most careful examination had failed to reveal much structure in the "bodies" as found in the infected epithelium, and as to their reproduction and developmental cycle we know little or nothing. Through the kindness of Dr. Gustave

Mann, of the Physiological Laboratory, Oxford, who had carried out a thorough investigation of the histology of the vaccine process, he was enabled to show the several stages in the evolution of the vaccine vesicle, illustrated by lantern slides and actual preparations, and he also exhibited slides and sections of the inoculated rabbit cornea in which every cell was seen to harbour one or more "bodies." He (the speaker) had lately seen a statement that Guarnieri had been able quite recently to cultivate his organism within collodion sacs in the peritoneum of the rabbit, but was unaware whether the fact had received confirmation.

Dr. MONTGOMERY held that we never had a vaccine pustule—the pustule was the result of want of cleanliness. Pure lymph gives vesicles only. He would like to hear from Dr. McWeeney if he had ever found these Guarnieri bodies in lymph supplied to the Cow-pox Institution? Could these bodies be cultivated and vaccination be produced from the cultures?

Dr. McWEENEY declared he was at one with Dr. Montgomery in saying that pure lymph never produces a pustule. He had not as yet commenced a systematic search for the bodies.

Dr. McWeeney here resumed the chair.

Dr. J. P. DOYLE read his paper, "Disease of Two Upper Cervical Vertebrae and Upper Part of Left Humerus." The patient, a boy, æt. 9, was admitted to St. Joseph's Hospital, under Dr. Doyle's care, on September 6th, 1901. He was suffering from a pain in the left shoulder joint. The boy stated that he fell from a ladder on a large stone, a distance of 20 ft. He was found to have a temperature of 100°, and he complained of pain in the joint, and was noticed to carry his head to the left side. On the 28th of the same month the pain was acute, and his limbs were stiff. On October 8th Dr. Doyle excised the head of the humerus. The boy made a good recovery, and the wound healed by first intention. On October 23rd the temperature of the boy rose to 104°, but some days before death it fell to 97°. He looked on the case as one of osteomyelitis. On December 4th, at night, soon after a nurse had been with him, the boy died suddenly. At the autopsy, Dr. Doyle found the anterior surface of the occipital bone and first and second cervical vertebrae with their intermediate anterior portion very much eroded. The odontoid process of the axis considerably diseased, especially the left side, and it protruded through the atlas in a very oblique direction. By the giving way of the transverse ligament the process pressed on the upper portion of the spinal cord, and thus caused sudden death. The atlas is displaced slightly downwards to the left side, owing to the articular surfaces on that side being much eaten away. And in this position there can be seen the remains of the sinus in the soft tissues which burrowed down to the acromial end of the clavicle. The pancreas was found enlarged and hard, all the viscera were anæmic but otherwise normal.

Dr. McWEENEY thought that the case more resembled one of tuberculosis than of osteomyelitis, of which it would be a very rare example.

Dr. MONTGOMERY moved, and Dr. WATSON seconded, that Dr. Doyle's paper be sent to the Reference Committee, which was adopted.

CORK MEDICAL AND SURGICAL SOCIETY.

At a Special Meeting of this Society, held in the Cork Assembly Rooms on Monday, January 13th, the President, Dr. T. GELSTON ATKINS, in the chair, Dr. MACNAUGHTON-JONES delivered a lecture on "A Critical Analysis of Some Recent Gynecological Methods," an abstract of which appears elsewhere in our columns.

Dr. NATHANIEL HOBART, Consulting Surgeon to the Cork North Infirmary, and Dr. P. J. CREKEN, Consulting Physician to the South Infirmary and County Hospital respectively, proposed and seconded the vote of thanks which was passed to the lecturer, who received a most hearty welcome from a number of old friends and senior students of the Queen's College who were present.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, January 19th, 1902.

PHLEBITIS OF THE MESENTERY VEIN.

At the meeting of the Société de Chirurgie, M. Picqué related two cases of thrombo-phlebitis of the mesentery vein with gangrene of the intestine. The affection was rare, as up to the present only twelve cases were reported.

The first case was that of a man who, after twenty days of diarrhoea and three days of constipation, passed bloody stools, necessitating an immediate operation. The house surgeon performed laparotomy and explored the region, but finding nothing of note, established an artificial anus. The man died in a few hours, and the autopsy revealed the existence of a thrombo-phlebitis of the mesentery vein accompanied by gangrene of the intestine.

In the case of the second patient, the speaker thought right to diagnose a volvulus of the sigmoid flexure. Laparotomy showed gangrene of the intestine, and there was no strangulation. The post-mortem revealed the same facts as in the preceding case.

M. Quenu thought the phlebitis, instead of being the primary cause, was consecutive to the gangrene of the intestine. He regretted that a bacteriological examination had not been made.

GANGRENE PROVOKED BY PROLONGED TAXIS.

M. Guinard read a paper on a case of strangulated hernia, complicated with sphacelus after reduction by prolonged taxis.

The patient was brought to the hospital in a very grave condition, and believing that it was a case of reduction *en masse* of the strangulated hernia, the surgeon performed laparotomy. When the loop was brought to view a perforation was found, which, however, was quickly sutured, and the man recovered. The case proved once more the danger of prolonged taxis.

INCOERCIBLE VOMITING OF PREGNANCY.

Prof. Condamin, of Lyons, had some time ago the occasion of observing a young pregnant woman who, not able for three weeks to support any food, was reduced to an advanced state of cachexia, with threatening cerebral trouble. Artificial abortion seemed to be absolutely necessary, but, considering the condition of the patient, the operation was deferred until some effort was made to get up her strength. For this purpose enemata, frequently repeated, of artificial serum were ordered daily. Twenty-four hours after the first injections, the patient recovered consciousness, and towards the sixth day the condition was so much improved that the intention of provoking abortion was abandoned. Five days later the patient was able to take nourishment, and gradually she returned to health.

With this example before his eyes, and considering that the incoercible vomiting of pregnancy might be depending on a general intoxication of the organism as had been found in the case of eclampsia, M. Condamin decided to treat in a systematic manner such cases by means of artificial serum injected through the rectum at the daily dose of three or four quarts, divided up into enemata of ten ounces each. In order that those clysters be well borne, the liquid should be warm and

the injection practised very slowly (time, ten to fifteen minutes).

In case of intolerance, a few drops of laudanum might be added, or recourse might be had to the hypodermic method.

The treatment should last ten days during which the patient should receive no nourishment, either solid or liquid. After this lapse of time the patient can commence to take some liquid and gradually returns to the ordinary aliments. The injections of artificial serum should be prolonged for a few days.

M. Condamin treated in this way eight cases without ever having to resort to abortion.

RHEUMATIC ARTHRITIS.

The following will be found useful in allaying the pain of this cruel affection:—

Salicylate of methyl, 3iv ;

Chloroform, 3ij ;

Menthol, xxx grs. ;

Lanoline, 3ij.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Jan. 18th, 1902.

"WRATSCH," 43/1901, contains an article on the

TREATMENT OF EPILEPSY,

by Dr. M. Livin, in which the author claims to have obtained results incomparably better than those obtained by any other method. The treatment consists in a diet poor in sodium chloride, and the administration of sodium bromide and opocerebrin. The psychical symptoms are said to disappear quickly, the attacks gradually become less frequent, and occasionally cease altogether. By longer continuance of the treatment even obstinate cases of long standing may be cured. The more frequent and severe the attacks, the longer they have existed, the more strictly must the bromide diet be carried out, and in any case for a period of not less than three months. The opocerebrin must be carried out also, with occasional interruptions until the cure is complete. The daily dose of the bromide must be 2 to 3 grammes, and in bad cases this must be increased. The opocerebrin was given in daily doses of from 0.2 to 0.6 grm. No unpleasant effects were observed as the result of the treatment in any case.

The *Munch. Med. Woch.*, 47/1901, contains an article on the

TREATMENT OF ANTHRAX BY COLLARGOLUM,

by Dr. Fischer, Dresden. Collargolum is the name for a soluble form of silver introduced by Credé the younger, of Dresden. The patient on whom the remedy was tried had had for three days a large anthrax carbuncle that occupied the whole right half of the face. He had had a number of rigors, high fever, a very bad general condition and difficulty of swallowing. No immediate operation was performed, but in place of this an intravenous injection was made of 5 c.c.m. of a one per cent. solution of collargol. Even after the first injection the condition improved in a few hours, but only to become worse than before. After the second injection the improvement lasted longer, and after the fourth the condition had become normal. One injection was made daily. It was remarkable that no necrosis took place, the board-like hardness gradually softened, and

after fourteen days only a small superficial scab was cast off. Anthrax bacilli were repeatedly found in the carbuncle and in the blood. No other treatment was carried out. The case appeared to be hopeless, and the remarkable and rapid improvement after the intravenous injection could only be attributed to it. No disagreeable by-effects were observed.

EXTENSIVE RESECTION OF ABDOMINAL WALLS AND BLADDER.

Wratsch, 39/1901, contains a case reported by Dr. Herzen. The patient was a woman, æt. 26, who was admitted into hospital with pain and tumour in the lower part of the abdomen. The symptoms came on after confinement three months previously, and the tumour occupied the whole of the left hypogastrium. The tumour was ovoid, firm, with a smooth surface and painless. Its margins were one finger-breadth above the umbilicus on the right, one and a-half finger-breadths beyond the middle line, and downwards below the symphysis. The abdominal wall was opened at the external margin of the rectus from the umbilicus to the pubes. The muscle was drawn towards the middle line, when it was seen that the posterior surface of the muscle was attached to the tumour. The finger introduced into the abdomen showed that the tumour tilted towards the pelvis, and that it lay within the thickness of the abdominal wall. The left ovary, the size of a hen's egg, was firmly attached to the abdominal wall. The tumour, along with the peritoneum, was removed, also the Fallopian tubes, the round ligaments, and the upper part of the broad ligaments and the ovaries. In the *cavum Retzii* the tumour was attached to the bladder wall. This was opened and removed in part. The bladder was then sutured in two layers, and interrupted sutures were used for the peritoneum. In the abdominal wall was a deficiency over which the remains of the rectus muscle with its aponeurosis was drawn by suture. Continuous suture was used superficially, and an opening was left in the lower angle of the wound. Through this gauze was introduced into Douglas' pouch. The bladder was emptied every four hours. Recovery was uninterrupted. The fistula closed on the tenth day, and the bladder was emptied spontaneously from the sixth. By the cystoscope a long, contracted, straight cicatrix was seen. In the substance of the ovary a space filled with a creamy fluid was found, the space communicating with one in the tumour of the abdominal wall. Microscopic examination showed a fibrous reticular framework, with numerous round and spindle cells with small and large vessels like nuclei. In places the structure was purely fibrous.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Jan. 18th, 1902.

CIRRHOSIS CARDICA.

At the "Gesellschaft" Eisenmenger read a paper on the oft-discussed subject of cirrhosis of the liver due to cardiac affections. After long and careful consideration he is inclined to believe that the condition is not one likely to arise from the degree of hepatic congestion caused by cardiac incompetency. Microscopic examination of the liver of patients who have suffered from congestion of this nature show that the veins become

greatly distended and even destroyed, indeed a whole lobe of the liver may share the same fate, but there is never the increase of fibrous tissue which is present in cirrhosis. The usual changes present in the liver from uncompensated valvular disease are reduction by solution of continuity, irregularity of its surface, or the whole structure becomes granular and friable, but the hardening of the fibrous tissue never. The ætiology of cirrhosis must therefore be due to another cause. Although many of the physical signs are common to both, the diminution of the liver in congestion is due to atrophy of the parenchyma, with increase of the inter-cellular tissue, which does not harden or cause pericholangitis or periarteritis, such as lead to the pronounced consolidation of cirrhosis.

The multiple irregularities on the surface of the liver are likewise explained by emboli in the veins, which seal up the outlet forcing the fluid back on the points of least resistance. The cases recorded in the literature of the subject, where cirrhosis is assumed to be due to the want of cardiac compensation are where cirrhosis has incidentally been associated with cardiac lesions. The parenchyma is reduced in congestion, but the fibrous tissue of the vessels is greatly thickened, and may lead to error, by association with genuine cirrhosis.

When emboli form, the surface of the organ becomes irregular, which may ultimately be changed by cardiac compensation and regeneration.

Genuine cirrhosis depends on alcoholic abuse, which may have been far advanced when the cardiac lesion occurred, and thus lead to an association of morbid features.

GASTRIC ATONY.

Pick defined this morbid condition as a reduction in the muscular tonus of the stomach. The motility of the organ consists of a peristaltic action as well as of circular contractions, or, in other words, an action forwards as well as a circular movement by which the food is churned in the interior, so that the entire surface of the bolus may become exposed to the action of the gastric juice while the longitudinal fibres by their contractions drive it forwards into the duodenum. The atony therefore affects the internal muscles of the organ in the first place, and interferes with the regular emptying into the bowel before it undergoes decomposition or determines some other disturbance.

In the classification of these diseases Stiller has grouped neurasthenia, dyspepsia and enteroptosis as closely allied to the same group, and for these he has substituted the comprehensive term of *asthenia universalis congenita*, and from the name it is evident that he considers it to be transmissible as *costa decima fluctans*, or the floating tenth rib.

The acquired form is either catarrhal or nervous in origin. In both cases the terminal vagus, or splanchnic nerves are affected either by chlorosis, anæmia, or some acute affection. Overloading the stomach is another very fruitful cause of atony, which frequently leads to megalo gastria, as met with in vegetable eaters, who invariably take large quantities of this food. The consequence of this atony is a flabby state of the bowel, rapid emaciation of the organs, atrophy of the musculi recti, hernia at the umbilicus, with a general reduction of the intra-abdominal pressure.

Ectasia or dilatation is more than a functional disturbance of a temporary nature, although it is due to a reduction in the tonus of the muscles as well as a hypertonic of others, which prevent an emptying in the bowel, thus inducing hypertrophy with dilatation of the organ. This form has also a tendency to recover when the cause of obstruction is removed.

Boas favoured the division into motor insufficiency of the first and second degrees, according as the contents of the stomach were fully or partially discharged. The fallacy in this classification lay in the fact of atony being present which was not due to motor insufficiency.

The subjective symptoms of atony are belching flatus, feeling of fulness, and hyperæsthesia. Trousseau laid great stress on the symptom of vertigo, which he considered pathognomonic, and which he designated *vertigo e stomacho laeso*. Diffuse, local or frontal headaches, or hemicrania may be recognised as characteristic harbingers of the disease. Arrhythmia, bradycardia, and tachycardia, with a nervous depressed state, are all characteristic phenomena.

To prevent early auto-toxic effects he recommends early washing of the stomach with a 0.05 per cent. solution of creosote, or 0.1-0.2 solution of ammon. sulpho-ichthyol three times a day.

The Operating Theatres.

KING'S COLLEGE HOSPITAL.

FOREIGN BODY AT THE BASE OF THE SKULL.—Mr. PEYTON BEALE operated on a boy, æt. about 6, who had been admitted and found to be suffering as follows: He was looking extremely ill, and had a very offensive discharge from the right ear; behind and below the region of the right mastoid process there was a large fluctuating swelling, evidently an acute abscess surrounded by a considerable area of œdema; there was also considerable pain in the neck, intensified on pressure in the region of the internal jugular vein, and some pain behind the sterno-mastoid as well, but no enlarged glands could be felt in these regions. The child's temperature was over 103°, and the pulse was too rapid to be counted. The history of the illness was: fourteen days previously the boy complained of pain in and behind the ear; this went on for five or six days, when a profuse discharge tinged with blood was observed issuing from the meatus. The swelling behind the ear had only appeared three days prior to admission and had increased very rapidly, but the general condition of the boy had been good until the day before his being brought to the hospital. The case was of course diagnosed by the house surgeon as one of acute mastoid, probably extending to the lateral sinus and the internal jugular vein. In the absence of the aural surgeons Mr. Beale was asked to see the case; the child was thereupon at once admitted and prepared for operation. A vertical incision about two and a-half inches long was made into the fluctuating swelling behind the mastoid process, and a large quantity of very offensive pus evacuated. On inserting the finger it passed downwards and forwards internal to the tip of the mastoid process, and also internal to the styloid process; the internal carotid artery was then felt, and at the same time the rough end of some abnormal structure, which was apparently in close con-

tact with the artery. A pair of sinus forceps was then introduced through the wound, and by its aid a tubular piece of wood, which was found to be about an inch and three-quarters in length and a quarter of an inch in diameter was cautiously pulled out. On again inserting the finger several smaller fragments of wood were discovered, and these were removed by the forceps, and were found to consist of splinters of bamboo, none of them more than an inch in length. The cavity was then thoroughly irrigated, and gently stuffed with iodoform gauze some of which was left projecting from the wound, which was dressed in the ordinary way. The first tubular piece of wood which was removed was found to be a piece of hard bamboo such as is used in making "pan pipes." Mr. Beale said that the only point of interest in the case was to discover how these foreign bodies had reached the position in which they were found at the time of operation: The most careful inquiries were made of the child's mother, and of all the relatives who had come in contact with the boy, but it was found that none of them could give any history of the child having met with an accident at any time, and there was absolutely no evidence to show that the foreign bodies had been forced through the mouth, nose or neck; the only conjecture which remained, therefore was, that they had been forced into the auditory meatus, and through its anterior wall, and so down to the base of the skull. He remarked that there was some little difficulty at first in finding the track leading to these foreign bodies, but after carefully examining the mastoid process it was evident that there was no disease in connection with it, and so the abscess cavity was well explored with the finger in all directions until this track leading forwards and inwards was discovered.

For the next few days after the operation the auditory meatus was frequently irrigated, and it was found not to exhibit any marks of previous injury, and the membrana tympani was normal. The child made an uninterrupted recovery, and was discharged perfectly well and free from pain in about fourteen days.

MIDDLESEX HOSPITAL.

REMOVAL OF FOREIGN BODY FROM THE ŒSOPHAGUS.—Mr. KELLOCK operated, in the out-patient department, on a child, æt. 3, who had been brought to the hospital with a history that three months previously she was stated to have swallowed a half-penny. She was taken to a hospital immediately and the mother was given directions as to how to feed the child, and told that the coin would probably pass *per anum*. It appeared that the mother had not regularly examined the child's stools, so that it was doubtful whether the half-penny had passed or not. As the patient did not seem properly well she was on several occasions taken to a medical man, who repeated the advice given at the hospital. Since the accident the child had shown very few symptoms. She had had occasional pains in the neck and stomach, but they did not seem to have been severe. There was no vomiting, and she had taken food, both liquid and solid, as usual without much discomfort. On examination nothing very definite could be made out; the voice was unaltered, and no swelling or tenderness could be made out about the neck or abdomen, but on examining the child with a screen in a dark room a round dark shadow was at once perceived situated in the

middle line on a level with the upper border of the sternum. An anæsthetic was given, and the girl's mouth being held open with a gag, a coin catcher was passed down the œsophagus, and on the second attempt withdrew with comparative ease an almost black half-penny. Its removal was followed by a little vomiting, and there were a few streaks of blood in the matter brought up. As soon as she had recovered from the anæsthetic she was sent home. Mr. Kellock said the chief point of interest in this case was the length of time the coin had remained fixed in the œsophagus and the few symptoms to which it had given rise. He pointed out that the detection of its position by means of X-rays had settled the question of diagnosis; the foreign body had been fixed in what is by far the most common position for a body of this size to become impacted, namely, opposite the upper border of the sternum. He thought the danger of such an accident consisted in the probability of ulceration taking place round the foreign body; in this case, however, there appeared to have been little or none of this, for the coin was removed with comparative ease, and the bleeding which followed its extraction was insignificant.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 22, 1902.

MUNICIPAL SANATORIA.

THE figures that represent the average loss from phthisis among civilised communities have a remarkable agreement in all parts of the world where the disease is rife. Roughly speaking, the mortality from that cause reaches a total of about one-seventh of the population. The man in the street now knows that in recent years the whole conditions with regard to the origin and the course of consumption have been more or less completely revolutionised. The individual attacked by that most deadly infection need no longer despair of cure, while the outlook so far as regards prevention has reached a most reassuring and comfortable stage. The duty of administering the practical measures arising from the modern developments both of the preventive and the curative sides of tuberculous

diseases falls mainly upon the local authorities of the United Kingdom. The cost of dealing with vast numbers of phthisical patients would alone prevent any central government from undertaking the task. On the other hand full powers and plastic organisations are already in the possession of the local, sanitary, and Poor-law authorities. The solution of the problem has been already partly attempted by the generosity of the charitable public. The magnitude of the matter, however, renders it impossible to be dealt with by purely philanthropic effort, although hardly any imaginable public system could afford to neglect the substantial service forthcoming from that quarter. At the same time, it may be assumed with a fair amount of confidence that tuberculosis in all its practical aspects must, in the main be left in the hands of the public authorities. Many local authorities have recognised their responsibility in the matter, and have established sanatoria for the treatment of consumptives according to the best modern methods. On the whole, it may be said that a great deal of useful work has been done by these public undertakings. The lesson to be learnt from the experience not only of public but also of private institutions of this nature is most instructive, namely, that they repay expectations in advanced cases of phthisis. The fact of the matter appears to be, if we may say it in so many words, that the public sanatoria should be reserved for the reception of early or "incipient" cases. It is only by a strict limitation of the kind that a fair proportion of the curable cases can be placed under favourable conditions for recovery. When the local authority finds itself in a position to command further hospital accommodation it may then be advantageously used for advanced chronic cases. In that way a great deal of good may be effected by the isolation of numerous centres of infection, while in a few instances cure may be attained. To treat cases without selection in municipal sanatoria is in our opinion to endanger the success of a measure calculated to confer solid and lasting benefits upon the community. Statistics from such an institution might suggest an entirely false conclusion as to the proper place and value of sanatorium treatment in tuberculous disease. Classification of cases, indeed, may not unreasonably be regarded as the key to the future success of public sanatoria in modern communities. That fact cannot be too widely recognised by medical officers of health and others who are interested in the foundation and management of such sanatoria. Indeed no system for the treatment of the consumptive poor can be regarded as complete unless it makes full provision for the accommodation both of incipient and of advanced stages of the disease. The New York Academy of Medicine have paid considerable attention to the wider issues of the subject, and have contributed several suggestions of value. One point which they emphasise is that sanatoria should be conducted in such a way as not to impose undue monetary burdens upon the com-

munity. In view of certain modern public hospital developments in various parts of the United Kingdom it would be well to remind local authorities that there is all the difference in the world between reasonable liberality and unreasonable extravagance. From the circumstances of the case, the public sanatoria have to provide mainly for the poor classes of the community. In many incipient cases, it will actually benefit the patients to do a certain amount of out-door work. As a matter of fact, a substantial return has been made in some of the sanatoria, by way of farm and garden produce consumed by inmates. The whole subject is beset with many interesting points that await further solution, and it is undoubtedly worthy of the most serious and enlightened consideration at the hands of social reformers.

MEDICAL FEES IN LEGAL PROCEEDINGS.

In another column we report the sequel of the case of *Nolan v. the Great Northern Railway Company*, to which we have already alluded in these columns (December 4th, page 611) and which is of considerable interest to the medical profession. The main question, so far as medical men are concerned, dealt with the amount of fees to which a medical witness was entitled for giving evidence in Court. The point at issue was in brief this: The schedule of costs drawn up for the direction of Taxing Masters lays down that for professional witnesses residing within five miles of the place of trial, one guinea a day should be allowed for attendance in Court, unless in the opinion of the Taxing Master, the case was an exceptional one. In *Nolan v. the Great Northern Railway Company*, in which the plaintiff had obtained a verdict, the Taxing Master allowed costs to medical witnesses at the rate of five guineas a day, as he considered the case to be exceptional. The company thereupon submitted that there were no exceptional circumstances to justify any increase of costs. The Court of the King's Bench supported this view, and against their decision the plaintiff appealed. The case will be remembered as the one in which Mr. Justice Wright expressed the "colloquial" opinion that an eminent medical man was one who "drove a brougham and lived in Merrion Square." The point for the Court of Appeal to decide was whether this was an exceptional case or not, and whether, if so, there were special grounds for the increased allowance. The Court was unanimous in considering that it was not an exceptional case and that there were no special grounds for the increased allowance, and that consequently the appeal must fail. The effect of this decision on the future relations under which medical witnesses will go into Court is not at first sight very apparent. It is perfectly obvious that no defeated litigant will ever admit that his adversary's case was a special one. It seems to be equally clear that no Taxing Master will, for the future, regard any case as exceptional,

for, says Lord Justice Fitzgibbon, "it is almost impossible to lay down a hard and fast rule as to what is an exceptional case;" consequently, the Taxing Master will refuse to run the risk of having his award overthrown. It is, however, indisputable that, as Mr. Justice Barton remarked at the first hearing of the case, "one guinea a day is not a reasonable fee for a doctor, between party and party, for attendance in Court." And it is certain that, if litigants require the opinion of medical men of repute and standing, they will not find it possible to obtain it at such a fee. We are inclined to think that perhaps after all the *status quo ante bellum*, so far as the medical profession are concerned, will be maintained. Medical men of eminence are far more likely to refuse to go into Court because they do not care for the worry and anxiety it entails, than they are to lack opportunities of going there at proper fees. Medical fees will in the future, as at the present, have to be paid beforehand. It will be for the solicitor in charge of the case to take care that his own initial expenses will be refunded. This is not a matter which directly concerns the medical profession, and consequently we are of opinion that the decision of the Court of Appeal will not materially affect the relations under which a medical witness goes into Court. There is one other aspect of the question on which we should like to say a word. Mr. Justice Wright, whose prosaic definition of "eminence" we have quoted, further spoke as follows: "Sometimes medical men thought they were engaged in a duel. They remained in Court, listening to the evidence for the claimant with the view of disproving what had been said on the other side. One of the dangers arising from that was that they were apt to forget their character of witnesses to tell the truth, and become advocates of the side employing them." We cannot profess to say to what proportion of cases Mr. Justice Wright's rather vague "sometimes" is meant to apply. A judicial "sometimes" is usually taken by the public to include a large number of cases, and if the speaker meant it to bear this interpretation, we have no hesitation in affirming that he is incorrect. On the other hand, if Mr. Justice Wright did not consider that the evil of which he complained was a widely spread one, he was not justified in referring to it in the terms he did. At the same time, although we question the justice of, and the necessity for, Mr. Justice Wright's remarks as an appendage to a judgment affecting the medical profession generally, we are afraid that we must admit that perhaps in some isolated instances medical men have given their evidence in a manner which is not misrepresented by Mr. Justice Wright's description of medical evidence. Such cases cannot be too sternly criticised by the medical profession themselves. That a medical witness should remain in Court with the object of disproving what another medical witness said, or that a medical witness should forget the character of a witness, is, if true, in direct opposition to the etiquette and practice of the medical

profession. Apart altogether from the fact that no member should lend himself to attempts to discredit the evidence of a brother in the profession, it is his duty to state in Court the truth and nothing but the truth. That the exigencies of *Nisi Prius* practice do not always enable him to tell also the whole truth, does not obliterate the fact that it is his duty to be an impartial witness. If we considered that higher scale fees were demanded on the ground that the duties of a medical witness were, what Mr. Justice Wright says they are considered to be by medical men, we should have no hesitation in condemning them. But they are demanded on no such grounds. Medical men of eminence must be obtained as witnesses, they must be paid the fees which will compensate them for the trouble and time they devote to the case, and if the law of the land prevents the subsequent reimbursement of the solicitor, that is not the business of the medical profession.

VACCINATION.

FROM a small Wiltshire town a local magnate addresses the world through a local Kerry paper on the popular delusion that vaccination has any preventive power against small-pox, or that efficient vaccination can even modify an attack of small-pox. We suppose the author of the letter referred to wishes to gradually bring the truth before the public by allowing it to filter over the United Kingdom, lest a sudden outbreak of the truth, crushing our cherished opinions, might be too much of a shock to us. He takes as his text the number of vaccinated and unvaccinated persons that died in London during the week ending December 14th, 1901, and then flies from his text to relate the story of a young man who died of small-pox in 1892, who had been vaccinated in childhood and twice re-vaccinated, and he goes on to say that in the Registrar's report for that year it is returned under the heading "no statement." Now in the return for the week ending the 14th ultimo, the deaths registered from small-pox are returned, according to the letter, as sixteen vaccinated and seven unvaccinated, and three "no statement." He adds the three to the sixteen, and groups the nineteen deaths as of vaccinated, as against seven unvaccinated, and draws the deduction from these statistics that vaccination is of no value. We would just remind our readers that statistics show that the fatality of small-pox varies (1) with the amount of vaccination possessed by the individual, (2) according to the age of those attacked, (3) according to the quality of the vaccination scars in those attacked. Dr. Gayton found that with four good scars there is an absolute immunity up to the age of fifteen years; with good scars, whether one, two, or three, there is immunity up to the age of five years. When all the good and imperfect vaccinations are grouped together, it shows that from ten to fifteen, and from fifteen to twenty years of age the good vaccination afforded just three times the amount of

protection against death from small-pox that the imperfect vaccination afforded. To ensure protection, re-vaccination is necessary, infantile vaccination is of chief avail in the first five years of life; but its protective power cannot be depended on throughout adult life. In the Sheffield epidemic of small-pox the unvaccinated were attacked, in proportion to their numbers, as twenty to one of those vaccinated. The teaching of experience is that the greatest protection against attack is found near to the operation of primary vaccination or re-vaccination. The greater the remoteness from the date of vaccination the greater has been the incidence of small-pox and the fatality of those attacked. How much vaccination mitigates the subsequent attack of small-pox when it occurs is well shown by the following statistics: In Sweden, under ten years of age, where there was only one visible mark, or one cicatrix only, 75·7 per cent. had discrete or mild attacks and 24 confluent attacks. Where there were two cicatrices, the corresponding figures were 88 and 12. Where there were three cicatrices, 95 and five; where there were four or more cicatrices, 97·5 and two. With these facts before them, we have little doubt but that the belief in the power of vaccination to confer immunity from small-pox for a time, and to mitigate its effects for years after, will continue. We, however, recognise that in every community there are "flat-earth" men who are not amenable to reason.

Notes on Current Topics.

Tobacco and Deafness.

ANY relation between deafness and the use or, rather, the abuse of tobacco is generally due to the irritant effect of the latter on the upper air passages, whereby catarrhal conditions are induced which may spread up the Eustachian tubes to the middle ear. Thus the best explanation for the chronic hardness of hearing sometimes observed by smokers is that it is due to a simple middle-ear catarrh. The possibility of a chronic neuritis of the auditory nerve analogous to tobacco amblyopia, which Moss assumed to be the cause of smokers' deafness and tinnitus aurium, cannot be denied; but, so far, no adequate proof of its occurrence has been placed before us. In the December number of the *Birmingham Medical Review*, however, Stanley published the interesting case of a soldier, invalided home from South Africa for enteric, who, on the voyage home, smoked largely of a coarse, strong twist, the only merit of which appeared to lie in its cheapness. He developed a tobacco heart from this indulgence, and with it complete deafness. Unfortunately, the description of the aural symptoms and examination is very imperfect and inadequate, but the condition was evidently one of internal ear deafness. The patient was told to give up smoking, and when this order had been carried into effect for a month, both heart and hearing were greatly improved. It is unlikely that the deafness can have been due to the enteric

fever, as the labyrinthine complications following that disease are very unfavourable, and are certainly most unlikely to improve without treatment. As far as we can judge, the case must have been one of auditory neuritis due to tobacco poisoning, a condition of such rarity as to make the case referred to of great importance.

Post-Mortem Risks.

A CERTAIN number of members of our profession succumb or are more or less disabled by accidental maladies contracted during the performance of post-mortem examinations. Most of these risks are well known, and can be guarded against with more or less success. We have, however, recently met with a risk which has not, we believe, been described before, viz., that of contracting typhoid fever during an autopsy. This was the unhappy experience of Dr. W. Furnrohr, who related his experience in a recent number of the *Munchener Medicinische Wochenschrift*. He made a post-mortem examination in a case of enteric fever, and about three weeks later noticed the first symptoms of the disease. It seemed perfectly possible to exclude every other source of infection, and the author entertains no doubt that the malady was contracted at, and through the autopsy in question. The greatest precautions were taken by Dr. Furnrohr to disinfect his hands, and it does not seem possible that the infection can have been conveyed in this way. He himself believes that he received the virus through the mouth at the time of the washing out of the intestine by the spurring of water from the hose, and this seems a very plausible explanation. It follows that enteric fever must be added to the list of risks which have to be faced by the pathologist in the execution of his lugubrious task.

The Physician as a Destroying Angel.

THE unlettered public entertain strange ideas as to the rôle of the physician, ideas which find expression, for instance, in the belief that he is in the habit of "suppressing" infant monstrosities at birth. They overlook the fact that the function of the physician is essentially to assuage suffering and to prolong life, a rule to which no exception is possible even when the result may conceivably be detrimental to the race as well as distressing to the individual. It may well be questioned whether the exercise of this function is beneficial either to the community or to the individual when, for instance, medical care enables the tuberculous or constitutionally debile or malformed subject to linger on a melancholy existence and ultimately to reproduce his weakly species, and also when death is postponed in painful cancerous affections. Still it would be unwise to confer, and no physician would consent to exercise, any such discretionary power, thus constituting himself the arbiter of life and death. It is this conception which renders the assistance of medical men at electrocutions so distasteful, the function being one which is altogether foreign to

their mandate. The view that this discretionary power might advantageously be conferred on medical practitioners found expression in a petition which, as we mentioned, was forwarded for presentation to the Second Chamber of the Parliament of Saxony, urging that physicians should be authorised to poison on request persons who are suffering from an incurable disease, and who are desirous of ending a life which is a burden to themselves and to those around them. As the petition traversed the law of the land, the petition committee naturally declined to bring it before Parliament, but the fact is interesting as showing what absurd ideas prevail on the subject.

Tetanus Bacilli in Fullers' Earth.

THE knowledge of the specific microbe that causes tetanus is now adequate and minute enough for most practical purposes. The cardinal fact of the *habitat* of the tetanus bacillus being in earth has furnished the key to the source of infection in a great majority of cases of lock-jaw. Last week the point was forcibly advanced by Mr. Wynne Baxter, the East London Coroner. A baby, six weeks old, the son of a public house manager, was seized with the disease in question, and died shortly afterwards at the London Hospital. The coroner elicited the fact that Fullers' earth was used every day in the case of deceased, but the name of the manufacturers of the article was not forthcoming. He informed the jury that he was anxious to obtain information on the point, owing to the fact that so many cases of the kind had been brought under his notice. He had met with eight or nine cases within as many months, and all came from about the same district. If the facts be as thus stated there could be little difficulty in tracing the bacillus to the specifically contaminated Fullers' earth. A matter of this kind clearly falls within the province of the medical officer of health of the district in which it occurs. Nothing could be simpler, from a bacteriological standpoint, than to detect the tetanus bacillus if present in the powder. Nor could an easier matter than the sterilising of the earth by heat be readily imagined. Possibly the well-recognised cases of infantile tetanus associated with the umbilical abrasion may be explained by infection with this specially prepared earth applied for toilet purposes.

New Views on Syphilis.

IF there be one dogma more than another which may be credited with an irrefragable basis of scientific and clinical proof, that which lays down the essential difference between the soft and the syphilitic chancre might well be accorded that position. In an open letter addressed by Dr. Federn, of Vienna, to Professor Kaposi, the validity of this view is called into question, and the hypothesis advanced by this observer in support of his views is sufficiently novel to merit attention. Dr. Federn holds that there is no fundamental difference between the sore

which remains a purely local manifestation and that which is followed by the characteristic manifestations of syphilis. He maintains that all chancres are of the same nature, and that the only difference between the so-called soft chancre and the sore which is followed by cutaneous and other phenomena is dependent upon the more or less copious suppuration. He remarks that the so-called soft chancre is one which suppurates profusely, whereas in the constitutionally-infective chancre the suppurative process is absent or very scanty. His explanation of the difference in the subsequent history is based on the assumption that when the pyogenic bacillus preponderates over the bacillus of syphilis the latter is destroyed and an issue afforded to the poison, which therefore does not infect the organism. If, on the other hand, the bacillus of syphilis predominates, the poison passes into the system. The practical conclusion which he deduces from this hypothesis is that an attack of syphilis may be aborted by setting up free suppuration in the chancre, but as he has not put this assumption to the test of experience it remains a mere hypothesis. Dr. Federn's views run counter to all received views on the subject, and would seem to be contradicted by the negative result of attempts in the past to prevent syphilitic infection by cauterisation or by the inoculation of the hard chancre with the virus of the soft chancre, a method which was tried many years ago by Rollet and his followers. Moreover, it is a common experience to witness the evolution of the two processes side by side, a chancre commencing as a soft sore only to undergo the characteristic induration later on, and followed by the recognised manifestations of syphilis.

The Transmissibility of Human Tuberculosis to Animals.

AN important contribution to our knowledge of the natural history of the bacillus of human tuberculosis in respect of its influence on animals is contained in an article published in the last number of *La Semaine Médicale* by Dr. de Jong, of Leyden. The researches on which his conclusions are based were practically complete before Koch's famous pronouncement, so they cannot have been influenced by the latter. Having obtained pure cultures of the bacillus of human tuberculosis he injected these into various animals—goat, sheep, horse, dog, ox, and monkey—by the intra-venous method; he found that infection was uniformly produced although comparative experiments carried out with tubercle of bovine origin invariably proved more virulent and more promptly fatal than that of human origin. He is inclined to believe that the bacillus of bovine origin would also prove the more virulent even in regard to man. Conclusive demonstration of the accuracy of this hypothesis could, of course, not be afforded, but experiments carried out on the monkey, selected as being the nearest approach to man available, gave very positive results. His results may be summed

up as follows: the bacillus of human tuberculosis determines infection in the cow as well as in certain other animals, including the monkey. The bacillus of bovine origin is much more active in animals than that of human tuberculosis, and there is no reason to believe that it would prove less so in regard to man. It follows that man, as a cause of the infection of animals, is, in all probability, a less potent factor than is bovine tuberculosis as a cause of infection in human beings.

A New Test for Blood.

A NEW test for blood, suggested by Pertol, is based upon absorption, and its simple and inexpensive nature is a great recommendation. The only "apparatus" required is a square of good blotting paper about the size of a playing card. A small amount of blood is aspirated in a pipette and mixed with water in the proportion of 2.5 cm. to 1 cm. The blotting paper is placed on a sheet of glass and the pipette is placed inverted upon it, held perpendicularly in a small standard just touching the paper. The fluid is slowly absorbed by the paper and forms rings of various hues, the tints and size of the rings being characteristic of the different composition of the blood. Pertol has made some hundreds of these blotting-paper pictures of the blood, and found them invariably identical under the same condition of health and disease. The colour fades in time, but the rings are still perceptible. The clearest pictures were obtained with the blood of new-born infants, which contains a larger proportion of reds than does that of adults. Such a picture treated with dilute hydrochloric acid makes a picture resembling the flower of the narcissus.

Latent Pulmonary Tuberculosis.

THE possibility of latent pulmonary tuberculosis, that is to say, of its unsuspected presence cannot be denied. Many writers have estimated that not one case in fifteen of consumption is diagnosed in an early stage, although Upson has placed a still lower estimate upon the number of early diagnosed instances of the disease. The latter observer found that out of a large number of patients who consulted him for other than lung affections, no less than 197 were the subjects of unsuspected tuberculosis—of these individuals, the following details were given:—Naso-pharyngeal catarrh sixty-eight, hypertrophic rhinitis thirty-nine, hypertrophic tonsils thirty-five, suppurative middle ear disease twenty-five, chronic non-suppurative middle ear disease eighteen, and nasal polypi twelve. In 118 cases there was a rise of temperature of from 0.8° to 1.6° Fahr.; in thirty-eight cases in which the temperature was normal, exercise sufficient to cause fatigue brought about a rise from 0.9° to 1.9°. In seventeen cases the morning temperature was sub-normal. The respiration and the pulse were accelerated in 105 cases. The majority of the cases complained of a general tired feeling in the morning, despite a good night's rest. Slight cough, especially on lying down or on getting up in the morning, was present in 130 cases, and shortness

of breath on exertion was noted in 165 cases. Hæmoptysis occurred in twelve cases. The lesson taught by these facts is an important one, and the main points are applicable to general medical practice. It will be noted that all the cases were the subjects of some nasal, throat, or ear condition, and it would be interesting to know how many of the cases were the victims of adenoids. The work which has been done by various observers upon the relationship between hypertrophy of the pharyngeal tonsil and tuberculosis has shown that some 5 per cent. of the cases of the former are the subjects of the latter condition, and it is undoubted that any cause which promotes inefficiency of nasal respiration, especially when due to enlargement of lymphoid structures, must determine a predisposition to tuberculosis.

Cancer Research.

A WELL thought-out scheme for the promotion of the scientific investigation of cancer has been promulgated by Mr. Henry Morris. It is intended to raise a fund to provide, equip and maintain laboratories to be devoted exclusively to the department of research under the superintendence of a specially qualified director with a paid staff of assistants. The cost is estimated at £2,250 per annum. If the necessary funds are forthcoming there is a good prospect of the study of cancer being placed on a sound basis. Steps will also be taken to co-ordinate the labours of those who are working at the same subject in other parts of the world. There are many points calling for systematic investigation in regard to the etiology of cancer, and one of the first things to be done will be to sift the literature of the subject in order to determine in what direction future efforts may best be made. In view of the widespread interest taken in the subject in all classes of society the success of the movement so far as the contribution of funds goes can hardly be a matter of doubt.

The Intraocular Complications of Beri-Beri.

It is interesting to note that, according to the history of a case recently reported to the Belgium Ophthalmological Society by Coppez, the intraocular complications of beri-beri closely resemble that condition which is labelled "toxic amblyopia." "The usual acuity had been reduced to 1-16, and central scotomata for red and green, as well as partially for yellow and blue, were present. Colour perception was normal when tested by Holmgren's test. The peripheral fields of vision were normal. Ophthalmoscopic examination showed hyperæmia of the papillæ, full and distended renal veins, the condition as a whole being a partial retrolbulbar neuritis, with participation of the macula. Diaphoresis, potassium iodide, strychnine hypodermically and abstinence from tobacco resulted in gradual improvement with a restoration of usual acuity to 1-6. It has been observed in Brazil, that oculo-motor palsies, nystagmus and blindness which result from beri-beri may be cured by change of climate and the disappearance of beri-beri. This in itself (says the *Philadelphia Medical Journal*)

"should be an incentive to neuro-pathologists to investigate the structural changes occurring in the optic nerve in beri-beri, and if possible, determine whether and to what extent the papillo-macular bundles are involved.

Unqualified Vaccinators.

It is stated that advantage is being taken by unqualified persons, of the present demand for revaccination to perform the operation on a large scale in certain parts of the metropolis, and a correspondent appeals to us to state whether there are any means of checking this usurpation of medical functions. Obviously, where a certificate of successful vaccination is required the unqualified practitioner would be unable to give it, but in the matter of revaccination he is under no such disadvantage. If people deliberately elect to be revaccinated by the man in the street there is no law to prevent their doing so. It is possible that vaccination by an unqualified person might be held to constitute an infringement of the Apothecaries Act, but in the absence of any false representations as to his professional status we are not sanguine that such proceedings would be successful in view of the curious reluctance of magistrates to construe that Act in a comprehensive spirit. Nevertheless, should any serious results follow this unqualified vaccination, the delinquent would incur serious risk under the criminal law.

The Cost of an Epidemic.

IN certain organs of the daily press, not those of the highest repute, the fees earned by practitioners for revaccination are, with execrable taste, alleged as an explanation of the unanimity of the medical profession on the question of vaccination. It will shortly be brought home to the public that the expense of vaccination is a very trifling matter compared with that of an epidemic of small-pox. Already the Metropolitan Asylums Board stands committed to an expenditure of between £250,000 and £300,000, which represents an increase in the rates equal to one penny in the pound for the next six months, to be followed by another penny in the succeeding period. Before we have done with the present epidemic the expense will run into many hundreds of thousands more, and the public will have an object lesson in the ultimate economy of the policy of universal vaccination.

THE governors of the Macclesfield Infirmary have passed the resolution conceding to the honorary medical staff the right to nominate the candidates to the junior posts at this institution, and this regrettable dispute comes to an end without any likelihood of its recurrence. The principle involved is one which should be adopted at every hospital and infirmary. It is stated that Miss Murdoch Clarke, the innocent cause of the trouble, will vacate her post in the course of a few days, and, as might be anticipated after this huge advertisement, contemplates starting in practice on the field of her struggle.

Observations on Decapitation.

ALMOST ever since decapitation became an orthodox form of execution, men of science have from time to time occupied themselves with speculations on the question of the possibility of sensation and thought remaining for a space in the severed head. During the great French revolution, when *La Mère Guillotine* was responsible for so many decapitations, we believe that some individuals even went so far as to experiment with the victims of the Terror. The subject has also, as might justly be expected, crept into fiction, and more than one romance has been the outcome. A surgeon of the United States Navy has recently communicated some interesting observations gleaned by closely watching the beheading of thirty-six Chinese criminals in Canton. These observations impressed him with the idea that death was not instantaneous, but that it came almost immediately after the sword stroke, and was due to syncope. From his description the work seems to have been done very cleanly, as thirty-three of the heads fell at one stroke. The interesting features noted were that in many cases a decided effort to swallow was shown by the expression of the mouth, and the movement and downward bulging of the throat were repeated two or three times; in several cases (judging by the labial movements) attempts were made to articulate in a deliberate manner; the faces showed a momentary look of surprise and intelligence as they fell, with a natural movement of the eyes, as if looking, and an opening and closing of the lids. No convulsive movements of the bodies or limbs took place, the hæmorrhage from the trunks was tremendous, but no spurting took place from the heads. A close examination of the facial expression impressed the observer with the idea that the faces were those of persons in syncope.

The Wearing of Corsets.

PROTESTS have from time to time been made by the profession against the wearing of the modern corset, inveighing against the injury to health which may arise from the custom. Recently, however, Marechal, a French doctor with a tinge of fanaticism, has suggested a somewhat drastic remedy. He asserts that out of every hundred women who wear stays, some thirty only retain perfect health, and he advocates the passing of a law the three articles of which are as follows:—1. Any woman under thirty shall be forbidden to wear a corset of any kind. Any woman transgressing in this respect shall be punished by three months' imprisonment, or if a minor, her parents or guardians to be condemned to pay a fine of from 100 to 1,000 francs. 2. Any woman over thirty may wear any corset she chooses. The third article surrounds the manufacture and sale of corsets with the most rigorous formalities. Those licensed to sell these articles of attire shall be obliged to enter in a special book the name, address, and age of every buyer, neglect of which precaution shall be punishable by fine and confiscation of business. Marechal, if not a fanatic, must be of a

somewhat waggish turn of mind. We should like to hear the opinions of the Parisian ladies of fashion as to his proposed measure.

A Parasite in the Blood of Epileptics.

THERE have been several startling additions to medical science recorded in Paris of late. M. Doyen has discovered a bacterium which is the causal agent of cancer. Another medical man has hit upon a therapeusis which will cure (?) cancer. Now we learn that still another, M. Bra, has found a parasite in the blood of epileptics (a). M. Bra, who laid his discovery before the Académie des Sciences, says that he has examined the blood of seventy epileptics, and that he has found—apparently in all—a micro-organism formed by very small particles which is one micro-millimetre in diameter. It is found singly, as a diplococcus, or in chains. The streptococcus can be stained easily by aniline dyes, but not so well by Gram's method. It thrives readily on various media—bouillon, gelatine, or potato—and can be found under different aspects in the blood of a rabbit into whose veins pure cultures have been injected. The report before us does not state that M. Bra has determined that there is any causal relationship between the bacterium he has discovered and the epileptic attacks. It limits itself to stating that the bacterium has been discovered either during or immediately after epileptic attacks. It is very difficult to imagine a bacterial cause for epilepsy, as the disease possesses few, if any characteristics in common with other diseases which have been proved to be bacterial in origin. It will be interesting to note the further development of this latest Parisian sensation.

Opening of a New Children's Ward.

THE Governors of Mercer's hospital opened a valuable addition to the Hospital, in the form of a children's ward, on January 11th. The opening was made the occasion of a large public function, at which many members of the medical profession and the public took part. Lord Justice Fitzgibbon, a prominent member of the Board of Governors, took the chair, and on Lady Arnott devolved the pleasant duty of declaring the new ward open. Several speeches followed from members of the medical and surgical staff and of the Board of Governors, and among others Mr. T. W. Russell, M.P., spoke. It is interesting to note that Mercer's Hospital is one of the oldest, if not the oldest, hospital in Dublin. It has been in the past associated with many remarkable men, not the least of whom was the celebrated Handel, and one of the first performances of his great oratorio—the "Messiah"—was performed for its benefit.

THE death is announced of Dr. Wordsworth-Poole, Physician to the British Legation at Peking, after a four weeks' illness from typhoid fever. The deceased gentleman was in Peking during the famous siege, and was warmly commended by Sir Claude MacDonald in his report on the siege of the Legations.

(a) *Semaine Médicale*, January 15th.

Small-pox in London.

LAST week's returns showed a marked fall in the number of cases of small-pox reported within the metropolitan area, although on Saturday, the 18th inst., the total number of cases under treatment at the Asylums Board's hospitals touched the highest point yet recorded—909 cases. Judging from former experiences, it would be premature to hope that the decrease represents anything but a temporary lull in the spread of the outbreak. The most likely course of the epidemic will register an upward curve until the summer months are reached, when a steady diminution may be expected. Several interesting facts have come to light within the past week. One of the crew of the 'Alpha,' the fire-ship engaged in extinguishing the recent fire on the Thames small-pox hospital ship, developed the disease. It has been announced officially that altogether no less than twenty-one persons engaged as public disinfectors and inspectors have been admitted to hospital suffering from small-pox, and that in every case the sufferers had not been properly vaccinated and re-vaccinated. Gross carelessness such as this on the part of the Borough Councils seems to emphasise the hopelessness of looking for a thorough administration of the Vaccination Acts by local sanitary authorities. One of the interesting lessons to be gathered from the history of the present invasion is the need of some plan for the systematic inspection of laundries. In several instances the disease has been contracted by the girl whose duty has been to sort out the linen of customers, and the patient has then become a centre of infection both to her fellow-workpeople and her friends at home. Fortunately the process of washing efficiently disinfects the linen, which is then safe unless it is redistributed by the originally infected sorter, or delivered by a carter who has contracted the disease. The greatest danger has hitherto lain in the confusion of small-pox with chicken-pox. There is a good deal to be said in favour of the sanitary authorities that have adopted the compulsory notification of chicken-pox as a temporary measure. Many of the general and special hospitals have closed their wards to visitors, except in cases of especial gravity. It is not a little remarkable that the Asylums Board not only do not forbid visitors to the small-pox ships, but do not even make recent vaccination or re-vaccination a compulsory condition of such a visit. Every week reports come of fresh outbreaks of the disease in towns at varying distances from the metropolis.

Needless Laparotomies.

In the dark days of gynaecology, authors devoted much space and attention to "phantom tumours," and students were sternly warned to beware of these Wills-o'-the-wisp. The routine resort to anaesthesia as a means of arriving at a diagnosis has to a great extent obviated this source of error, and nowadays we hear little of them. If they would be candid, however, operative gynaecologists might materially

aid in bringing our knowledge of this condition up to date. It is well known that in a certain number of exploratory laparotomies no obvious lesion is discoverable, and surgeons calmly accept this negative result on the ground that the opportunity which an exploratory operation affords of distinguishing between real and apparent tumours is the very *raison d'être* of the operation. Practitioners of the expectant class urge, on the other hand, that it is the duty of the operator to consider very carefully whether the risk of death from abdominal symptoms due to unknown causes, is, or is not, greater than the risk of operation; and they make this the basis of an argument in favour of postponing all operative interference until the physical signs permit of an approximately certain diagnosis. To make this our rule of conduct would but stay the hand of the surgeon in precisely the class of cases where operative treatment must be early to be successful, and the risk of occasionally cutting down on a phantom tumour is a bogey which will not deter the modern surgeon from taking the first opportunity of drawing the veil aside.

Arsenical Beer Poisoning at Halifax.

A CONSIDERABLE degree of excitement has been aroused in Halifax by the alleged recurrence of cases of arsenical beer poisoning in that town. The diagnosis has been made by the house surgeon at the Halifax Infirmary, Dr. J. F. Hodgson, who formerly had no less than sixty cases of a similar nature under his care at the Manchester Infirmary. He has thus had a considerable special experience in this form of symptomatic disease, and his opinion that four patients are undoubtedly suffering from arsenical beer poisoning must be accepted as more than probably correct. In two of the cases the men of their own accord left off drinking beer because they became sick whenever they drank a glass of that beverage. The question will, no doubt, speedily be settled one way or the other by chemical analysis, which under improved modern methods is capable of detecting the presence of minute quantities of arsenic in beer with absolute accuracy. It seems almost incredible that the brewery chemists, in view of their recent unhappy experiences, can have allowed arsenical beer to pass through their hands without detection. Possibly, should the present Halifax cases be traced to contaminated beer it may be found that some old stock has escaped notice. In any case there must be culpable negligence nowadays, on the part of some one concerned in the production or the distribution of beer that contains arsenic. It would be interesting to learn what steps have been taken by the medical officers of Manchester and other towns concerned in the late epidemic to prevent a recurrence of the disaster.

PERSONAL.

DR. C. I. PRITCHETT has been appointed Medical Officer to the St. William's Hospital at Chatham, at an approximate salary of £300 per annum.

DR. ARTHUR MOLYNEUX JACKSON has been appointed Medical Superintendent to the Notts County Asylum, vice Dr. Alfred Aplin, deceased.

MR. H. G. PLIMMER, Lecturer on Pathology and Bacteriology at St. Mary's Hospital, has been placed on the Cancer Investigation Committee recently appointed by the German Government.

MR. RUSHTON PARKER, F.R.C.S., Professor of Surgery in University College, Liverpool, Surgeon to the Royal Infirmary, has been elected President of the Liverpool Medical Institution.

At the moment of going to press we have received the welcome news from our correspondent that Professor Virchow is progressing slowly but surely towards convalescence after his recent serious accident.

COLONEL W. L. GUBBINS, Royal Army Medical Corps, formerly Assistant Director of the Army Medical Service, and lately serving in South Africa, has been appointed Principal Medical Officer of the Home District.

DR. J. HALLIDAY CROOM, Consulting Gynaecologist to the Edinburgh Royal Infirmary, Examiner in Midwifery, Royal College of Physicians, Edinburgh, and St. Andrew's University, has been elected President of the British Gynaecological Society.

SIR W. O. DAGLEISH has contributed the sum of £10,000, in response to the appeal of the authorities of St. Andrews for financial assistance. Half the sum is to be devoted to the erection of the new medical school and the remainder to the extinction of the debt.

MR. MYERS, of Birmingham, has founded and endowed a travelling studentship in the University of Birmingham in memory of his son, Dr. Walter Myers, who died of yellow fever when engaged on an investigation into that disease under the auspices of the Liverpool School of Tropical Medicine.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE CARNEGIE TRUST.

At a meeting of the Executive Committee of the Carnegie Trustees, under the chairmanship of Lord Elgin, the reports of the secretary and treasurer up to December 31st, 1901, were presented. The number of students who have availed themselves of the benefits of the Trust was 2,441, and the amount expended on fees was £22,941 16s. 6d., an average of close on £9 per student. If it be true that the fund has not been taken advantage of in this, its first year, to the full extent that is probable in the future, for the reason that many would-be applicants have been debarred from its benefits through not having passed the required preliminary examination, the fear may be expressed that the £25,000 allotted for the payment of fees will scarcely, under the present open-handed system, do more than meet the demand, if, indeed, it does not prove inadequate. The annual meeting of the trustees is to be held in London, and after it the annual report will probably be made public. It need not be said that its appearance is awaited with interest, since hitherto all the statements as to details of the working of the Trust have been more or less speculative, and the public are quite in the dark in so far as any definite knowledge on the subject is concerned.

CRUSADE AGAINST CONSUMPTION.

The treatment of consumption in special hospitals is

a necessary corollary of the disinclination now generally manifest to admit cases of phthisis to general medical wards. It is, therefore, most gratifying to learn that the subject is under the consideration of the directors of the Aberdeen Royal Infirmary, an institution which has recently been relieved of an annual burden of some £800 in the shape of interest by Lord Mount-Stephen's generous gift of £25,000 to free it from debt. Although no public pronouncement has been made, the suggestion is that a consumption hospital should be erected on the ground belonging to the convalescent Hospital at Pitfodels, which is regarded as in every way a desirable site. It is thought that the administrative part of the work might be carried on from the Convalescent Hospital at comparatively small expense.

DR. JAMES ERSKINE, one of the promoters of the Glasgow branch of the National Association for dealing with consumption, delivered a lecture on the subject on 8th January. It was pointed out that while 1,500 persons had died of pulmonary tuberculosis in Glasgow during the year 1901, yet that this was a death rate which had been greatly lowered by the general sanitary reforms of the last thirty years. The Corporation has already adopted some special means for obtaining information as to the prevalence of tuberculosis; circulars had been sent out to all public institutions requesting information of all cases of phthisis, and similar information was got by the bacteriological examination of sputa sent in for report by medical practitioners, as well as through the sanitary department, who were called to disinfect apartments occupied by consumptive patients. But information thus obtained was necessarily incomplete, and compulsory notification was strenuously advocated by the speaker. All cases discovered could then be kept under medical supervision, either by ordinary practitioners or parochial medical officers, &c. Secondly, accommodation for the consumptive poor was urgently required, and the City Parish Council was making provision for 100 such patients in their new hospital at Stobhill. Dr. Erskine also thought that the Corporation should make provision for the treatment of consumptives in an advanced stage of the disease, who were a source of danger, but who were not suitable cases for admission to the parish hospital.

GLASGOW PORT SANITARY AUTHORITY AND PLAGUE.

On account of the recent outbreaks of plague and small-pox in Glasgow, which many consider were imported by seamen, the Corporation of Glasgow has applied to the Local Government Board to be constituted the Port Sanitary Authority for the Customs Port of Glasgow, with a boarding station at Greenock.

BEQUESTS TO EDINBURGH MEDICAL CHARITIES.

By his will the late Mr. J. J. Ford, of Grosvenor Crescent, London, makes the following large bequests:—To the Edinburgh Royal Infirmary, £4,000; the Leith Hospital, £4,000; the Royal Hospital for Sick Children, £1,000; and the Queen Victoria Jubilee Institute for Nurses (Scottish Branch), £1,000.

A Medico-Legal Case.

THE TAXATION OF MEDICAL FEES IN LEGAL CASES.

LAST week, in the Court of Appeal, before Lord Justice Fitzgibbon, Lord Justice Walker, and Lord Justice Holmes, the appeal in the case of *Nolan v. Great Northern Railway Company* came on for hearing. The plaintiff sought damages for personal injuries sustained by the plaintiff by reason of the negligence of the defendants' servants at one of their stations. The case was tried before the Lord Chief Justice and a special jury in January last year, when the plaintiff was awarded £450. Subsequently the costs were taxed, and the railway company objected to certain allowances made by the Taxing Master, in respect of the attendance of medical witnesses, as already reported in these columns. In the King's Bench counsel for the railway company contended that Dr. Morrison, Dundalk, who attended the plaintiff after the injuries

until he was removed to a Dublin hospital, should not be allowed for three separate attendances at Dublin before the trial in order that he might be present at the examination of the plaintiff by the doctors for the railway company. For each of these visits he claimed five guineas. The railway company contended that these charges were unreasonable as the visits were altogether unnecessary, the plaintiff being at the time in the hands of skilled doctors in Dublin who were called, and who gave evidence on behalf of the plaintiff. Surgeon Myles and Dr. O'Carroll had also been called as witnesses for the plaintiff, and the Taxing Master had allowed these gentlemen five guineas a day for their attendance in Court during the trial. The railway company objected to these charges, and relied upon the schedule of costs by which, they submitted, the Master was bound. That schedule provided that for professional witnesses residing within five miles of Dublin only one guinea a day should be allowed for attendance in Court, unless, in the opinion of the Taxing Master, the case was an exceptional one. The company submitted that in the present case there were no special or exceptional circumstances to justify any increase on the scale allowance. In giving the judgment of the King's Bench, Mr. Justice Kenny was of opinion the Court was bound by the schedule and the decision of the Master of the Rolls in *Maconchy v. the Bank of New Zealand*. He was of opinion Dr. Morrison's three attendances in Dublin were unreasonable, and that only one should be allowed. They were unable to see any exceptional circumstances in the case that would justify the Taxing Master in allowing more than one guinea a day to the Dublin doctors. The Taxing Master was bound by the schedule, even in the case of doctors of exceptional eminence, and, Mr. Justice Barton and Mr. Justice Wright concurring, the fees were reduced to the schedule allowance. From this decision the plaintiff appealed.

When the appeal was heard last week, evidence was adduced proving that the award of fees to the medical witnesses by the Taxing Master was reasonable considering the amount of time and the eminence of some of the surgeons, and that they were entitled to the increased allowance which was under dispute.

Lord Justice Fitzgibbon, in delivering his judgment, considered whether this was an exceptional case, and what were the special grounds. He was of opinion that the questions put to the Taxing Master and the answers given did not in any way justify them in making this an exceptional case so as to increase the allowance under the scale. This was an allowance "per day" for attendance at the trial. It was almost impossible to lay down a hard and fast rule as to what was an exceptional case, but he was clearly of opinion that there were no exceptional circumstances in this case, and that the Taxing Master should not have exceeded the scale in his allowances.

Lord Justice Walker and Lord Justice Holmes concurred, and the appeal was accordingly dismissed.

Obituary.

DR. R. L. M'INTIRE, OF KILLINEY.

We regret to have to record the death of Richard Litton M'Intire, M.D., who has in his later years lived in retirement in Killiney, and who had reached the advanced age of eighty-six. He graduated in Arts in Dublin University in 1836, having obtained honours in his undergraduate course, and in Medicine in 1843. He was one of the oldest of the existing Fellows of the Royal College of Surgeons of Ireland, having obtained his Fellowship in 1845. Five names only had remained on the roll before his in seniority at the date of his death. He was educated at the Richmond and Whitworth Hospitals at a time when they had reached a commanding position under the professional guidance of Doctor (afterwards Sir Dominic) Corrigan, Richard Carmichael, Edward Hutton, Robert Adams, J. M'Donald, and Samuel Litton. Among his student colleagues and intimate friends were Benjamin E. MacDowel, Samuel Gordon, Frederick Kirkpatrick,

William A. Elliott, and Humphrey Minchin, names still familiar as men who attained a front rank in the practice of their profession. Dr. M'Intire settled in Coleraine, where he practised until the year 1891, when he retired, having gained a large practice and high provincial fame, and where his name is still remembered with feelings of warm regard.

ROBERT CROMIE, C.M., J.P., CLOUGH.

It is with sincere regret we notice the death of Dr. Robert Cromie, of Clough. He was one of the oldest members of the medical profession in Ireland. Three score years and seven have passed since he took his C.M. in Glasgow, and soon afterwards settled in Clough, a quiet little village near Downpatrick, in the midst of a prosperous settlement of Presbyterian farmers.

His sound knowledge of his profession, his conscientious fulfilment of its duties, and his trustworthy nature, endeared him to the undemonstrative northerners to whom in his district he became not alone their physician, but their friend, and three generations looked to him as adviser and sought his sympathy in all their trials.

Like Balsac's "Village Doctor," his ambition was the welfare of his people and the faithful discharge of the high and holy duties of his profession. He had become to them as a guide and trusted counsellor in all the affairs of life. He was one of them; his loves and likes and hates were theirs, and now he sleeps with the grand-sires of his patients, those who had known him when he returned in 1834 just qualified from Scotland. From our first number to the present, he subscribed to *THE MEDICAL PRESS AND CIRCULAR*, and found in the fearless advocacy of medical rights by Dr. Arthur Jacob and his no less gifted son, Dr. A. H. Jacob, a pleasing evidence that a father and son were found who could and did pursue truth for its own sake, regardless of all else.

When the Lord Chancellor conferred a J.P. on Dr. Cromie, his loyal clients looked on the honour as a natural recognition of his worth, and on his acceptance of it as the civility of a loyal subject conforming to the Royal pleasure.

His death is mourned from Belfast to Kerry, and from Downpatrick to the sea on both sides of Strandforalough, and with the biblical phraseology which is so familiar in the north, the mourning thousands in Clough summed up his righteous, active life in the words, "He rests from his labours, and his works do follow him."

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

DIPHTHERIA.

To the Editor of *THE MEDICAL PRESS AND CIRCULAR*.

SIR,—The interesting and informing communication of Dr. Frederick Palmer in your last week's issue calls for one or two remarks. He quotes the opinion, from a work on "Diseases of the Nose and Throat," the first edition of which was published in 1894, that "extension of the exudation to the soft palate and uvula is pathognomonic of diphtheria as contrasted with follicular (lacunar) tonsillitis." The point is rightly made one of considerable significance, and on reference to the second edition of my systematic work, published seven years previously, will be found the following words:—"In many of these cases use of the rhinal mirror will reveal patches on the posterior surface of the soft palate and uvula. The fact of an exudation on the uvula, and especially on its posterior surface, is regarded by me as a point of almost pathognomonic importance." (a)

I am not aware, although I am open to correction, that this point had been noted by previous writers on the subject. It is not mentioned in Morell Mackenzie's classical essay, but it is elaborated in my own monograph (b) wherein there are given four examples, each

(a) "The Throat and its Diseases," 2nd edition, 1897, p. 329.

(b) "Diphtheria and its Associates," 1st edition, 1895, p. 67

of which is illustrated by a coloured drawing of the faucial appearances.

With regard to nasal diphtheria it is true that many cases of fibrinous rhinitis which used not to be considered diphtherial have been found to be so on bacteriological examination, and also that the majority of cases in which membrane is confined to the nares run a benign course, and with but few evidences of systemic infection. This, I suggest, is due to the bactericidal properties of the nasal secretions.

But statistics do not justify the assertion that nasal diphtheria only "sometimes, though not often, presents malignant characteristics." An analysis (a) of a thousand consecutive cases showing the relative frequency of sites attacked, which occurred at the North-Western Fever Hospital, proved that while the nostrils alone were attacked but in two cases, diphtheria was manifested in the nostrils associated with either fauces or fauces and larynx in 211; and that as to mortality, one of the two cases in the first class was fatal and 157 of the second. In fact, that the mortality is highest where the nares are involved in association with either fauces or larynx, or with both.

May I plead once more for the use of the adjective "diphtherial" instead of "diphtheritic," the latter being, to say the least, redundant, since Bretonneau and Trousseau changed the word of the disease from *diphtheritis* to *diphthérie*—otherwise *diphtheritis* to *diphtheria*—on the ground that the *itis* was not justified by the moderate amount of pyrexia which characterises the disease?

I am, Sir, yours truly,

LENNOX BROWNE.

Manafield Street, London, W.

Jan. 20th.

SUPERFETATION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the last issue of your journal you publish a most interesting communication by Dr. Charles O'Gorman on "Some Abnormalities in a Midwifery Practice." His reminiscences are all personal, and are well worthy of attention. It is a pity, however, that he has not treated some of his cases with more detail, and especially that case which is so briefly referred to in his concluding paragraph, and of which he says, "This case proves that it is possible for superfetation to occur at (sic) a far advanced existing pregnancy." Now, Sir, this is a remarkable statement, and one to the elucidation of which Dr. O'Gorman might well have devoted more space—perhaps, indeed, more space than even your hospitable columns could afford him. I think that I am correct in stating that with one accord such works on midwifery as allude to the condition of superfetation say that its occurrence is impossible. In this connection it must be borne in mind that there are two somewhat similar-sounding but widely different terms. The term superfecundation is used to imply the fertilisation of two ova, which have been set free at the same ovulation, by different but closely following sexual acts. The term superfetation, on the other hand, implies the impregnation of two ova which have been set free at different ovulations, and which therefore can only be fertilised by widely separated sexual acts. One condition is a possibility, and has been proved by such occurrences as the delivery at one birth by a negress of a black and a white infant of the same age. The other condition is an impossibility, inasmuch as ovulate the ovum never so much, there is no *modus eundi*—if I may use the term—between the ovum and the spermatozoon. Would it not be more legitimate to suppose that in Dr. O'Gorman's undoubtedly curious case the condition of the female triplet was due to the unfair alliance which existed between the two male infants, who had a common placenta—that it was, in fact, a case of the weaker having gone to the wall, or, as some of our friends would put it, that it was another injustice to woman? In the hope that Dr. O'Gorman will amplify his account,

I am, Sir, yours truly,

X.

(a) *Op. cit.*, p. 146.

DOUBTFUL CASES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I feel very grateful to the Statistical Committee of the Metropolitan Asylums Board for having placed us in possession of the returns available to date of the present epidemic of small-pox in the Metropolis. There is one feature in their report, however, which leaves me perplexed, viz., the extraordinarily heavy mortality among the so-called "doubtful" cases. Candidly, I view these doubtful cases with suspicion and my object in writing, is to beseech the Board to take an early opportunity of reassuring us in reference thereto. Would it not be possible to ascertain in many of these doubtful cases what ground there was for the patients' statement that they had been vaccinated. Would it not be well also to state whether the non-discovery of vaccination marks was due to the presence of the rash on the usual site of the scars? Lastly, one would like some explanation of the anomalous and, to me, inexplicable circumstance, that the mortality in doubtful cases is so much higher than in persons admitted non-vaccinated.

The proportion of doubtful cases is so large as to vitiate any conclusions based on the separation of the patients into vaccinated and non-vaccinated, and the moral effect of the recently published statistics is thereby greatly impaired.

Practitioners must be prepared to face these difficulties if they are to command the confidence of their section of the public, and we look to the medical officers of the Metropolitan Asylums Board, or failing them, of the medical experts attached to the Local Government Board, to assist us at this juncture.

I am, Sir, yours truly,

PRACTITIONER.

Liverpool Medical Institution.

At the annual meeting of this institution, held on January 9th, the following office-bearers, members of Council, and committees were elected:—President, Mr. Rushton Parker. Vice-Presidents, Dr. Edward Adam, Dr. J. M. Hunt, Dr. John E. Gemmell, and Dr. Permewan. Honorary Treasurer, Dr. Briggs. Hon. General Secretary, Dr. J. R. Logan. Hon. Secretary to Ordinary Meetings, Dr. J. Hill Abram. Hon. Librarian, Dr. Leslie Roberts. Council: Dr. James Barr, Dr. R. J. M. Buchanan, Mr. G. A. Hawkins-Ambler, Dr. W. Macvie, Dr. E. Nicholson, Dr. J. Lloyd Roberts, Mr. Edgar Browne, Dr. W. M. Cairns, Mr. D. Douglas-Crawford, Dr. Ernest Nevins, Prof. Sherrington, and Dr. Warrington. Pathological and Microscopical Committee: Prof. Boyce, Mr. R. A. Bickersteth, Dr. R. J. M. Buchanan, Mr. D. Douglas-Crawford, Dr. John Hay, Dr. Macalister, Mr. Monsarrat, Mr. Newbolt, Prof. Sherrington, and Dr. Warrington. Journal Committee: The Hon. Sec. to Ordinary Meetings, the Hon. Sec. Pathological Section, Dr. Barendt, Mr. F. C. Larkin, Mr. Newbolt, Prof. Paterson, Mr. W. Thelwall Thomas, Dr. Arthur J. Wallace, Dr. Permewan. Auditors: Dr. J. Lloyd Roberts and Dr. Dawson.

A Neurasthenic Bankruptcy.

In the examination of a bankrupt at Oldham, a few days since, attention was called to the fact that there were no less than eight doctors among the claimants. The debtor explained this plethora of medical claims on the ground that no treatment had been successful. As the assets only amounted to some £10, the dividend is likely to be small. Moral, do not give credit to neurasthenic patients.

The Skull of Sir Thomas Browne.

DR. OSLEE, the well-known Professor of Medicine at the Johns Hopkins University, Baltimore, has presented a casket to the Norfolk and Norwich Hospital to form a receptacle for the skull of Sir Thomas Browne, the author of "Religio Medici." The headless body of the famous Norwich physician lies in the church of St. Peter Mancroft, the authorities of which have frequently endeavoured to get back the skull from the hospital. The casket is of crystal glass with silver-gilt mountings, and is set on a stand of ebony. Quotations from the "Religio Medici" are displayed on gilt plates.

There is something of irony in the quotation: "I believe that our estranged and divided ashes shall unite again; that our separated dust after so many pilgrimages . . . shall . . . again . . . make up their primary and predestinate forms." Certain antiquaries are unkind enough to express doubts whether the skull in question is really that of Sir Thomas Browne.

West London Medico-Chirurgical Society.

THERE will be a "Discussion on the Treatment of Inoperable Cancer" at the next meeting of above society on February 9th, 8.30 p.m., at the West London Hospital. Mr. Alfred Cooper, Mr. Stanley Boyd, Mr. Butlin, and Mr. Henry Morris will speak. The annual dinner is on Wednesday, February 19th, 7.30 p.m., at Frascati's Restaurant.

A Victim to Duty.

AN inquest was held last week on the body of Dr David Ramsay, of Raunds, Northampton, who died of blood-poisoning due to accidental inoculation during an operation. It appears that while opening an abscess of the foot the knife slipped, and the point entered deeply into the middle joint of the left index finger. The external wound was trivial, but suppuration set in on the following day, and he ultimately succumbed to exhaustion.

The Sanitary Institute.

WE are asked to announce that a Congress of the Sanitary Institute will be held at Manchester on September 9th-13th. Section I.—Sanitary Science and Preventive Medicine—will be presided over by Sir J. Crichton Browne, M.D., LL.D., F.R.S., F.R.S.E. Section II.—Engineering and Architecture—will be presided over by Sir Alexander Binnie, M.Inst.C.E. Section III.—Physics, Chemistry, and Biology—will be presided over by Professor A. Sheridan Delépine, M.B., C.M., B.Sc. Eight technical conferences will also be held in connection with the Congress. The Institute announces that a donation of one hundred guineas has been made by the Vinolia Company to the fund for the new building and endowment of the Parkes Museum.

Nursing of the Sick Poor in Workhouses.

THE President of the Local Government Board has appointed from among the officers of the Department a Committee on this subject, consisting of Mr. Grant Lawson, M.P., Parliamentary Secretary; Mr. W. E. Knollys, C.B., Chief General Inspector and one of the Assistant Secretaries; and Dr. A. H. Downes and Dr. A. Fuller, Poor-law Medical Inspectors, with Mr. R. H. A. G. Duff as Secretary. The Committee will inquire and report as to the qualification of nurses and probationers, the difficulties in obtaining an adequate supply of these officers, and the regulations necessary to define the respective duties of the master or matron and of the superintendent nurse.

Royal College of Surgeons of England.

THE following are the lecture arrangements at the College for February and March. Each lecture will be delivered at 5 o'clock p.m. precisely:—Mr. Charles Powell White, F.R.C.S. (Erasmus Wilson Lecturer), will lecture on "The General Pathology of Tumours," on Monday, February 10th, Wednesday 12th, and Friday 14th. Dr. T. G. Brodie (Arris and Gale Lecturer), on "The Pulmonary Circulation, more particularly in relationship to variations in Cardiac Activity," on Monday, February 17th, Wednesday 19th, and Friday 21st. Prof. W. McAdam Eccles, on "The Imperfectly Descended Testis: its Anatomy, Physiology, and Pathology," on Monday, February 24th, Wednesday 26th, and Friday 28th. Prof. F. G. Parsons will lecture on "The Blood-Vessels of Mammals in relation to those of Man," on Monday, March 3rd, Wednesday 5th, and Friday 7th; and on Monday 10th Prof. C. Stewart, LL.D., F.R.S., will commence a course of six lectures on "The Organs of Respiration," these latter being continued on each succeeding Wednesday, Friday, and Monday until March 21st.

Notification.

DR. JOHN DUNNE, of Southampton Street, Camberwell, was summoned last week for neglecting to notify a case of diphtheria. It was stated in evidence that the certificate had been duly made out and posted, and

the magistrate dismissed the summons, with two guineas costs against the Camberwell Borough Council.

Compulsory Vaccination in America.

THE law has a strong arm in the United States. It is reported that a mild sort of riot was caused in Minneapolis on Saturday by the forcible vaccination of three hundred persons. The city has an ordinance making it illegal for anybody to be unvaccinated, and on Saturday advantage was taken of the presence in the Chamber of Commerce building of a number of persons who were conscientious objectors, and who had defied the law, to vaccinate them by force. A corps of physicians was sent for, and with the assistance of a strong force of police the work of vaccination was begun. The friends of those who were inside the building heard of what was going on, and tried to storm the structure to effect their release. The police reserves had to be called out, and a cordon was formed round the Chamber of Commerce, after which the doctors continued their work uninterrupted. Among the persons thus forcibly vaccinated were a number of wealthy residents, and at least two persons who are millionaires.

The Lady Doctor Difficulty.

FIVE of the governors of the Maccolesfield Infirmary have given notice of their intention to retire in consequence of the action taken by the majority in the dismissal of Miss Murdoch Clark in deference to the protest of the honorary male medical staff against her appointment as lady doctor to the infirmary.

Government Vaccine Lymph.

NOTICE is given by the Local Government Board that the supply of glycerinated lymph is limited, and will in future be supplied in preference to public vaccinators in districts where small-pox prevails. It is pointed out that this lymph is intended more particularly to be used for primary vaccinations, and it is added that the Board is prepared to sanction expenditure by Boards of Guardians on lymph from other than Government sources. In a notice to the public the Board advise that medical advice should be promptly obtained in all cases of supposed chicken-pox, and that persons who come into contact with such cases should take the precaution of being vaccinated. It is also advised that unvaccinated persons should subject themselves to inspection within a few days of the operation in order to establish its success or otherwise.

Re-vaccination at Windsor.

SPECIAL precautions are being taken at Windsor Castle against small-pox. All the Royal servants, police, and employees at the Castle and on the Royal demesne have been vaccinated, and now an order has been issued for all tradesmen and their assistants serving the Castle to undergo the operation.

Pharmaceutical Society of London.

THE following have passed Preliminary Examination:—R. H. Orr, R. E. Campbell, J. Marron, T. H. H. Bennett, C. Carmichael, W. E. W. Harpur, A. McCombe, R. Courtney, W. P. Doohan, T. H. Brabazon, A. M. Gamble. Ten candidates were rejected.

The following passed Pharmaceutical License Examination:—F. C. Large, W. F. Cuttifford, F. B. Anglely, W. M. Kennedy, G. G. Wilkinson. Twelve candidates were rejected.

Society of Apothecaries of London.

THE following passed the January examinations:—Surgery.—J. W. W. Adamson (Section II.), A. G. H. Anthonisz (Section II.), A. H. Bell, H. E. Darlington, A. Dewar, F. M. Payne (Section II.).

Medicine.—J. W. W. Adamson (Section II.), A. A. E. Baptist, F. G. Bennett (Section I.), E. C. Curtis, C. J. Francis, J. Hunter (Sections I and II.), W. Miles, R. Rees (Sections I and II.), H. Salomon.

Forensic Medicine.—J. Hunter, T. G. Miles, R. Rees, G. Roper, H. Salomon.

Midwifery.—J. J. Anning, F. G. H. Cooke, F. I. M. Jupe, F. H. Maberly, E. J. Miller.

The qualifying diploma of L.S.A. in medicine, surgery and midwifery was granted to the following candidates: J. W. W. Adamson, A. G. H. Anthonisz, A. A. E. Baptist, A. Dewar, C. J. Francis, F. M. Payne, and R. Rees.

Notices to Correspondents, Short Letters, &c.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

DR. ADAMS.—Our correspondent is to be commended for the wisdom of his decision. Probably nothing more will be heard of the matter. Should, however, unhappily, any further steps be taken, it would be expedient to consult the Medical Defence Union.

HOT-WATER BOTTLE SUBSTITUTE.

A SIMPLE plan suggested by a writer in the *Philadelphia Medical Journal* is to wrap an ordinary electric light bulb in flannel and apply to the part. The lamp is attached to an ordinary flexible connection, and when the current is turned on it gives off a steady heat very comforting in painful affections of the chest abdomen, &c. As long as the lamp is alight the heat is maintained, and does not decrease, as with a hot-water bottle.

QUERRENS (Bolton).—The symptoms you describe are suggestive of gall-stone. The jaundice may be so slight and fleeting as to escape the attention both of patient and of medical attendant. It is perfectly true that in some cases nature effects a cure by establishing external or internal biliary fistulae. At the same time, the risks of peritonitis and other grave complications are so great that in well marked cases delay is unjustifiable. In these days of advanced abdominal surgery we would advise immediate operation in your patient's case—"the sooner the better." Olive oil is probably the best alternative treatment; both salicylate of soda and turpentine have proved useless.

"CONGENITAL DISPLACEMENT OF HIPS."

IN our issue for Jan. 15th we published a paper by Mr. E. Noble-Smith. It should have been stated that the paper, as printed, was an abstract of one read before a meeting of the British Orthopaedic Society, held at the National Orthopaedic Hospital, on Saturday, Dec. 14th.

DR. H. D. POPE.—Your letter is unfortunately crowded out at press. We hope to have space for it in our next.

Meetings of the Societies, College Lectures, &c.

LONDON.

WEDNESDAY, JAN. 22nd.

HUNTERIAN SOCIETY (London Institution, Finsbury Circus, E.C.).—8.30 p.m. Dr. Arnold Chaplin: The Treatment of Pleuritic Effusion.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND (20, Hanover Square, W.).—5 p.m.

FRIDAY, JAN. 24th.

EPIDEMIOLOGICAL SOCIETY (11, Chandos Street, Cavendish Square, W.).—8.30 p.m. Discussion on Dysentery in Asylums, to be opened by Dr. W. F. Mott. Discussion on the Relation of the Dysentery of Asylums to that of South Africa, to be opened by Dr. J. W. Washbourn.

CLINICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8 p.m. Exhibition of Clinical Cases, followed by discussion. Patients will be in attendance from 8 p.m. to 9 p.m.

MONDAY, JAN. 27th.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN (20, Hanover Square, W.).—8 p.m. Communications by—Mr. Ernest B. Dowsett: Sections of a Human Tooth, showing Plicid-Dentine (?); Mr. C. W. Glasgerton: A Composite Odontome; Mr. F. W. Collingwood: A Slight Modification of Patterson's Prolongation Apparatus; Mr. E. Lloyd-Williams: A Fatal Case of Alveolar Abscess; Dr. E. A. Peters: Suprarenal Extract in Dental Surgery.

DUBLIN.

THURSDAY, JAN. 23rd.

DUBLIN UNIVERSITY BIOLOGICAL ASSOCIATION (Trinity College).—8.15 pm.

FRIDAY, JAN. 24th.

ROYAL ACADEMY OF MEDICINE IN IRELAND.—Section of Medicine, College of Physicians, 8.30 p.m.

MONDAY, JAN. 27th.

DUBLIN UNIVERSITY.—Final Medical Examinations. Sections B and Medicine. M.B. Degree.

Appointments.

BREDDARD, A. P., M.D., M.B.C.P., Physician to the West London Hospital.
BROWNLOW, HARRY LUGAN, F.R.C.S. Eng., L.R.C.P. Lond., Honorary Assistant Surgeon to the Royal United Hospital, Bath.
BRYAN, H. J., M.B.C.S., L.R.C.P. Lond., District Poor-law Medical Officer for Chatham.
CANT, A., M.B., B.Ch. Birm., M.B.C.S., L.R.C.P. Lond., Certifying Surgeon under the Factory Acts for the Colleshill District of the County of Warwick.
COOKE, WILLIAM H., F.R.C.S. E., L.R.C.P., Assistant Surgeon to the Royal United Hospital, Bath.
FLINT, T. B., M.B.C.S. Eng., L.R.C.P. Lond., Honorary Medical Officer to the Devonshire Hospital, Buxton.
HEWER, OSCAR M., F.R.C.S. Eng., Certifying Surgeon under the Factory Acts for the Thorpeley Urban District of Cheshire.
LACE, FREDERICK, F.R.C.S., Surgeon to the Royal United Hospital, Bath.

PERRY, S. H., M.B.C.S., L.R.C.P., Medical Officer of Health under the Rural District Council of Spalding.
PETTYBRIDGE, W. L., M.D., B.Sc. Lond., M.B.C.S., L.R.C.P., Honorary Anaesthetist to the Royal Eye Infirmary, Plymouth.
RAY, JOHN HOWSON, Ch. M. Vict., F.R.C.S., Surgeon to the Manchester Children's Hospital, vice Mr. G. A. Wright, F.R.C.S.
REYNOLDS, F. E., M.B.C.S., Temporary Medical Officer for the Stoke Gabriel District by the Totnes Board of Guardians.
TERRY, GEORGE HENRY, F.R.C.S. Edin., M.B.C.S., L.S.A., Honorary Surgeon to the Royal United Hospital, Bath.
THOMPSON, W. H., M.D. E.U.I., King's Professor of the Institute of Medicine in the School of Physic, Trinity College, Dublin.
TWORT, F. W., M.B.C.S., L.R.C.P. Lond., Assistant Bacteriologist to the London Hospital and Medical College.

Vacancies.

Brecon Infirmary.—Resident House Surgeon. Salary £100 per annum, with furnished apartments, board, attendance fire, and gas. Applications to W. Powell Price, Secretary, 6, Bulwark, Brecon, South Wales.
City (Fever) Hospital, Aberdeen.—Resident Physician. Salary £100, with board and rooms. Apply before Jan. 22nd, stating age and qualifications, to Medical Officer of Health, City Buildings, Aberdeen, from whom information as to duties can be obtained.
County Asylum, Rainhill, near Liverpool.—Assistant Medical Officer. Salary commences at £150 per annum, with furnished apartments, board, attendance, and washing. Applications to the Medical Superintendent as soon as possible.
Hospital Vessel stationed with North Sea Fishing Fleets.—Young Medical Man wanted at once as Surgeon and assist in religious work. Salary £3 3s. all found. Apply, Royal National Mission to Deep Sea Fishermen, 181, Queen Victoria Street, E.C.
London Hospital, Whitechapel, E.—Assistant Director of the Pathological Institute at this Hospital. Salary £200 per annum. Applications to G. Q. Roberts, House Governor.
Metropolitan Asylums Board.—Assistant Medical Officer to the Fever and Small-pox Hospitals. Salary commencing at £100, with board, lodging, attendance, and washing. Immediate applications. (See advt.)
New Zealand Government, Thermal Springs.—Bacteriologist required. Apply to the Agent-General for New Zealand, 13, Victoria Street, London, S.W.
Salford Union.—Assistant Resident Medical Officer. Salary £150, per annum, with furnished apartments and attendance (but not rations) in the Infirmary. Applications immediately to F. Townson, Clerk to the Guardians, Union Offices, Eccles New Road, Salford.
Scalebar Park, Burley-in-Wharfedale.—Medical Superintendent. Salary £500 per year, with furnished house, board and attendance. Applications to Messrs. Dixon and Morne, Asylums Department, County Hall, Wakefield.
The Royal Infirmary of Edinburgh.—Pathologist. Salary £400 per annum. Applications immediately to William S. Caw, Treasurer and Clerk.
West Herts Infirmary, Hemel Hempstead.—House Surgeon. Salary £100 per annum, with furnished rooms, board, fire, light, washing, and attendance. Applications immediately to the Hon. Secretary at the Infirmary.
Whitechapel.—Eastern Dispensary, Leman Street.—Resident Medical Officer. Salary £140 per annum, with furnished residence, coals, and attendance. Applications immediately to George W. Hiley, 60, Great Prescott Street E. (See advt.)
Wrexham Infirmary.—House Surgeon. Salary £100 per annum, with board, washing, &c. Applications to S. D. Edisbury, Secretary.

Births.

GOURLAY.—On Jan. 17th, at Lidlall House, Shifnal, Salop, the wife of F. Thornbrough Gourlay, M.B., of a daughter.

Marriages.

KING-COOKE.—On Jan. 15th, at St. Mary's Church, Par, Cornwall, Charles Kirwan King, M.A., Exeter Coll., Oxford, only son of Dr. T. W. King, of Dorking, Surrey, to C. Louise, youngest daughter of the late Rev. G. Cooke and Mrs. Cooke, St. Mary's, Par.
MACPHERSON-BENT.—On Jan. 16th, at St. Mary's Church, Balham, Captain John Duncan Graham Macpherson, B.A.M.C., eldest son of Lieut.-Colonel Macpherson, Southsea, to Hilda Frances Estelle, younger daughter of the late Dr. Bent and Mrs. Bent, Balham.
STOTT-JACKSON.—On Jan. 14th, at All Saints' Church, Hollingbourne, William Gordon Stott, Staff Surgeon R.N., to Clarissa Jackson, Hollingbourne, Kent, widow of the late Henry S. Jackson, Staff Surgeon R.N., eldest daughter of George Murray, Esq., Montreal.

Deaths.

FORSAITH.—On Jan. 18th, at Shandon, New Eltham, Kent, Elizabeth, widow of the late Henry Spencer Forsyth, of The Vale, Ramsgate, and elder daughter of the late Robert Rowley, M.D., of Regent's Park, London.
HILLS.—On Jan. 18th, at The Chantry, Norwich, suddenly, of heart failure, William Charles Hills, M.D., aged 73.
JEFFCOAT.—On Dec. 20th, 1901, at Telskop, O.R.C. (killed in action), Captain H. J. P. Jeffcoat, Royal Artillery, D.S.O., third son of Dep.-Sur.-Gen. J. H. Jeffcoat, of 12, Avenue Elmers, Surbiton, in his 30th year.
MACRAY.—On Jan. 14th, at Huelva, Spain, Mary Bannerman (Molly), daughter of William Alexander Macray, M.D., aged 13 years.
NADE.—On Jan. 19th, at the residence of Surg.-General Meane, 98, Ebury Street, S.W., Surg.-General W. Nash, B.A.M.C., of pneumonia, aged 62 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXIV.

WEDNESDAY, JANUARY 29, 1902.

No. 5.

Vienna Clinical Lectures.

MYIASIS INTESTINALIS.

By PROF. SCHLESINGER, M.D.,
Of Vienna.

[FROM OUR VIENNA CORRESPONDENT.]

I AM enabled to show a specimen of a case of myiasis in an engineer, æt. 23, who had suffered for a year and a half with indefinite pain in the bowels, dysentery, fever, emaciation, and death. The early history was more like chronic disturbance of the bowel, but six months after the onset he presented persistent dysentery with a very offensive smell, but no fever or tenesmus at this time. This lasted about six weeks; then came a three months' pause. The stools during this interval contained blood, pus and mucus. About the end of May, 1901, large quantities of insects like maggots came away from the bowel at three different times. Again the stools became normal. In June diarrhoea recommenced, but from what cause it is difficult to say.

About the end of that month fever, emaciation set in with a repetition in the stools of blood and matter closely followed by large quantities of insects and ova.

At this period a new phase commenced, marked by symptoms of obstruction, which became very prominent, but no insects were observed. Constant anorexia, frequent pulse, without any actual vomiting, were the principal symptoms later on suggesting multiple lesions in the bowel. No albumin was found in the urine, although casts were present for four weeks.

No amœba, entozoon, or tuberculous bacilli were to be found in the stools.

It may be noted here that a tumour in the sigmoid flexure was observed as early as 1900. In May, 1901, it was again observed with a soft boggy swelling in the right ileo-sacral fossa. The patient retained consciousness throughout till he died in October from inanition.

The diagnosis of myiasis gastro-intestinalis is not easy to determine, as the larvæ may settle anywhere in the alimentary tract giving rise to indefinite symptoms in the stomach and intestine. The presence of other parasites such as *ankylostomum* *ascarides* may be difficult to distinguish, and the same remark applies to other morbid changes in the canal, such as enteritis pseudomembranæ, enteritis follicularis, and other dysenteric conditions. I think that all dysenteric conditions having no clear cause of origin should be closely examined for myiasis. The absence of any larvæ in the stools is no proof of their absence, because weeks or months often pass before anything of this nature can be detected, and the symptoms may remit for long periods; this should be noted as a conclusive symptom of myiasis. The dipteroid larvæ are usually thrown off at an early stage, while

the pupæ are very rarely so. The diptera of the insects is the only suitable species for producing myiasis, as the larvæ are contained within the abdomen, although it is not unreasonable to suppose that multiplication goes on within the human canal. There is one noteworthy fact that pedogenesis goes on rapidly, which is probably due to the altered habitat of the larvæ.

In the prophylaxis of these cases raw flesh should be carefully avoided, being one of the principal aliments of these parasites. The therapeutic treatment is much the same as for other local parasites in the bowel, and has to be repeated frequently before the parasite is dislodged.

Following on the above, Weichselbaum showed a preparation of the morbid conditions present in this case. He reported that the whole body was emaciated except the kidneys, which had undergone fatty degeneration; the large intestine showed no signs of change. Both sides of the colon contained fæces; no tubercle and no peritonitis was present. The bowel was distended above the cæcal valve, while in the transverse and descending colon a firm resisting tumour was present. After removing the fæces a hundred small ulcers were found along the surface of the mucous membrane of the bowel, particularly in the region of the ileo-cæcal valve, flexura hepatica, and colon descendens. The margins of the ulcers were undermined, and the submucous tissue was raised about five millimetres. The ulcers were ten to fifteen centimetres in diameter, and extended round the whole circumference of the bowel. In the cavity of the ulcer a trabeculæ of muscular fibre and submucosa was usually present. The microscope showed that the muscular tissue was deeply involved, while the subserous membrane was greatly thickened. The surface of the ulcer had a necrotic sheath of small infiltration cells, but no larvæ of insects could be discovered. The immediate cause of death was inanition and obstruction of the bowel.

The character of the ulcer and the duration of the disease excluded dysentery, tubercle, and syphilis. The smallness of the ulcers in the bowel tended to point to some irritating agent in the canal.

From the clinical history we must assume that the patient at some anterior date swallowed a fly, larva, or ova of some insect whose germination would be suitably propagated in the human intestinal canal. If we assume a fly, the diptera is the only probable one suited for this sort of genesis, as the ova are usually emitted from the body in a larval state ready to subsist in the alimentary canal, as it can easily at this stage penetrate the submucous membrane and protect itself behind the mucus. This accounts for the hæmorrhagic stools, bacteria, and necrotic *débris*. The growth of the ulcer may be accounted for by the prolonged sojourn of the larvæ at these points. It becomes a more difficult matter to explain how large quantities of larvæ would come away with one or two stools, after which none would

be seen for a long time, even for weeks. It is just possible that idiosyncrasy has much to do with this, that it was a fresh attack, or maybe, a new brood was about to be formed, and the old having matured commenced its migration to give place to a new generation. This theory seems the most logical when we consider that each grub would occupy one to two millimetres, and that four stools brought away large masses of these larvæ, while the ulcers are shown post-mortem to be distributed over the bowel and not located at any one point of the canal. Possibly the mature brood was thrown off for the young to increase by pædogenesis, and be discharged in the same fashion when mature. Against this theory is the fact advanced by entomologists, who tell us that the larvæ of the diptera have never been observed to assume this character. Circumstances may alter the conditions.

In the post-mortem we have seen ulcers apparently gradually becoming wider till a few of them have fused into one large necrotic lesion, while the large burrows underneath the mucous membrane proves that a large group were present at one time.

Myiasis intestinalis presents specific morbid changes, are distinct in the necrotic submucosa, subsequently forming ulcers. In this respect it somewhat resembles the amœba of dysentery. Another similar change is related by Solowief in "*Balantidium Coli*." In suppurative folliculitis you have ulceration, but shorter in duration, while extending along the bowel but confining itself to the follicle. As to the frequency of this disease it would be dangerous to conjecture, but from the cases reported they must be more frequent than is generally supposed.

A METHOD OF TREATING CERTAIN CONDITIONS OF JOINTS. (a)

By R. L. SWAN, F.R.C.S.,
Surgeon to Stevens' Hospital.

It is true that it has long been the practice of surgeons to lay open joints in a septic condition and treat them with antiseptics. Pure carbolic acid has been used, but many surgeons fear the risks of its application to the tissues. That this risk is not a light one has been well proved. I remember a case under the care of a late eminent surgeon of this city in which the application of equal parts of the lin. iodi and pure carbolic acid to an unbroken skin surface was followed by symptoms of carbolic acid poisoning and a fatal result.

Phelps, an American surgeon, has recently tried to reintroduce the practice. After a wide opening into the abscess cavity or the joint, the part is cleansed by curettement. The cavity is then filled by pure carbolic acid, which is allowed to remain for one or two minutes. It is then thoroughly washed out by alcohol. Into the wound so prepared a thick glass drain is inserted and tamponaded. *Morbus coxæ* was the disease for which this treatment, for which great success has been claimed, was first proposed. The fact that so large a cavity can be treated with pure carbolic acid deserves consideration.

The same treatment has been extensively adopted at the Tübingen Klinik by von Bruns, with some modifications. Those cases were obviously mixed infections, and demonstrated very plainly that with certain precautions pure carbolic acid could be used as an application to extensive surfaces without risk. It is unnecessary to discuss the reasons of this safety.

(a) Read before the Surgical Section, Royal Academy of Medicine in Ireland, Jan. 17th, 1901.

They will probably be evolved from the details of the practice which I venture to bring under the notice of the Academy. It is a means of dealing with certain conditions of joints which, if treated by ordinary and well-known methods, show a tendency either to progress to the destruction of the joints, dissemination of the diathetic elements, or in other instances to manifest an indeterminate series of recoveries or recurrences, which, by interfering with the functions of an important joint, destroys, or renders difficult, the lifework of the person affected.

The study of primary tuberculous disease of the synovial membrane accompanied by hydrops articulari first led me to the consideration of the following questions:—Why, when we have all witnessed the decided recoveries after operative interference in tuberculous disease of the peritoneum, should we hesitate to deal in a similar manner with the synovial membrane of a joint? Are we not in a better position to deal with a joint cavity than with the peritoneum? In the one we can immobilise or move the articulation at will; we can also proceed in a far more radical and complete manner than with the peritoneum, enclosing as it does organs of vital moment, and in its vast extent forming recesses which it is difficult to imagine can be directly approached. Six years ago, in 1895, a girl, æt. 7, showed the following condition. The right knee-joint was distended and flexed at the usual angle in such cases. There was fluctuation, although pain was not complained of. She walked lame from mechanical reasons. The swelling had developed gradually in a period of ten weeks. There was no perceptible heat. No involvement of the osseous structures contiguous to the joint could, by the most careful examination and comparison, be discerned. The family history disclosed tuberculosis in near relatives. In my belief this seemed to be a typical case of primary tuberculous disease of the synovial membrane. I confess the routine treatment for such a case had always seemed to me to be thoroughly unsatisfactory, and to witness patient after patient going from bad to worse, under the means usually adopted made one feel humiliated. I refer to immobilisation, the application of resolvers, such as Scott's dressing or iodine, Bier's treatment, blistering, aspiration, the injection of agents to cause destruction or encapsulation of the bacilli, such as chloride of zinc or iodoform. I had tried them *ad nauseam*. I had seen, no doubt, an improvement in a few of those cases, and a partial recovery in very few, but the majority travelled by the familiar road which led to the involvement of the capsule and the surrounding parts in a gelatinous degeneration—loss of joint, or limb, or life, the result.

In the case above referred to I opened the joint by cutting across the patella, making first a flap on the skin convex upwards. The patella was easily cut through with a sharp knife and the interior of the joint displayed. It was filled with a pale, whey-like fluid containing shreds of flocculent fibrin. The synovial membrane was congested at its reflection off the cartilage, and the fringes were oedematous. I irrigated the joint for a considerable time with saline solution, and removed every loose particle of flocculent material. Having dried the surfaces, I applied pure carbolic acid with a stick to the synovial membrane, and again irrigated freely with sterilised water. I then closed the joint. Suturing the patella with catgut and the skin with silk worm gut, leaving no drain. A plaster of Paris bandage was applied over the dressings.

No trouble was ever afterwards experienced. I saw the girl at Howth, last year, where she had come from the country with her friends. It was five years after the operation. It would be impossible,

except for the cicatrix, to tell which knee had been the diseased one.

In thirteen cases of a similar kind in which I subsequently adopted such a course, I modified the proceeding, not thinking it necessary to divide the patella. Good access to the joint may be obtained by making an incision, convex backwards, reaching from the lower part of the inner edge of the ligamentum patellæ to a point in the adult about two inches above the base of the patella. All bleeding having been arrested the joint is laid open. In closing the wound three layers require adaptation and suturing:—1. The synovial membrane. 2. A layer aponeurotic below and aponeurotic and muscular above; and 3, the skin. I have not, except in one or two cases, used even artificial drains, which I think rarely necessary if the wound be dry and aseptic.

Before leaving this subject I will allude to a very common, although frequently overlooked, affection. A primary tuberculous infiltration of the bursa beneath the ligamentum patellæ. An indolent swelling, slowly enlarging, is seen to obliterate the sulci which naturally exist on either side of the ligamentum patellæ in extension of the limb. This sometimes interferes with complete extension or perfect flexion of the joint. Chances of contamination of the articulation or surrounding structures exist, or supuration may occur. In two cases in which I removed this bursa, its walls were immensely thickened by granulation tissue, and it contained a mucoid sanious fluid in its cavity. Removal can easily be effected by freeing the ligamentum patellæ from its attachments through an incision along its inner margin, slipping it over the growth to its external side, and by means of a blunt knife and curved scissors the latter may be removed.

I will now briefly allude to other varieties of hydrarthrosis to which I have applied the same remedy. It is satisfactory to be able to prefix the term synovitis by a qualifying adjective which will indicate its pathology, such as pyogenic, tuberculous, gonorrhœal, or rheumatic. But this is not always possible. A hydrops of intractable character will be found, which has arisen without obvious cause in an individual, otherwise in perfect health, has lasted for months, or even years, unaltered by treatment. There is no history of illness at the time of its invasion, no gonorrhœa, no enteric, no evidence of rheumatism, injury, small-pox, scarlatina, syphilis, or diphtheria. How do we explain its incidence? It is all conjecture. Such a case is the following, of which, through the kindness of my colleague, Dr. Haughton, I am able to show a picture.

I. T., a native of Roscrea, æt. 43, a coachman by occupation, was sent to me by Dr. Cooke. About two years ago, without any recognised cause, his knee began to swell. He never had any illness. His knee had been repeatedly blistered, and various liniments had been applied. A slight diminution of the swelling he believes occurred subsequent to the blistering, but he thought the enforced rest had a good deal to do with the improvement. He now suffers from a weakness of the limb, which interferes with his occupation. Even for the few days he had been in hospital his knee is reduced considerably in size. I operated on him some weeks ago in the manner before described. On opening the joint it was found to be filled with a straw-coloured liquid. This was saved to the extent of about 10 ozs. It was full of albumin and became a solid mass on exposure to heat, showing that it was probably a transudate and not an exudate. The interior of the synovial membrane presented a very rough appearance due to the presence of a number of small growths, some sessile, some peduncular. I removed

as many of those as I could reach with curved scissors, they were not vascular. I then used the pure carbolic acid and irrigation in the ordinary way. This man left hospital about ten days ago.

HYDROPS AFTER ENTERIC FEVER.

I. C., a soldier in the 2nd Bedford Regiment, was invalided very early in the South African Campaign with enteric. He had been incapacitated for five months with a large hydrops of left knee, and had, according to his statement, but three months left to rejoin his regiment or leave the service. I operated on him in March, 1901. Unlike some hospital patients, which, no doubt, some of us have met with, this poor boy had a generous anxiety to acknowledge his obligation, and wrote me two letters. I will read a sentence from each one. Date, May 16th: "You will be glad to hear my knee is keeping very well." Another, dated August 16th: "I am about to embark again for South Africa this month. My knee has quite recovered."

J. S., æt. 26, Roscommon. Hydrops of left knee. Operated on in Steeven's Hospital. Left for home well in six weeks. Cause obscure, ascribed to a wetting.

Jane M., æt. 22, an enormous hydrops of left knee, which had been indolent for eight weeks, but had lately taken on more acute features, with some pain and temperature. I suspected the presence of gonococci in this case, but our pathologist could find no positive evidence in the fluid removed. I used a very rigorous cleansing, and passing my fingers into the joint, evacuated its posterior regions and stripped the crucial ligaments and interior of the synovial membrane of a gelatinoid exudation before the application of the acid. She made a perfect recovery, and had now complete use of the joint.

Enough has been said to show that the proceeding, were it not even invariably followed by good results, is at least safe. My chief aim, as it was my primary idea, is to demonstrate the efficiency of dealing by this method with tuberculous hydrops not associated with disease of other parts than that in the synovial membrane. I admit the differential diagnosis is not always easy, as in many cases the joint affection by its prominence obscures the osseous focus which was its originator. I think, however, that uncomplicated primary synovial tuberculosis is more frequent than is the opinion of most writers on the subject.

A SUCCESSFUL CASE OF PYLORECTOMY:

PERFORMED IN TWO STAGES. (a)

By T. E. GORDON, M.B., F.R.C.S.I.,

Surgeon to the Adelaide Hospital.

OPERATING surgeons are by no means agreed as to the best method of performing pylorectomy, and some look with disfavour on the operation generally. Under these circumstances it seems right that operators should record their results, and thus add weight, however small, to one or other side of the balance.

A man, æt. 43, had suffered from vague gastric symptoms since August, 1899. Pain was never severe; vomiting was not constant, and for some time before coming to hospital he vomited very seldom. Since Christmas last his general health began to fail, and he lost one and a-half stone in weight. He came to the Adelaide Hospital in April, and was placed under the care of my colleague, Dr. Wallace Beatty. A tumour was found in the abdomen just above the umbilicus. It measured about three inches

(a) Read before the Surgical Section, Royal Academy of Medicine in Ireland, Jan. 17th, 1902.

in transverse diameter, was hard and irregular, and could be felt to move readily with respiration. One could move the tumour remarkably freely; thus it could be pressed to the upper parts of the epigastrium, downwards, so that its lower margin was below the umbilicus and to the right side well into the right hypochondrium. A divided seidlitz powder was given which demonstrated amoderate degree of dilatation of the stomach below the growth. There was no liver enlargement, and this fact together with the remarkable mobility of the tumour, and the man's condition of fair general health led us to hope that we might find an absence of adhesions, and of secondary cancer deposits.

On April 2nd, 1901, I opened the abdomen somewhat to the left of the middle line. After making a hasty examination of the tumour, which seemed to justify the hopes we had entertained, I turned upwards the transverse colon and performed a posterior gastro-enterostomy. I made the stomach opening as far over to the left as I could, and the method adopted was that of Roux. In this operation, it will be remembered, the jejunum is divided some distance from the duodenal flexure, the lower end is fixed to the stomach opening, and the upper end (of the cut jejunum) is made to anastomose with the jejunum again some four inches or more from the stomach junction. I used simple suturing throughout. The gastro-enterostomy completed I closed the abdomen, leaving the pylorotomy to be performed when the man should have recovered from this first operation.

After operation the course of the case was satisfactory. There was little or no shock, and he only vomited once, as he was recovering from the anæsthetic. I gave liquid nourishment, such as barley-water and whey, on the day following the operation, and he was able to take solid food by the ninth day. In rather less than three weeks I sent him for one week to a convalescent home.

On April 27th, *i.e.*, twenty-five days after the gastro-enterostomy, I again opened the abdomen. This time I made the incision to the right of the first one, and almost in the middle line. The incision was an ample one—quite five inches long. There were some slight adhesions behind the scar of the first operation, but they did not materially interfere with my work. When the stomach region was exposed my first step was to make an opening in the lesser omentum, through which I passed my finger to explore the posterior aspect of the tumour, and then to act as a guide in the division of the great omentum. This division was effected by cutting between pairs of Kocher's clip forceps. I now placed one Doyen's clamp forceps across the duodenum. I was unable to get on a second, for the readily available duodenum, *i.e.*, that within the lesser peritoneal sac, was very limited in extent. I cut across the duodenum, very little leakage occurred from the pyloric orifice, and then, at once, I sewed up completely the opening of the duodenum by two rows of silk sutures. This done, I cut the stomach across between clamps placed well beyond the apparent limits of the growth. The opening in the stomach was also sewn up by a double row of silk sutures. In closing the abdomen I left in the area of operation a gauze drain. Hæmorrhage during the operation was very small in amount, with the exception of a small bleeding which took place owing to the slipping of a ligature on the pyloric artery.

The operation lasted almost an hour and three-quarters.

The excised portion of stomach showed a considerable narrowing of the pylorus by a growth which proved, on microscopic examination, to be a columnar-celled cancer. The tumour ended abruptly on the duodenal side, but its limits in the opposite direction

appeared to the naked eye less definite. However, microscopic sections failed to demonstrate any cancer in the wall of the stomach at the level of the duodenum.

For some days after the operation, the patient remained in a very precarious state. His temperature on the second day was 102°, and his pulse was on one occasion, as much as 160. On the fourth day a considerable discharge of bilious fluid occurred from an opening at the lower end of the first incision; but the general condition of the patient had materially improved. At the end of the first week, however, he seemed to be losing ground. I decided, therefore, to risk a considerable increase in the amount of food taken by mouth, and I found he could take four pints of peptonised milk without any discomfort. Steady progress began and has continued. On June 2nd the patient weighed 9st. 4lbs.; on July 21st, 9st. 10lbs.; on October 6, 9st. 10lbs.; and on Nov. 27, 10st. 2lbs. He now feels well and strong, and is able to do some work every day. The biliary fistula has never completely closed, but this is probably due to the separation of the silk sutures which have from time to time been extruded from the fistula.

REMARKS.

Although there are many points in this case which call for criticism, I propose to confine my remarks to the consideration of one question, which, while it is of fundamental importance, is unfortunately still open to serious doubt. "Is pylorotomy under any circumstances legitimate?" In an endeavour to answer this question we must take two things into consideration—

1. The immediate mortality.

2. In case of survival, the prospect of long delayed recurrence or perfect recovery.

Some years ago the mortality was overwhelming, and even now we must regard pylorotomy as, perhaps, the most dangerous operation in all abdominal surgery. Still, if it can be shown that the operation holds out a reasonable prospect of ultimate success we need not be deterred from giving this chance to the patient through fear of its 30 per cent. mortality. Unfortunately in the very large majority of cases recurrence takes place, and that early. On the other hand, we find from year to year an increase in the number of recorded cases where patients have lived, or are still living two, four and even seven or eight years after the operation. How then shall we answer the question we have put before us? Is it sufficient to meet this 30 per cent. mortality and, let us say, 80 per cent. recurrence within three years, with the defence that the disease without operation is incurable, and hence each life saved is as a brand plucked from the burning? Or again, may we find comfort and justification in the reflection that pylorotomy is still in its infancy, and that the better results of these later years suggest hopefulness for still further improvement? My own impression is that if we cannot thus reasonably look forward to a better general record at the end of the next ten years than can be shown for the past ten, this operation is as certainly doomed as is splenectomy for leucocythæmia or thyroidectomy for exophthalmic goitre. I believe, however, that we may be hopeful, and I will devote the remainder of the time at my disposal to-night to a consideration of the lines along which we may look for improvement. The subject may be divided under two headings. First, improvement in selection of cases; second, improvement in operative technique.

1. Improvement in Selection of Cases:—I am convinced that pylorotomy should be employed only in cases which appear, when the abdomen has been opened, to be absolutely favourable. Where the

patient's general health and strength have been wrecked, where there are enlarged glands beyond the immediate vicinity of the growth, or where there are adhesions, the surgeon ought either at once to close the abdomen, or, if necessary, to perform a gastro-enterostomy. It may be said, "one never sees cases so perfectly favourable"; to which I would reply, "Then, in Heaven's name, never perform pylorotomy."

It is a fact which should be thoroughly grasped that cases suitable for this operation are exceedingly rare, and they will continue to be so until physicians recognise it as a duty to submit doubtful cases to an exploratory laparotomy. At the same time let us be reasonable in our judgments. Can we expect either physicians or patients to be enthusiastic while the results of pylorotomy are such as they are at present? Moreover, there is surely a limit to the application of exploratory laparotomy? With the present uncertainty of diagnosis it is clear that if physicians were to yield as they have been urged to do there would be performed many negative explorations. It may be that but little harm would thus be done to the individuals operated upon, but might not a very serious harm result to abdominal surgery generally?

So much for selection of cases. Let me now draw your attention to the operation itself.

The operation which I performed may be taken as an example of a pylorotomy in which the open ends of stomach and duodenum which result from the excision of the pylorus are sewn up and a new exit is provided by a gastro-enterostomy. This method has, it seems to me, several advantages. In the first place, with it recurrence of the cancer does not necessarily include recurrence of obstruction, for the opening between stomach and intestine is far removed from the area of disease. Again, the gastro-enterostomy will remain equally easy of performance whether the amount of stomach excised be great or little, of course within certain limits. This is a matter of no small importance, now that surgeons have begun to apply to pylorotomy the same principle which guides them in, let us say, amputation of the breast, i.e. to carry their incision or dissection far beyond the apparent limits of disease. On a liberal application of this principle depends mainly the prospect of improved *ultimate* results in this operation, and it is because the method of operation we are considering *facilitates extensive excisions* that I have thought it right to give to it this prominent attention.

I wish now to say a few words concerning the advantage of performing the operation in two stages. The principle which underlies it is that of substituting for one very dangerous operation two of lesser risk. The method is comparatively new, and the number of recorded cases small, but it has already the support of many of the best operators, and the results have been remarkably good. This change in technique aims at a reduction of the mortality of pylorotomy, and if it attains this end the first step towards better things will have been accomplished.

There remain many points of detail in my operation which will suggest criticism, but I have thought it best to confine my remarks to broader questions.

In concluding, let me briefly summarise—

1. The present position of pylorotomy is unsatisfactory, but there is no cause for despair.

2. That an advance may be made, it is, in the first instance, necessary to *reduce the immediate mortality*. This is to be done by (1) a more careful selection of cases, and (2) by performing the operation in two stages.

In the second place, it is necessary to *obtain better ultimate results*. The way to this end lies in (1) wider resections, and (2) in this case also in better selection of cases.

3. Let these things be accomplished and we may then, with more justice than at present, call upon physicians to resort more frequently to exploratory operation.

SUBPERITONEAL HYSTERECTOMY. (a)

By J. A. MANSELL MOULLIN, M.B.,
Oxon, M.R.C.P., Lond.,

President of the British Gynaecological Society, Physician
to the Hospital for Women, Echo.

THE operation involves very considerable detail and although the opening of the abdomen and the amputation of the tumour need not in a favourable case occupy a practised hand many seconds, yet that constitutes but a very small part indeed of the operation. A mere display of rapidity, as represented by the cinematograph, has nothing whatever to commend it but the applause from the gallery.

When the tumour has been raised out of the pelvis and the lower segment of the uterus is not involved in the growth, nothing is more simple than to find the arteries on either side, and I am conservative enough to prefer to see them and secure them with a trifle of silk, to any process of crushing needing for the purpose a special instrument better adapted to all appearance to the requirements of the veterinary surgeon, or perhaps the farrier.

Having secured the ovarian vessels with a double ligature, I cut between them and extend the incision as far down as need be through that portion of the broad ligament which is free from vessels, and then carry it across the face of the tumour to the opposite side, above the bladder, which is stripped down and pushed out of the way. The uterine artery is then secured on either side with a single silk ligature passed as close to the cervix as possible, and a clamp placed over the ligature. If the ligature should not have secured the artery efficiently, the clamp will do so, and it further enables my assistant to hold the stump more securely while I cut away the tumour. It is of importance not to complicate matters by the use of unnecessary ligatures and clamps—the fewer the better.

The amputation of the tumour should be at the lowest level possible. The reasons for this are obvious. The stump is smaller and more neat, there is less trouble from hæmorrhage, and the trunk of the artery will be found secured in the clamp and cut below the point at which it commences to divide into the substance of the uterus. There is no necessity to strip the peritoneum from the back of the uterus, to which it is closely adherent, in order to make a posterior flap. I bring the cut edges of the stump into careful apposition with deep and superficial sutures of chromicised catgut, and then draw the anterior flap and the bladder well over the face of the stump and fasten it with a continuous suture of fine catgut from one side of the pelvis to the other. These constitute the steps of what may be termed a straightforward operation. The size of the tumour does not necessarily complicate the operation, but difficulties arise when the tumour cannot be raised out of the pelvis, when the lower segment of the uterus is enlarged by the growth, when the tumour follows some anomalous course and burrows under the pelvic peritoneum, or between the layers of the mesentery or meso-colon, or when some inflammatory trouble, generally due to co-existent disease of the appendages, has resulted in endless adhesions.

The resourcefulness and experience of the operator are then put to the test, and every difficulty has to be met as it occurs. It may be the restraining bands

(a) Abstract of Valedictory Address before the British Gynaecological Society, January 8, 1902.

are the broad and round ligaments, and when these have been divided and stripped down the tumour can be raised. If the uterine arteries can be secured it may be advantageous to remove the upper portion of the tumour before dealing with the lower segment. On several occasions I have successfully divided the lower part of the uterus vertically, either posteriorly or anteriorly, and have thus been enabled to enucleate another separate tumour from the cervical region. Much of the superfluous capsule can afterwards be removed and a very neat stump eventually secured. The ureters in this operation are fairly safe when the bladder has been well stripped down and pushed out of the way. At any rate, it has been my good fortune not to have experienced any difficulty in this respect, although on more than one occasion the gaping mouth of some vessel has caused a passing anxiety. If discovered at the time I believe the simplest and safest operation is to fasten the end into the roof of the bladder.

All the steps above described take time, but I am sure it is not wasted. The after success of the case and the future comfort of the patient depend not only upon a complete asepsis which I take for granted, but also upon the perfect fulfilment of all these minutiae which distinguish the work of the practised operator. A line of suture is all that remains in the peritoneal cavity when the wound is closed.

And now a very important part of the operation remains to be completed—the closure of the abdominal incision, which in these cases is necessarily a long one. I shall briefly give you my views on this matter. The strength of the abdominal parietes depends entirely upon the fascia or aponeurosis. It is, therefore, essential to secure an accurate adaptation and firm union of the cut margins of this, the middle layer. Any failure to do so inevitably results in the formation of a hernia. You must bear in mind that the aponeurosis splits to form the sheath of the rectus muscle on either side. In the lower two-thirds of its extent that layer is strongest which lies in front of the rectus muscle, but in the upper third the strongest layer lies behind the muscle. In the lower two-thirds the peritoneum is separated from the aponeurosis by a large quantity of cellular tissue and subperitoneal fat, while higher up and above the level of the umbilicus this cellular tissue and fat disappear, and the peritoneum is closely applied to the fascia. Consequently, I adopt a different mode of suturing in these two regions. In the lower part, which is invariably the seat of hernia, when it occurs, I sew the three layers, peritoneum, fascia and skin, separately. First, the peritoneum with a continuous suture, then the fascia with interrupted sutures, and finally the skin with another continuous suture.

In the upper region, when there are only two layers, and consequently it is quite unnecessary to make a third, I suture *en masse* with silkworm gut. The inner layer, composed of peritoneum and fascia, and the outer layer of skin, are in the nature of things bound to unite, and no better mode of suturing can be desired.

For buried sutures I always employ fine chromicised catgut, finding from experience that it can be rendered perfectly aseptic. Moreover, it possesses that most essential quality for a buried suture—it lasts sufficiently long to permit the tissues to become firmly united, and then itself becomes absorbed, approximately in about three weeks' time. Since adopting this mode of suturing I have not had a single case return with a weak scar. Silk I have long discarded, as quite unreliable. At the present time I have a patient under observation who underwent what was considered a brilliant and most successful operation at the hands of one of the surgeons at Guy's, and who two years afterwards is still engaged in trying to extract the bits.

And now I wish to say something on the subject of the repair of hernia when it occurs in an operation scar. The object to be aimed at is the restoration of the parts to their original condition—to find and bring together the edges of the middle layer or aponeurosis, which for some reason have failed to unite, and have retracted, becoming shut off by the union of the peritoneum with the skin, these two layers alone forming the covering of the hernia. I first carefully open the skin at its thinnest part, taking care not to injure the bowel, which is often adherent beneath. The hard margin of the opening, easily felt before commencing the operation, unaccountably disappears, and in order to find the fascia it is necessary to carry the incision upwards and downwards through the whole extent of the rupture and into the sound structures beyond. Here the aponeurosis is readily discoverable, and turning the flaps up I divide the peritoneal surface with the scissors (those used for the perineal operation are the best), and open the sheath of the rectus, starting from the aponeurosis in the lower part of the incision, and carrying it round to that in the upper. After carefully removing all old scar tissue, and freshening the edges of the aponeurosis, I bring them together with chromicised catgut in the manner already described. I have had good results, and some of the cases are still under observation.

Clinical Records.

THREE CASES OF MYOMA UTERI. (a)

By F. BOWREMAN JESSETT, F.R.C.S.

Miss P., *æt.* 43, has had inguinal hernia on the left side since twenty-four years of age, and on the right side for five years. She has been treated for uterine displacement for eight years, and two years ago was treated for peritonitis and appendicitis. She has suffered considerable pain and irritation of the bladder for some time past, and has also had a foul vaginal discharge.

On examination the left hernia is very pronounced; the right not so apparent. A distinct tumour is felt over the pubes and extending to the right side. Bimanually:—The uterus is enlarged considerably and fairly movable. There is fulness in the left vaginal fornix.

Operation.—On December 9th I performed abdominal hysterectomy. There were a great many adhesions in Douglas' pouch, more particularly on the left side. The myomatous uterus was delivered with difficulty by means of Doyen's screw. It was then found that the chief tumour was situated in the right broad ligament, and it was removed by enucleation, the peritoneum having been first divided. The ovarian and uterine arteries were then ligatured, the uterus drawn out and a cyst of considerable size found in the left broad ligament. The uterus with its myomata were removed, and the cyst enucleated. On examining the left hernia a large portion of omentum was found to be strongly adherent to the sac. It was ligatured and divided, and the inguinal opening stitched over with a view to radical cure. The abdomen was finally closed in the usual manner. The patient suffered for three days from most violent anæsthetic vomiting, but has made a good recovery.

CASE II.—A. T., *æt.* 48, married twenty years. Six children; last born six years ago. Patient states that she noticed a swelling in the abdomen about two years ago, and it has gradually increased in size since. During that time she has suffered from a dragging pain in the left side, extending down into the leg, and gradually increasing in severity. There had been some difficulty in defæcation for twelve months, and there had been frequency of micturition unaccompanied by a sense

(a) Cases exhibited before the Brit. Gynecological Society, Jan. 9th, 1902.

of relief for two years. Menstruation regular up to date of admission.

Examination.—Three distinct mobile tumours can be definitely made out, occupying the iliac and umbilical regions.

Operation.—On opening the abdomen a large tumour at once presented itself. The left tube was drawn completely over it and disappeared behind it. The tumour was readily delivered by means of a Doyen's screw. I secured the uterine artery on the right side, but could not define the uterus. The tumour was evidently situated in the left broad ligament. I divided the peritoneum, stripped it off the tumour, and enucleated the latter. The uterus was then discovered deeply embedded in the pelvis, and completely enveloped in the tumour. I ligatured the uterine arteries, and divided the cervix. I experienced some difficulty in stitching the pelvic peritoneum over it owing to the extreme fatness of the patient, but with the exercise of much patience succeeded in neatly doing so. The patient made an uninterrupted recovery.

CASE III.—L. A., *æt.* 43, had suffered from hæmorrhage for about a year, and it had much increased of late, indeed the hæmorrhage was often alarming.

On examination a soft tumour the size of a cocoon was found occupying the uterus, this had increased a good deal in size of late.

Operation.—On January 6th I performed sub-peritoneal hysterectomy. No difficulty presented itself. The tumour proved to be a huge submucous myoma. I preferred removing the whole uterus to enucleation, as often the latter method involves considerable hæmorrhage, and in the enfeebled condition in which the patient already was, I did not think it wise to run the risk of any great loss of blood. Moreover, it had been pointed out by some observers that mono-tumours were occasionally malignant.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, JAN. 24TH, 1902.

MR. HOWARD MARSH, F.R.C.S., President, in the Chair.

CLINICAL EVENING.

CASE OF BILATERAL FACIAL PALSY.

DR. SKYMOUE TAYLOR showed a lad, *æt.* 15, who had "paralysis of the legs and arms at five," from which he recovered. He had never been able "to move his face." No history of delivery by forceps or otorrhœa, but he had had two attacks of rheumatic fever followed by valvular disease. The lad exhibited almost complete bilateral facial palsy; but there was slight voluntary power in the risorius and the depressor anguli oris, and also in a few fibres of the orbiculari-oris muscles. He talks readily, but all labial and explosive consonants are pronounced by the aid of the tongue, so that "apple" is turned into "attle," "pear" becomes "tear," and so on. No sign of degenerative changes in any other nerve. The exact seat of the lesion has not yet been determined by complete electrical reactions, but the probability was in favour of the lesion being peripheral.

CASE OF DISLOCATION OF NAVICULAR.

MR. G. TURNER showed a man, *æt.* 32, who fell from his horse, crushing his left foot; in getting on to his feet he twisted his foot inwards, after which he could not put his foot to the ground. When he came up to the hospital there was a prominent rounded swelling just below and in front of the internal malleolus of the left leg. This swelling was quite easy to reduce by inverting the foot and pressing the swelling outwards but it returned when the pressure was relaxed. There was rather a marked hollow below the external malleolus, and decided abnormal mobility at the mid-tarsal joint. Under the X-rays the scaphoid was seen to be dislocated inwards. The foot was put up in a thickly padded internal splint so as to maintain it in a position of inversion, but it was found impossible to keep the dislocation

thoroughly reduced. Massage and movement were commenced after the first five days, and the patient got up and walked about with crutches in two weeks. He left the hospital, walking without crutches, on November 30th.

BILATERAL CERVICAL RIBS, AND AN ABNORMAL BONY MASS AT THE FIRST CHONDRO-STERNAL JUNCTION.

MR. LAWRIE MCGAVIN showed a girl, *æt.* 18, who first noticed a mass under the left clavicle six months ago, which had given rise to no inconvenience except from time to time aching pains in the region. On examining her the condition of her neck was accidentally discovered. She had lately complained of slight numbness and tingling over the dorsum of the first and second metacarpal bones of both hands. In addition to this she had occasionally experienced shooting pain in the area of distribution of the superficial branches of the cervical plexus, especially of the great occipital and supra-acromial divisions. The symptoms were more marked on the left than on the right side. The position of the supernumerary ribs was demonstrated on a skiagram; that on the right side was short and straight, and ended over the centre of the first rib, springing from the transverse process of the seventh cervical vertebra. That on the left was curved, and, springing also from the same point, appeared to end much nearer to the inner end of the clavicle. The sternal extremities of the first ribs were markedly different in shape, that on the right being broad and thick, while that on the left thin and indistinct. At the upper margin of the skiagram is seen an indistinct nodular bony mass, apparently in connection with the transverse processes of the fourth and fifth cervical vertebrae.

A CASE OF ABNORMAL CURVATURE OF THE SPINE DETERMINED BY SHORTENING OF THE LEFT RECTUS ABDOMINIS MUSCLE.

MR. J. JACKSON CLARKE showed a female child, *æt.* 9, first seen in December, 1900. She then had a pronounced C-shaped total kyphosis, associated with slight dorsal scoliosis, the convexity of the curve being to the right. The patient's breathing was purely abdominal, and the abnormal curves in the spine were fixed, not disappearing either when the patient lay down, or when manual pressure was employed. On attempting to straighten the spine, he observed that the lower portion of the thoracic wall on the left side was dragged upon, and that the left rectus muscle was tense and hard in every position of the body, and that it was less resistant when the patient was sitting with the body bent forward than it was when she lay down on the back. On inquiry he found that when the patient was six months old her mother had noticed that the right side of the abdomen was more prominent than the left. The case was probably akin to the common form of wry-neck, due to organic shortening (contracture) of one sterno-mastoid in infants. The treatment has been instrumental and gymnastic. Improvement has been thus obtained through the stretching of the shortened rectus; it remained to be decided whether any marked gain would result from elongation of the left rectus by the simple plastic operation by Z-shaped incision. There was no abnormal reflex. In the absence of progressive myositis, &c., he concluded that the origin was congenital.

ARTHROPATHY OF SHOULDER-JOINT IN A CASE OF SYRINGOMYELIA.

MR. W. HARMER showed a man, *æt.* 20, who had sustained an injury to left shoulder twelve months previously, followed by a swelling (? ruptured muscle), which gradually subsided. Eight months ago a painless swelling of same joint occurred, commencing suddenly without injury. This was followed by two months' grating and "shifting of bone." "Back curved" last three or four years. No history of syphilis. Generally has boils on some part of body. Short, strongly built patient; voice always husky. No muscular wasting discovered. Grip in left hand a little weaker. Left shoulder-joint uniformly enlarged (18 inches by 15 *Et.*), painless. Movement free as high as the level of acromion process, but attended with marked grating and luxation. Head of humerus eroded. When arms are

hanging there is an inch of lengthening of left due to laxity of ligaments. Well-marked kyphosis and lateral curvature with convexity to the left. Not tender on pressure. Secretion of sweat excessive on face. Numerous painless ulcers on thumb and fingers of left hand, commencing as bullæ. Complete thermo-anæsthesia from about fifth cervical to third lumbar spines, including arms. Analgesia marked only over front and lateral aspect of joint; slight in left hand. Tactile sense normal. No loss of muscular pressure or localisation senses. Knee-jerks marked. No ankle-clonus. No ocular changes.

Dr. LUND referred to a similar case in a man, æt. 52, under his observation for ten years. There was a history pointing to chronic pyæmia.

A CASE ILLUSTRATING A NEW METHOD OF TREATING OLD-STANDING PARALYSIS OF THE UPPER ROOT OF THE BRACHIAL PLEXUS (ERB-DUCHENNE TYPE).

Mr. A. H. TUBBY and Dr. PURVES STEWART showed a heavy man, æt. 57, who two years ago fell on to his shoulder and head. He was unconscious for an hour afterwards, and on recovery was unable to use his left arm. After treatment at various hospitals without benefit, he was admitted to Westminster Hospital under Dr. Murrell. There was then marked paralysis and atrophy about the left shoulder and upper arm, and Dr. Purves Stewart reported total loss of electrical excitability in the deltoid, infraspinatus, biceps, brachialis anticus, and supinator longus on the left side, and consequent inability to abduct the arm or flex the elbow. There was also some anæsthesia along the outer side of the upper arm and forearm, which subsequently disappeared. These symptoms pointed to a paralysis of the upper root of the brachial plexus of the Erb-Duchenne type. On June 2nd, 1901, he was transferred to the care of Mr. Tubby, who on June 6th, twenty months after the accident, with the object of restoring the power of flexion at the elbow, transferred part of the triceps and fixed it into the biceps. On July 1st an attempt was made to restore power to the deltoid. Since the operation the transplanted portions of muscle have been assiduously massaged and the faradic current applied. There has been great improvement in the movements and utility of the limb. He can flex the elbow fairly, and during flexion the transplanted part of the triceps can be felt in front of the elbow, and both galvanic and faradic excitability have returned. The patient has not yet recovered the power of abducting the arm, but the transplanted part of the pectoralis major can also be felt to harden. At first there was a total loss of excitability both to induction shocks and to the galvanic current. Three months after operation the galvanic excitability returned, and six months after faradic reaction could be demonstrated.

COXA VARA TRAUMATICA, WITH SKIAGRAPH; INSIDIOUS ONSET.

Mr. HAROLD L. BARNARD showed a child who had come under his observation with the characteristic signs of coxa vara. On questioning the mother he found that, eighteen months before, the child had complained of pain in the hip, and for three days had been unable to walk at all. Then he began to walk again, but the following year he commenced to limp. The signs were definitely those of coxa vara, viz., abduction was very much limited, internal rotation also very limited, while flexion and adduction were free. No pain was complained of in the joint or on movement. The treatment so far had been a Thomas's knee-splint to keep the weight off the hip-joint, the mother objecting to any operation. The child had suffered from blood spitting.

Mr. BARNARD also showed a patient who had compound fracture of patella. This he had sutured with kangaroo tendon, followed by suppuration and drainage of the knee-joint; bony union and good movement resulting.

TRAUMATIC SEPARATION OF THE EPIPHYSIS OF THE HEAD OF THE FEMUR DEMONSTRATED BY SKIAGRAPHY.

Mr. J. HUTCHINSON, jun., showed a lad, æt. 17, who was admitted into the London Hospital on November 22nd, 1901. He had had a fall, with, probably, forced

extension and eversion of the right hip. He was unable to walk, and complained of intense pain on passive movement of the right thigh. The latter was everted as in most cases of impacted fracture of the femoral neck, anterior dislocation, &c. There was no bruising over the trochanter, and no abnormal fulness in Scarpa's triangle. The right ilio-tibial band was slightly relaxed, but yet no shortening could be made out. Pressure on the trochanteric region did not cause pain. The Röntgen rays showed very plainly a separation of the femoral head exactly at the epiphysal line, the epiphysis remaining in the acetabulum, and being only in contact with the femoral neck to about half the normal extent. Under an anæsthetic the limb could be freely moved in all directions, and a faint sort of crepitus was obtained. The eversion could easily be overcome, but when the extension was taken off the deformity at once recurred. The limb was put on a Liston's long splint, and almost perfect apposition was obtained. Until the introduction of the X-rays, positive evidence as to the occurrence of traumatic separation of this epiphysis was singularly scanty.

MAJOR DILATATION OF THE LEFT AURICLE.

Dr. W. EWART showed a patient who presented the following distinctive physical signs:—1. *Palpatory*: the definite systolic pulsations in the right mammary region, and the occasional thrill perceived there as well as at the apex; and lastly, the occasional pulsation of the liver. 2. *Auscultatory*: the identical character of the murmur in both mammary regions, whilst in the interval between them and at the aortic interspace the systolic murmur, though easily perceptible, was much less loud; and the presystolic murmur, which, however, in this case was of inconstant character. 3. *Percussory*: the tracings exhibited show the conditions which served as a basis for the diagnosis. *Anteriorly* the cardiac dulness was much enlarged in its transverse diameter, and somewhat also in its vertical diameter, the liver being depressed as well as slightly enlarged; whilst at the base there was no dulness suggestive of an aneurysm. The left cardiac boundary, although further out than normal, presented no irregularity; and the right boundary did not differ much from that of a greatly enlarged right auricle. But *posteriorly* the dulness was characteristic. The dulness belonging to the heart was slightly enlarged; but that special to the left auricle was, as might be seen in the tracings, considerably increased (from a normal size of about 2½ inches by 2 inches to that of nearly 4 inches by 2½ inches), mainly in its transverse diameter, and in the direction of the seat of abnormal pulsation, which by auscultation was identified as belonging to the left auricle.

CASE OF EXCISION OF THE CÆCUM.

Mr. ARTHUR BARKER showed a man, æt. 30, who was operated on for acute intestinal obstruction on May 7th, 1899. The enormously distended and hypertrophied small intestine was first incised, and five pints of liquid feces were evacuated. The cause of the obstruction could then be made out to be a hard growth round the ileo-cæcal valve. The small gut, at about two feet from its termination, was therefore anastomosed laterally with the transverse colon. Six weeks later a fresh incision was made over the cæcum, and the latter was excised with some inches of the ascending colon and ileum. Beyond the presence of a slight fecal fistula for some weeks, recovery was perfect. The patient is now in excellent health, without any evidence of recurrence two years and eight months after operation. The growth was a typical carcinoma.

CASE OF EXCISION OF TRANSVERSE COLON.

Mr. BARKER also showed a woman, æt. 58, who was operated on for carcinoma of the transverse colon and chronic obstruction on October 25th, 1900. She was suffering at the time from long standing diabetes. About four and a half to five inches of the transverse colon were removed, and end to end anastomosis followed. The dressings remained untouched for ten days. On their removal a small fecal fistula was found, and discharged for some weeks with one of the suture threads, probably omental. Recovery was otherwise

uneventful. The growth was typical carcinoma. The patient has been in first-rate health ever since, and shows no evidence of recurrence.

A CASE OF ATAXIC PARAPLEGIA.

Dr. NORMAN DALTON showed a man, æt. 52, who contracted syphilis two years ago. On admission had ulcers on the legs which are nearly healed. His present symptoms had been coming on about one year ago. His mind is sound, but he is emotional and excitable. His symptoms were partly those of locomotor ataxy and partly those of lateral sclerosis. The eyes and the upper limbs are normal. As a rule he stands fairly steadily with his eyes shut. He complains of "precipitate" micturition and defæcation. In "walking" he brings his foot down forcibly on the heel as in staxia; but he does not lift the knees, and the legs appear to be affected by a certain amount of stiffness. The muscles of the legs and thighs are rather flaccid. Their electrical reactions are normal. The "knee-jerks" are greatly exaggerated, particularly on the left side, and ankle-clonus can be obtained always in the left foot. The plantar reflex is of the extensor type. No delayed sensation. He has complained of pains in the left leg, shooting from the hip to the foot, sometimes accompanied by twitching movements. In the right lower limb, as high as the crest of the ilium (back and front), there is loss of painful sensation, and of sensations of heat and cold. The sense of touch is retained, and the sole of the foot is very sensitive to touch. There is no loss of the sense of position of the lower limbs. There has been no definite crisis, but he has had pains in the hypogastrium.

A CASE OF CONGENITAL SPINAL DEGENERATION WITH SYMMETRICAL ARTHROPATHY.

Dr. ESSEX WYNTER showed a young man, æt. 17, who was kicked over the left eye by a horse at fourteen. Two years ago difficulty was experienced in walking, then it was noticed that the right hip was stiff. In May, 1901, the left hip was similarly affected, and by June there appeared to be no movement at all in either. On admission on December 9th, 1901, both hips were completely fixed in a fully extended position. There was some enlargement on the right trochanter. Measurement from the anterior superior spine to the internal malleolus 33½ inches on either side. Both trochanters are below Nélaton's line. Bryant's line—left 2½, right 2½ inches. No wasting or loss of sensation or muscular power. Electrical reactions normal. Reflexes uniformly exaggerated. The patient stands in a peculiar attitude, with knees slightly flexed, and the spine curved forward. He walks by rotating the pelvis and spine. After fourteen days' treatment by iodide of mercury there is some movement in the left hip; urine normal; temperature normal.

BRITISH GYNÆCOLOGICAL SOCIETY.

ANNUAL MEETING HELD JAN. 9TH.

J. A. MANSELL MOULLIN, M.A., M.R.C.P., President, in the Chair.

The Treasurer's report was presented and adopted on the motion of Dr. Heywood Smith, seconded by Mr. Bowreman Jessett. A vote of thanks to the treasurer, Dr. Travers, was carried at the same time. The report of the Editor of the *Journal* was then read. Dr. Macnaughton Jones in proposing its adoption alluded sympathetically to the absence of the Editor, Dr. Macan, through illness.

SPECIMENS.

Dr. F. A. PURCELL exhibited a

FIBROMYOMA OF THE UTERUS,

which had undergone necrosis, removed by abdominal celiotomy.

The patient, a single woman, 43 years of age, had noticed a lump, the size of a walnut, in the left side about eight years previously. This had gradually increased in size. Her general health remained unaffected, and she had suffered from neither constipation

nor indigestion. Menstruation had been regular till within three months of admission, though always accompanied by pain, and usually by sickness. During these three months the pain had for the first time increased, the catamenia had become excessive, the last two periods being separated by a week only, and the patient had to pass water about every three hours during the day and twice at night. On admission the centre of the abdomen was occupied by a large kidney-shaped mass, the two sides of which could be moved separately to a slight extent. The tumour felt semi-cystic on its upper surface and left side. Below and to the right side there was a smaller mass, separate and tender. *Per Rectum*.—A large immovable mass could be felt completely filling the pelvis proper. The condition of the hymen precluded vaginal examination. *Operation*.—On November 27th the abdomen was opened in the middle line. No adhesions were found. The upper, apparently cystic, portion of the tumour was tapped, and the tumour after some difficulty was brought out. A cyst of the right broad ligament was found and enucleated, and the uterus with the tumour removed. The interesting points in connection with the specimen were the presence of a hydrosalpinx in the right broad ligament and the formation of what appeared to be two distinct cystic cavities surmounting the solid portion of the fibromyoma, the upper surface of which was covered with a thick layer of lymph, caused by the friction between it and the stomach. *On section* it became evident that the tumour was not cystic, but that its upper portion had become, owing to necrotic degeneration, converted into a cavity filled with fluid and necrotic tissue. The pelvic portion, though solid, was also necrosed.

Mr. F. BOWREMAN JESSETT showed three cases of

MYOMA UTERI,

full description of which will be found under the heading of "Clinical Records."

Mr. MANSELL MOULLIN then delivered his valedictory address, in which he referred more especially to his personal experience in the performance of

SUBPERITONEAL HYSTERECTOMY,

an abstract of which will be found in another column.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SURGICAL SECTION.

MEETING HELD AT THE ROYAL COLLEGE OF SURGEONS, ON FRIDAY, JAN. 17TH, 1902.

The President of the Section, Mr. THOMAS MYLES, in the Chair.

LIVING EXHIBITS.

Mr. HENRY GRAY CROLY showed (a) Case of amputation at hip-joint; (b) Case of ligation of external iliac artery for ilio-femoral aneurysm; (c) Patient showing result of excision of head of humerus for unreduced intra coracoid luxation.

Mr. R. F. TOBIN showed (a) Patient, æt. 80, from whom the prostate was removed by enucleation (with specimen); (b) Case of excision of knee.

Mr. D. KENNEDY showed remarkable case of deformity of legs, due to rickets.

Mr. R. L. SWAN read a paper on

THE SURGICAL TREATMENT OF CHRONIC SYNOVITIS.

which will be found on page 102 under the heading of "Original Communications." In the discussion that followed,

Mr. MYLES said he was accustomed when a student to look on a knee-joint as the most dangerous cavity in the body. Even now he thought the old humoral pathology exerts a certain influence on our practice. He quite agreed with Mr. Swan that the proper treatment for such cases is opening the joint, and by so doing the pathological lesion will be made plain. In the majority of cases it consists in pedunculated growths commencing from the alar ligaments. If on opening the joint, especially in children, he found the synovial membranes to be tuber-

culous, he recommends that they be dissected out, a procedure which he believes leads to recovery.

Mr. E. H. TAYLOR objected to section of the patella. It leaves two raw osseous surfaces apt to be infected by tubercle, if any there be. He prefers Kocher's method, the flap gives room enough to examine joint. Free swabbing with strong carbolic acid devitalises the synovial membranes and the cartilage, and leaves them a prey to the tubercle bacilli in their vicinity. He looks on the method suggested as one not well calculated to give good results in hydrops articuli; the wound heals, but after a little time the limb becomes shorter and often flexed. There is not true ankylosis. He recommends that the hyaline cartilage be shaved off the bone and the raw osseous surfaces be joined, ensuring a sound limb.

Mr. H. G. CROLY said, as he understood, Mr. Swan's paper dealt with chronic synovitis, such as they so commonly meet with after an acute attack. They were not dealing with treatment of tuberculous or other forms of knee-joint disease by excision; but the question was the treatment of hydrops articuli. He had seen good results from aspiration in such cases, and must say that he had seen rest give good results. Many cases he believes call for such treatment as Mr. Swan suggests; but he would not approve of dissecting out the membranes and slicing off the hyaline cartilage.

Mr. TOBIN said he had tried the rest cure with hydrops articuli for months without getting any good results. He regarded the thick pulpy synovitis—Brodie's pulpy degeneration of the knee-joint—as tuberculous synovitis, though in specimens submitted to microscopic examination no bacilli were found. The result of opening the joint and dissecting out the membranes is sometimes very good and at other times very bad. Long-continued effusion has stretched the ligaments, and they are unequal to the strain of active life. Favourable cases give good results with movable joint, but the more uniformly good results are obtained by ankylosis following excision.

Mr. JOHNSON said that his experience of synovitis was not fortunate. He admitted a man with hydrops articuli which benefited for a time under the rest treatment, but the swelling did not wholly disappear. He opened the joint, irrigated it, closed it. The fluid removed, about ten ounces, was examined and found to be highly albuminous. Mr. O'Sullivan found that the synovial membrane contained bacilli in large numbers. His incisions, one on each side of and parallel to the patellar tendon, healed quickly and well; but they broke down in a week, and not long after the patient developed tuberculous meningitis, of which he died.

Mr. HAUGHTON considered that surgeons should no longer be in doubt as to the condition of the osseous tissue in tuberculous disease of the knee-joint, as the Röntgen rays give a clear representation of any rarefaction of the tissue that may be present.

Mr. LENTAIGNE asked Mr. Swan to describe his method. He had been for years using strong carbolic acid (absolute phenol) in different cavities of the body, tuberculous joints, after excision and after excision, and tuberculous sinus, &c., without seeing any evil effects from its use. As a student he had frequently met cases of carbolic poisoning, now he never sees one, although much larger quantities of carbolic acid were employed. He ascribes this to the carbolic acid they now get being pure; the toxic action was probably due to some impurity. He swabs out cavities with a very small sponge, held in a sponge-holder, and well wet with the liquefied carbolic acid, and has had no reason to regret it in any case. He thought Mr. Swan's operation might prevent the need for arthroectomy or excision.

Mr. DOYLE would like to know how Mr. Swan applied the carbolic acid; applying it on a swab is a most dangerous method. In children he has had bad results from operative interference with the synovial membranes of the knee-joint. The results are good for a month or so, but in three or four years' time they are found to be greatly deformed. Kocher's method gives great facility for examining the joint. He found the

locus of infection to be at the attachment of the crucial ligaments.

Mr. SWAN replied that he did not deal with excision or erosion in his paper. He had no concern with them. The object he had in view was to show the possibility of opening the joint, removing the fluid, and allowing the synovial membrane to return to its normal condition. Latterly he is not in the habit of cutting through the patella, but he cannot see the difference, as far as infection is concerned, between a cut in hard and one in soft tissues. Puncturing is perfectly safe if carried out aseptically. The subcutaneous bursa was not mentioned by him simply because it communicates with the synovial sac, and in all operations on the joint must be dealt with. This is not the case with the bursa under the patellar ligament, consequently he referred to it. He cannot agree with Mr. Tobin that portions of cartilage and bone are readily removed during the subsequent attempts at passive motion. Mr. Johnson got very bad results, but he took no precaution to avoid them; no bactericide was used, and the subsequent attack of tuberculous meningitis was a result that he thinks might have been anticipated after a tuberculous joint was opened. Tuberculous dissemination, as Owen pointed out, was, under the circumstances, a not infrequent sequence. He cleans out the joint with an aseptic loofah, and applies the carbolic acid with a stick. He is not wedded to carbolic acid; any equally powerful bactericide would answer quite as well.

Mr. GORDON read a paper on

A SUCCESSFUL CASE OF PYLORECTOMY, which will be found on page 103.

Mr. MYLES begged to heartily congratulate Mr. Gordon on the first successful pylorectomy performed in Dublin. The difficulty of diagnosing tumours of the stomach was very great. In one of his cases he cut down on the viscus with the intent of doing a pylorectomy, but found so much thickening of the gastric walls with what he and his friends thought was cancer that he returned the stomach unopened to the abdomen, and the woman is to-day, after some years, alive and well.

Mr. SWAN congratulated the author of the paper on his great success.

Mr. E. H. TAYLOR drew attention to the anatomical condition found in the duodenum close to the pylorus. Surgeons before beginning a pylorectomy he thought would do well to examine it.

Mr. JAMESON JOHNSON spoke, and

Mr. GORDON having thanked the members for the kind reception his paper received, the meeting adjourned.

HARVEIAN SOCIETY OF LONDON.

MEETING HELD THURSDAY, JAN. 16TH, 1902.

Dr. D. B. LEES, the President, in the Chair.

At the annual meeting of the Society the following gentlemen were unanimously elected officers of the Society for the year 1902:—President, Mr. W. Watson Cheyne; Vice-Presidents, Dr. H. A. Caley, Dr. F. W. Cock, Mr. J. Jackson Clarke, and Dr. L. Guthrie; Treasurer, Mr. Edmund Roughton; Hon. Secretaries, Dr. Edmund Cantley and Mr. Francis Jeffrey. Council: Dr. Edgar Bulleid, Dr. C. Buttar, Mr. H. S. Collier, Dr. A. Eddowes, Mr. Raymond Johnson, Dr. D. B. Lees, Dr. H. J. Macevoy, Mr. Hubert C. Phillips, Dr. Risien Russell, Mr. Sefton Sewill, Dr. G. A. Sutherland, Dr. James Taylor.

The Reports of the Council and the Treasurer showed that the number of members exceeded 400, and that the Society had a balance of over £125. Votes of thanks to the President, the Treasurer (Mr. Edmund Roughton), and the Secretaries, especially the retiring Secretary (Mr. Hubert C. Phillips), for their valuable services during the year were carried and suitably acknowledged.

The President, Dr. D. B. LEES, delivered an address on

THE HEART OF THE CHILD.

He drew attention to the importance of the subject, which he thought was much neglected. He gave some

details of the method of physical examination in the case of children, and laid special stress on the importance of light percussion, and on the desirability of postponing auscultation until the size and strength of the heart had been carefully ascertained. The necessity for accurate determination of the size of the right auricle, by percussion in the third and fourth right intercostal spaces, in all acute pulmonary affections, and in disease of the left heart, was pointed out. The prevalent neglect of this part of physical examination deprives many patients of the relief from cardiac distress which a few leeches would promptly give them. Dilatation of the left ventricle is common in children who are out of health; but Dr. Poynton's observations prove that it is very unusual in children who are quite well for the cardiac dulness to extend beyond the nipple line. The frequency of dilatation only proves that its causes are many; probably the child's cardiac muscle is specially susceptible to toxins and poisons circulating in the blood. One of the most injurious causes is rheumatism, now ascertained to be due to diplococci in the muscles and fibrous tissues of the heart itself. The effect upon the child's future is often most disastrous, and the least symptom of rheumatism in a child calls for the most careful daily examination of the heart by palpation and percussion. The cardiac inflammation in rheumatism may be successfully treated by salicylates, freely given, and the external application of an ice bag (preceded by leeches and with precautions against chill). The ventricular dilatation caused by toxæmia may require strychnine, and perhaps digitalis, but the dangerous dilatation which often follows diphtheria is best treated by the free administration of atropine hypodermically.

A vote of thanks to the President for his interesting address was carried with acclamation.

On receiving the report of the election from the scrutineers (Dr. Symes Thompson and Dr. W. H. Blenkinsop), the President declared the result and inducted the new President, Mr. W. Watson Cheyne, into the chair. Mr. Watson Cheyne briefly returned thanks for the honour conferred upon him, and declared the *conversazioni* open.

A lantern demonstration was given by Mr. Frank Crosbie, showing a method of producing photographic transparencies in colour. Mr. Noble Smith exhibited microscopic illustrations of abnormal gait, &c., in various nervous diseases, and a collection of histological and other water colour drawings. Mr. Hubert C. Phillips, F.E.S., exhibited a valuable collection of British lepidoptera, with original water colour drawings from nature. Music was provided by the string band of his Majesty's Royal Horse Guards (Blue), by permission of Colonel Lord Binning.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN.

MEETING HELD FRIDAY, JAN. 17TH, 1902, AT THE EVELINA HOSPITAL FOR SICK CHILDREN.

A. H. TUBBY, M.S., in the Chair.

Dr. GEORGE CARPENTER showed a case of paroxysmal hemoglobinuria in a female child, *æt.* 3. An infant sister had been treated at the hospital for congenital syphilis, but the patient showed no signs of that disorder.

Dr. CHARLES MACALISTER (Liverpool) suggested that absorption from the nasal discharge from which the child suffered might be responsible for the condition.

Dr. G. A. SUTHERLAND called attention to the presence of oxalates in the urine of such cases.

Dr. GUTHRIE spoke of two sisters who developed hemoglobinuria, and who were undoubtedly syphilitic.

Dr. GEORGE CARPENTER, in reply, remarked on experiments showing the immediate destructive action of cold on the red blood corpuscles of such cases, when topically applied.

Dr. GEORGE CARPENTER read notes of a case of suprarenal sarcoma in a boy, *æt.* 2½, the organs from which were demonstrated by Dr. Nabarro, who had conducted

the autopsy. The right kidney was invaded secondarily by the new growth, and the left had become hydropnephrotic from pressure on its ureter. The mesenteric and pelvic glands were secondarily invaded, and some glands under the sterno-mastoid subsequently. The case in its clinical aspect was not unlike tuberculous peritonitis, but the injection of tuberculin gave negative results, and confirmed the original opinion.

Mr. TUBBY and Mr. CLEMENT LUCAS drew attention to the hopelessness of surgical interference in the large majority of cases of renal sarcoma.

Dr. CAUTLEY looked upon it as a case of extra-renal sarcoma, with secondary renal attachment, and inquired as to secondary deposits in the skin.

Dr. GEORGE CARPENTER, in reply, said there were no secondary cutaneous deposits. He did not consider it a case for operation, and that opinion was borne out by the post-mortem examination.

Mr. CLEMENT LUCAS showed a case of Traumatic Chorea and Musculo-Spiral Paralysis, complicating a fracture of the upper third of the humerus, in a girl, *æt.* 11. The chorea developed within half-an-hour of the injury, and was not associated with heart disease or a rheumatic history. The musculo-spiral paralysis was believed to be caused by the callus resulting from movement during repair, and it was proposed to cut down on the seat of fracture and relieve the nerve from pressure. Another interesting point in the case was an abnormal growth of hair on the lower third of the arm and dorsal aspect of the forearm corresponding to the skin supplied by the injured nerve.

Dr. FREDERICK TAYLOR asked whether a recent attack of any infectious disorder could be negatived, and whether it was certain that there were no choreic movements prior to the accident. He observed as to the obscurity surrounding the relationship of chorea to the emotions and shock. How did the traumatism operate? Through the central nervous system, the nerve of the limb, or by the production of shock? Mr. Perret, Mr. Jaffrey, and Dr. George Carpenter joined the discussion, and Mr. CLEMENT LUCAS replied.

Mr. TUBBY showed several cases of paralytic talipes calcaneo-valgus, equino-valgus, and equino-varus which had been treated by muscle grafting. In some of the cases, especially those of calcaneo-valgus, the results were good, also in two of the cases of equino-varus. But the equino-valgus cases were not so striking, although the improvement was very considerable. In his remarks on the operative procedures alluded to, Mr. Tubby said that paralytic cases might be divided for purposes of treatment into three classes: those in which a single muscle or a single group of muscles were affected, and these were capable of satisfactory treatment by tenotomy; those in which at least two groups of muscles were paralysed, and these were fit subjects for muscle grafting; and lastly, those severe cases in which all the muscles around a limb were useless, and for these arthrodesis was recommended. After speaking of the limitations of muscle grafting, and indicating its scope and pointing out that as there was a diminution of power applicable to a given joint the best results could not give a perfect result, Mr. Tubby yet thought that muscle grafting was a scientific and practical procedure, for it distributed what voluntary power was left around an articulation, and so it became well-balanced, although too often weak. The indications and methods of operating in arthrodesis were then alluded to and three cases shown. A case of infantile spastic paralysis affecting the upper extremity was brought forward, in which considerable improvement had been obtained by converting the pronator radii teres into a supinator, and by section of the flexor carpi radialis the patient now has the power of voluntary but partial supination of the forearm. The method adopted is fully described in the *British Medical Journal* of Sept. 7th, 1901, and from an experience of six cases Mr. Tubby thought the operation promised well. Mr. Clement Lucas and Dr. Sansom spoke of the value of Mr. Tubby's suggestions, and Mr. TUBBY replied.

Mr. WALTER EDMUNDS and Dr. GEORGE CARPENTER showed a case of Myositis Ossificans in a female, *æt.* 4, one of a family of eight. The disorder had been noticed six months, and recently had rapidly advanced. The

affected muscles were in parts infiltrated, and in others displayed bony plates. There was fusion of two phalanges of the great toes, a condition which had been recognised as occurring in these cases. Microscopical examination of a portion of an infiltrated muscle showed fibro-nuclear tissue alone.

Dr. MILLIGAN read notes on a case of Contracted Granular Kidney in a boy, *æt.* 7. The chief symptoms were pallor, wasting, headache, and polyuria. The heart was slightly hypertrophied, the skin bronzed, and the urine of low specific gravity and albuminous. Later he developed albuminuric retinitis, and epistaxis and cutaneous hæmorrhages occurred. Four weeks before death the heart began to fail, the extremities became dropsical, giving place to general anasarca, with anuria, and the child died comatose. The kidneys, macroscopically and microscopically, were typical of the condition.

Dr. GEORGE CARPENTER inquired as to a history of syphilis in the case, and said that he had not yet detected albuminuric retinitis in cases of contracted granular kidney in children; but he had seen that condition in a child, *æt.* 8, who suffered from a large white kidney, which was verified post-mortem.

Dr. SANSOM regarded it as one of typical interstitial nephritis, but thought that acute parenchymatous nephritis had been grafted on it.

Dr. SYDNEY STEPHENSON thought it quite possible that retinitis might be as common in interstitial nephritis in children as it was relatively in that disorder in adults. His own experience had furnished him with two such instances, the latter of them two days since.

Mr. SYDNEY STEPHENSON read for Dr. LEWIS MARSHALL (Nottingham), notes on a case of Thyroid Dislocation of the Hip, in a child, *æt.* 9, of four months' duration, confirmed by X-rays. There were two points worthy of note: a previous synovitis of the hip-joint had existed, and reduction was quite easily effected by manipulation.

The meeting then terminated.

LIVERPOOL MEDICAL INSTITUTION.

MEETING HELD THURSDAY, JANUARY 16TH, 1902.

RUSHTON PARKER, B.S., F.E.C.S., President, in the Chair.

FLAGELLATE ORGANISMS IN HUMAN BLOOD.—Major R. ROSS stated that Dr. Dutton, of the Liverpool School of Tropical Medicine, had just found trypanosomes in human blood. Dr. Laveran had previously written asking for details of a case in a lady, reported to the institution by Dr. Barron, in 1895, of "flagellated protozoa in the blood." Further details of this case would be welcome if any member then present could supply them.

Dr. BRIGGS said the patient in question had no fever, and in his opinion Dr. Barron's organisms did not resemble Dr. Dutton's specimens.

HYSTERIC PARALYSIS OF ALL THE EYE MUSCLES EXCEPT THE INTERNAL RECTI.—Mr. EDGAR STEVENSON showed a girl, *æt.* 15, with almost complete palsy of the external ocular muscles. There was marked convergence of the eyes on any attempt to raise the head or to move the eyes. Considerable improvement had resulted from four applications of a high frequency current, the patient now having binocular distant vision.

EXTREME EXOPHTHALMOS IN EXOPHTHALMIC GOITRE.—Mr. STEVENSON also showed a girl, *æt.* 25, from whom the right lobe of the thyroid gland had been removed four years ago. The general symptoms had improved greatly, but the exophthalmos had steadily increased to quite an unusual degree. The cornea were unaffected, and her vision normal.

Mr. SHEARS said excision of part of the thyroid gland had produced no improvement in the exophthalmos, and asked what the present position of thyroidectomy in these cases was. It was remarkable that vision and the mobility of the eyeballs were normal, for the stretching of the optic nerve and external muscles must be extreme.

Mr. R. J. HAMILTON noted the perfect closure of the

lids in this case, and drew attention to the unsatisfactory results of operative treatment for goitre, when marked exophthalmos is present.

Dr. CARTER narrated a case of Graves' disease in a young gentleman, in which cure resulted, he believed, from the exhibition of diluted hydrofluoric and hydriodic acids. Dr. Carter also mentioned two cases in which partial thyroidectomy was performed; in one death followed in a few days, in the other four years after the operation the symptoms were apparently unchanged.

Dr. LOGAN had seen a case of Graves' disease practically cured by a prolonged course of potassium bromide and arsenic. He had seen two marked cases in one family.

Dr. HILL ABRAM said he had seen marked improvement follow partial thyroidectomy, and in Mr. Stevenson's case the general symptoms were notably less than at the time the patient was under observation at the infirmary. Certainly in no other way did we get such speedy relief from the most dangerous symptoms.

MALARIA ACQUIRED IN ENGLAND.—Dr. BUCHANAN described a case with recurrent attacks of fever, in which there was no leucocytosis, and in which one or two of the red cells contained a non-pigmented hæmatozoon. The patient had never been out of England, but had been freely bitten by mosquitoes in Kent.

Major ROSS thought the diagnosis of malaria correct.

Dr. CARTER said a former house physician, the late Dr. Henry Welch, had typical ague in 1880 after a few weeks' residence near Lancaster in early autumn, just after the valley of the Lune had been flooded.

Dr. BUCHANAN replied.

THE UTERINE CURETTE AND CURETTAGE IN GYNÆCOLOGICAL AND OBSTETRICAL SURGERY.

Dr. BRIGGS said that his paper was mainly founded on a consideration of the question, Is the modern estimate of the value of the curette, as shown by its frequent use, amply justified by known results? The results thereof were classified as (1) curative, (2) modifying, (3) exploratory. After reviewing the tests applied to these results Dr. Briggs said the most satisfactory effects of curettage were obtained in the treatment of the uterus, some time after abortion, by the removal of small pieces of chorion; subsequent microscopical investigation for detection of villi should be systematically carried out, otherwise many such cases were described as cures of endometritis. The best use of the curette was indicated by its inventor, Recamier, in 1850; much of the recent practice of curettage belongs to its abuse, which has run parallel with its increased safety. The dull-curette of Gaillard Thomas was advocated by its inventor in the treatment of uterine "fungosities," an "omnibus" title, or most affections of the endometrium known about the mid-period in the history of the curette. Since Nélaton, in 1853, followed by Savage, Routh, Olshausen, Bischoff, Matthews Duncan, and Herman (1880) has described cases of chronic hyperplasia, diffuse or polypoid, of the endometrium, many attempts have been made to differentiate glandular, interstitial, and mixed types of endometritis (Hunter Robb, 1896). Who can, even to-day, separate clinically endometritis, adenoma, and adenocarcinoma at a period when treatment or diagnosis by the curette is most important? The results of curettage in this particular are discouraging. Dr. Briggs thought the estimate of the results of curettage, modifying or exploratory, depended on the whole, more upon dilatation of the cervix to digital size and the use of the finger than upon the mere and otherwise imperfect scraping of the uterus by the curette. A description of the metal dilators used at the Hospital for Women, Liverpool, since 1888 was given; each dilator was made over four sizes of the English catheter scale in the first one and a-half inches from the point. Dr. Briggs then discussed the results obtained in the treatment of metrorrhagia, and showed sections of the endometrium from cases in which a classification might be attempted, but only on incomplete pathological evidence. He alluded to the thickening of the endometrium associated with uterine fibroids, and showed that removal of the fibroid, where justifiable, was the only trustworthy means of arresting the endometrial thickening.

Hence such thickening was probably inflammatory in origin. Dr. Briggs then mentioned several obstinate cases of metrorrhagia, in one, Dr. Murray Cairns, the medical attendant, and the patient, *et. 40*, both pleaded for removal of the uterus, and the operation was eventually carried out. Some of the other cases had had the uterus curetted three times by different doctors, one was apparently cured by turpentine gauze intra-uterine packs. Dr. Briggs maintained that collective investigation after the operation of curettage was required to disseminate doubts as to its present position in minor gynecological, and especially in obstetrical surgery.

Dr. MACPHE CAMPBELL generally used the loop curette, or Donald's flushing instrument. Preferably he curetted first, and then washed out, *débris* were removed with antiseptic gauze, and the uterus packed with the same. His best results were in removal of placental remains in abortion cases; in cases of metrorrhagia he had often been disappointed.

Dr. JOHN E. GEMMELL regarded the finger as the best curette for diagnostic and obstetric purposes, preceded by dilatation of the cervix. He considered, however, that the curette had its place when used intelligently, it was important to carefully weigh the evidence for the true causation of the local condition. Microscopical examination of the tissue removed was most important, especially when considered in conjunction with the feeling imparted to the curette during the operation.

Mr. HAWKINS-AMBLEE said endometritis was a sufficiently defined condition, and the obstacles in the way of cure after curettage lay in the tendency of doctors and patients to look upon the operation as the end, rather than the beginning of treatment. He felt that the finger, although the best curette in post-abortion cases, was not always effectual except in very early cases. The differential diagnosis between adenoma and adenocarcinoma was not possible in many cases from the examination of mere curettings.

Drs. Davie, A. C. Wilson, and Stookes also spoke, and Dr. BRIGGS replied.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, January 25th, 1902.

PROPHYLAXY OF TUBERCULOSIS.

PROF. ROBIN spoke at the Académie de Médecine on the prophylaxy and therapeutics of tuberculosis, based on the knowledge of the seat of that affection. He said that in tuberculous patients from the beginning to the end of the malady the respiratory exchanges were increased. The descendants of those patients showed the same phenomenon, while in those antagonistic pathological conditions of phthisis such as arthritism and scrofula, those exchanges are on the contrary diminished. The exaggeration of the respiratory exchanges was consequently one of the conditions of the lung soil of phthisis. That abnormal activity of the exchanges could be also acquired, as over work (surmenage) and alcoholism exaggerated the respiratory exchanges in the same way as heredity.

Among the consequences of the preceding facts, there were three which deserved to be remarked at once. Since that modification of the respiratory exchanges was almost constant, it could help to make an early diagnosis of phthisis where hesitation between it and another affection would be otherwise justified; it permitted besides to recognise predisposition; it gave a new direction to prophylaxis, since it was only a question of finding what were the medicinal agents capable of restraining the aptitude of the organism of retaining

too much oxygen and of producing too much carbonic acid.

Rest was an excellent sedative of the exchanges as those could be doubled or tripled by sustained energetic efforts. The attitude contributed also to the variation of the respiratory chemical elements; less carbonic acid was exhaled in the reclining than in the sitting posture.

The inspiration of heated and dry air did not act uniformly in all tuberculous patients, consequently before sending one of those patients to a warm and dry climate, it was necessary to examine the chemical elements of his respiration before and after the inspiration of warm and dry air. Such climates would be forbidden to those whose exchanges increased after the experiment. However, it might be said that as a general rule warm and moist climates should not be advised. The inspiration of cold air did not affect the pulmonary capacity nor the quantity of oxygen absorbed by the tissues, but it diminished the amount of carbonic acid produced. Cold climates appeared consequently suitable to the majority of phthisical patients on the condition that the cutaneous surface was not exposed to cold. Among the medicinal agents susceptible of diminishing the respiratory exchanges, the speaker would mention cod-liver oil (ten ounces a day), tartar emetic in fractional doses, arseniate of soda and caseodylate of soda.

DEATH BY CHLOROFORM

was the subject of a general conversation at the meeting of the Société de Chirurgie. M. Poirier related a case of death from syncope due to chloroform in the course of an abdominal operation on a weak old woman. The accident occurred twenty-five minutes after the first inhalation; he incised the diaphragm and the pericardium and seized the heart with his hand, but that organ was flaccid, and no contraction could be provoked.

M. Ferrier said that he had unfortunately to deplore a certain number of deaths from chloroform. But independently of those cases, there existed examples of patients succumbing to fright before the administration of the chloroform. On the other hand, debilitated individuals have succumbed after the first two or three whiffs of the anæsthetic.

M. Quénu thought it would not be strictly right to attribute to fright alone a death occurring at the beginning of the administration of chloroform, for the inhalation of the first whiffs could perfectly provoke in certain predisposed persons the inhibitory reflex which determined the fatal syncope.

For that reason, for the last few years, he has been in the habit of practising an injection of morphia on every one of his patients half an hour before the operation. He considered it an excellent means of preventing cardiac syncope at the commencement of the inhalation of chloroform.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Jan. 25th, 1902.

DISCUSSION ON HR. KAREWSKI'S ADDRESS ON GALL-STONE ILEUS.

HR. GAUS remarked that the large stone shown by

Hr. Karewski had been passed under very extraordinary circumstances. The patient had for years suffered from typical biliary colic, the symptoms of which had gradually become milder after courses of treatment at Carlsbad. During the winter a bad attack returned, with vomiting of blood, and some time after that the stonewas passed at stool. Except from colic, the patient had never been out of sorts. A colleague had been taken ill with violent pain that extended over the whole abdomen, and jaundice then appeared. A diagnosis of biliary colic was made. The patient went to Carlsbad, where, after a temporary improvement, the violent pains returned, and faecal vomiting came on. At the operation an intussusception half a metre in length was found.

Hr. Albu said that Karewski had remarked on the variability of the symptoms, especially as regarded localisation. But one special form had not been mentioned, in which an almost constant symptom of ileus was absent—viz., faeculent hæmorrhage—this form was that of duodenal impaction. He saw such a case some time ago. It was that of a gentleman of 70, who had previously had attacks of jaundice with slight pain, a condition which was supposed to be catarrhal icterus. Then the jaundice suddenly returned, with high fever and small pulse and collapse. The abdomen was distended. No stool or flatus had been passed, but there was vomiting, which, however, was not faeculent. Death took place two days later. On account of the patient's age operation was not thought advisable. Although no autopsy was made, it was plain that the case was one of gall-stone impaction.

Hr. Becher related a case. A lady of 72 had jaundice after an attack of influenza. In September, 1892, after profuse diarrhoea she felt ill, and after a week obstruction occurred with pain under the right ribs. A week later symptoms of ileus came on, although one pultaceous stool was passed afterwards. The cause of the attack was not clear, but laparotomy was performed, and the opening in the abdominal wall came, fortunately, directly upon the obstruction—a calculus the size of a walnut. The patient died in twenty-four hours of collapse. The rupture of the gall-stone into the intestine—and such, from the size of the stone, must have taken place—caused but few symptoms, not more than were usually caused by the breaking through of peritoneal exudation into the rectum or bladder.

Hr. A. Fraenkel would draw attention to the occurrence of cases where the peculiar symptom is observed that faint vomiting is present without stenosis of intestine. He had seen such a case, and he interpreted the symptoms as a communication between the stomach and colon resulting from malignant disease. It was the case of an elderly lady who was suddenly attacked with faecal vomiting, but without distension of the abdomen. The cause was the bursting through of a gall-stone from the gall-bladder into the duodenum. The vomiting was set up by the passage of the decomposing contents of the stomach into the gall-bladder.

Hr. Karewski remarked that it was characteristic for many cases that, in spite of the passage of stools and flatus, ileus was still present. Faecal vomiting without meteorism and with stools almost always was due to gall-stone ileus. Cases such as that related by Fraenkel were very rare. Almost always there was contraction

of the abdomen, as gas and faeces passed, but no fresh chyme passed into the small intestines. Meteorism occurred either from peritonitis from the intestine outwards or from outflow of bile after perforation of the gall-bladder; that was, perhaps, the case in Albu's patient. In one case, that of a man who had suffered from colic for years, it had been assumed that it was a case of ileus due to strangulated hernia. The speaker could not satisfy himself as to the strangulation, but inclined to perforation of the gall-bladder. As the case got worse an operation was performed, when no strangulated hernia was found, but bile in the sac of the rupture. Sometimes intussusception was found in place of the expected gall-stone impaction. Either could cause bleeding. In every case of ileus that had set up no symptoms gall-stones should be borne in mind; a correct diagnosis would then be reached more frequently, and the patient would be more frequently saved by timely operation.

The *Deutsch Med. Zeitung*, 4/1902, contains a reference to a paper by Dr. F. Jarowski on

THE TREATMENT OF GALL-STONE COLIC BY SMALL REPEATED DOSES OF IODIDE OF POTASSIUM.

The writer's experience embraces thirty cases occurring during the past five years. The drug was given in a 2 or 3 per cent. solution, of which two tablespoonfuls formed a dose. The attacks of colic under this treatment soon became less frequent and less painful, tenderness over the right hypochondrium diminished, and after two to three doses the patient gradually got well. The iodide was given in cases after a sharp, short attack of pain; a dull pain was left in the region of the gall-bladder, with great tenderness on pressure. In all such cases no narcotics were given, only the iodide of potassium. As regards the *modus operandi* of the drug, whether it dissolves the stone or only acts as an antispasmodic, the writer says it is difficult to say. In very violent attacks of pain, however, some narcotic is made use of.

The same journal has a reference to a paper by O. Ehrhardt on

ABSORPTION AND TOXICITY OF BILE IN THE PERITONEUM.

A number of experiments were made on animals, and these pointed to the view that in gall-stone peritonitis the inflammation was bacterial. He is of opinion that in the presence of injury treatment must be more active than is the case at present. Most of the cases that were allowed to die from intervention might have been saved by operation. In some cases the gall-bladder would only require suturing. Those cases healed spontaneously in which bland infection set up adhesive inflammation. Operation soon after the injury offers the best chances. In delayed operation it was often impossible to find the wound, so that nothing more could be done than evacuate the bile present. Resorption of bile must be avoided in all cases. If the wound of the bile passage cannot be sutured the bile must be brought outside. The dangers from loss of bile are not so great as those from absorption, and they can, moreover, be overcome by other means. Drainage right up to the seat of injury materially assists recovery.

THE second reading of the "Bill to Secure the Better Training of Midwives and to Regulate their Practice" is down for Wednesday, the 26th prox.

The Operating Theatres.

CHELSEA HOSPITAL FOR WOMEN.

HYSTERECTOMY FOR AN IMPACTED MYOMA OF THE UTERUS.—Dr. ARTHUR GILES operated on a woman, *et. 45*, who had been admitted into the hospital suffering from a tumour that occupied the whole pelvis. Menstruation was regular, but excessive in quantity; she complained of great pain in the pelvis, and of difficulty with micturition. On admission the temperature was high, and the patient looked ill. Examination of the urine showed that it was acid, and contained a large quantity of pus; there was no tenderness in the loins, nor any other symptom pointing to renal disease, and the origin of the pus could not be ascertained. It was decided to wait before operating in the hope of an improvement in the patient's general condition; after a week the temperature was lower, although still above normal, and the amount of pus in the urine had diminished. The woman was allowed to remain for a week further, by which time the temperature had been normal for some days, and the pus had nearly disappeared. The diagnosis was a matter of considerable difficulty, the febrile condition on admission, taken in conjunction with the passage of large quantities of pus, suggested the possibility of an inflammatory condition of the appendages with perhaps a fistulous communication with the bladder or ureter. The hardness of the tumour, on the other hand, was suggestive of myoma; the fact of menorrhagia was consistent with either view. In either case a somewhat formidable operation was anticipated, as it was supposed that many adhesions would be present involving perhaps both the bladder and intestines, but as it was clear that no great improvement could take place without surgical intervention, abdominal section was decided upon. On opening the abdomen the operator was greeted with a pleasant surprise, for the mass proved to be a large myomatous uterus impacted in the pelvis with a small ovarian cyst on the right side; the mass could be lifted out of the pelvis without any difficulty, and no adhesions were present. The myomatous uterus was removed by the usual method of supra-vaginal hysterectomy, which presented no special difficulties. The ovarian cyst on the right side was also removed; whilst the appendages of the left side were allowed to remain behind. The abdominal wound was closed in three layers, without drainage. Dr. Giles said that the main interest of the case lay in the question of diagnosis, for the symptoms, the temperature, pain and menorrhagia, combined with the physical signs of a hard apparently fixed mass filling up the pelvis, and pus in the urine formed an almost complete picture of extensive suppurative disease of the adnexa. No source for the pus in the urine could be discovered either at the time of operation or beforehand, and the most likely explanation before the operation was begun was that a pelvic abscess had communicated with some part of the urinary tract; in the absence of any pelvic suppuration he could only suppose that the pressure of the tumour on the base of the bladder or ureters had been sufficient to cause a certain degree of hydronephrosis with pyonephrosis following. With regard to the forecast of adhesions, it was, he remarked, generally safe to predict trouble from this

cause when a pelvic tumour was accompanied by tenderness and temperature; in this case the tenderness was due to impaction and the temperature to the pyuria. There was no doubt, he said, that if the condition found had been as anticipated the operation would have been a very anxious as well as a very grave one. As things turned out, everything pointed to a favourable issue.

It is satisfactory to state that the patient made an excellent recovery, and left the hospital eighteen days after operation. The pus disappeared completely from the urine a few days after the operation, lending colour to Dr. Giles' supposition as to its origin.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 29, 1902.

MISS COBBE AND THE CURE OF CANCER.

THE recent newspaper discussion upon cancer has brought from Miss Frances Power Cobbe a communication that deserves some passing attention at the hands of the medical profession. It is not that the lady in question is able to throw any fresh light on a disease that has for many centuries eluded the earnest vigilance of medical science, but rather that her attitude may be taken to represent the views of a fairly intelligent, even if hopelessly prejudiced, member of the laity. The letter of January 19th, addressed to the *Daily News* and other journals, reveals a depth of ignorance of the problems and facts of disease, and a placid assumption of all the virtues and attributes of authority that would be ludicrous were it not that the doctrine thus laid down is calculated to do unspeakable harm to human progress. Miss Cobbe paints in glowing colours the terrors of cancer, but while acknowledging the relentless strength and cruelty of the enemy, she nevertheless condemns unsparingly modern scientific methods of investigation and advocates research by what she terms "lawful and humane methods." The argument hinges upon the definition of "lawful" and "humane," as used in her proposition. Let us say there is a ward full of cancer patients: is it more lawful and

humane to practise surgical operations and other methods that offer any chance of relief than to leave those sufferers to die while supplying them with every surrounding that can soften the pain of their passing away? Or, again, turning to the field of comparative experimentation, which is the bugbear ever uppermost in Miss Cobbe's humanitarian flights, would it be justifiable to sacrifice ten thousand guinea-pigs, rats, white mice, and so on, if a single human life might be thereby saved? For our own part we emphatically prefer the interests of the man to those of the lower animals. Miss Cobbe would presumably raise no objection to the slaughter of fish and fowl to feed the cancer patients, and, for that matter, their healthy brethren also. If herrings, and rabbits, and geese, and sheep, and calves, and oxen may be killed, often under circumstances of unspeakable barbarity, for mere sustenance, why should not lives of similar relative standing in the scale of creation be sacrificed for the necessary purposes of the protection and safeguarding of man? Where does the line of lawfulness stop? Is man entitled to exercise absolute control over the bodies and the lives of the lower animals for the purposes of sport, vanity, convenience, commerce, clothing, sustenance, and amusement, but to stay his hand absolutely when it is proposed to extend the assumed right in that direction to the study of the problems of disease? Miss Cobbe says he is not so entitled, and it may be instructive to examine briefly her intellectual methods in advancing that conclusion. First of all, she unreservedly accepts as an established fact the enormous increase of cancer as shown by the returns of the Registrar-General, apparently regardless of the fallacies that underlie any such statistics. The generally accepted view among medical men is that the increase is more apparent than real, and is due to more accurate modern diagnosis and certification. Any scientific writer adopting the view of increase unreservedly in a serious publication would at once be laughed out of court by competent critics as a loose reasoner. The assumption, however, is good enough for Miss Cobbe, and may be taken as a fair example of the critical care bestowed upon the foundations of her position. Her next step is no less fallacious—namely, that it is a "terrific paradox," this increase of mortality "during years in which the habits of the community (and especially those of women) have grown constantly more healthy." That view involves the minor assumption that cancer is closely related to the "habits of the community." So far as we know, there is no evidence in support of any such conclusion. The fact is that medical science is still in ignorance of the ultimate causes of cancer, although the field of observation has been gradually narrowed down so as to make it hopeful that we are within reasonable distance of the discovery of the specific cause of the malady. The greatest advance yet made in the curative treatment of cancer has been the wide removal of the invaded area, together

with neighbouring lymphatic vessels and glands. That advance has greatly increased the chances of successful operation, and is directly due to the knowledge gained by the experimental implantation of cancer in lower animals. The single fact, thus briefly stated, to our mind warrants the whole system of experimental research practised in this country. Experiments on human beings such as those quoted by Miss Cobbe are not performed by medical men in the United Kingdom, unless we except a small number—not mentioned by Miss Cobbe—who do not hesitate to perform dangerous experiments upon their own bodies in their desire to promote the best interests of humanity. As "lawful and humane" methods, Miss Cobbe advocates the use of the Röntgen rays, which have been shown to cure certain superficial forms of cancer in the early stage, but do not touch the deeper and more malignant forms of the disease. She also advocates the light cure and—ye gods!—an infusion of violet leaves. Miss Cobbe, it appears, would infinitely prefer to the sober researches of modern medicine the foregoing and "many another plan which the electrician, the galvanist, the chemist, and the herbalist can suggest." We fervently pity any friends of Miss Cobbe who may trust to such persons in preference to the candour and skill of a good modern surgeon. Miss Cobbe affords a striking instance of a kindly and sentimental enthusiast whose undoubted abilities lack the discipline of that logical training without which kindness and enthusiasm are apt to become misleading forces in intellectual activity.

TOXIC ANALGESICS.

MANY of the somewhat recently introduced synthetic therapeutic agents have proved of the highest value. In affording relief from neuralgia and allied sensory disturbances they have come as a veritable boon, and in these cases have in a large measure replaced opium and its alkaloids; this was a consummation devoutly to be wished, but unfortunately the substitute occasionally proves a treacherous friend. The mania for cocaine, anti-pyrine, and similar drugs is becoming general, with probably a much wider scope than ever the opium habit obtained in these islands. The public obtain access in the easiest way to these newer preparations, thanks to the ingenuity of the modern pharmacist and the laxity of a Government which is proud of its legislation for the preservation of the public health and conscience. Cases of chronic poisoning by these drugs are vastly more common than is generally supposed. In many cases the victims of the habit are probably unaware of or indifferent to the almost incurable conditions they are inducing. It is within the power of medical men to protect their patients to a great extent against contracting the opium and morphia habits, but not so can they calculate on checking the supply of these newer drugs to a patient who has become, or is in danger of becoming, a slave to their use. Legislation is very unlikely to be undertaken against the free

unhindered sale of drugs, which so seldom cause immediate death, and the public can scarcely be expected to understand the toxic nature of the remedies they can so easily obtain once they have learned, with varying difficulty, how to pronounce their names. The unsophisticated public believe the dose recommended on the bottle represents the limits of safety, allowance being made for state of health, age, &c., but there is a fast growing section who are learning to despise these limitations, and who boldly preach to fellow-sufferers, or prospective sufferers, that what is worth doing at all is worth doing well, and so the dosage is increased indefinitely. The occasional report of a case of fatal acute poisoning is one of the things which will make a tyro pause and think; for the *habitué* there is little chance. A case of acute poisoning by sixty grains of acetanilid ending fatally in eight days is reported by Dr. P. King Brown in the *American Journal of Medical Sciences* for December. The principal and most striking features of the clinical symptoms were general hyperæsthesia and not, as one might anticipate, anæsthesia; the reflexes were increased, motor and sensory functions were retained almost to the end. Vomiting was frequent and severe, the arterial pressure was low, the pulse rate steadily increased, the rectal temperature was at first raised but subsequently fell to below normal, a progressive destruction of red-blood corpuscles down to 1,116,000 was noted with a marked increase in the proportion of leucocytes, together with many nucleated red cells, associated with hæmatoporphyria, followed by suppression of urine, mælena, and jaundice.

Notes on Current Topics.

Henoch's Disease.

HAPPILY for us Henoch's disease is almost unknown in the United Kingdom, the disease is, however, not so unusual in the United States, and Dr. Richardson has recently placed an interesting case on record. The case was marked by the suddenness of its onset, commencing without prodromata. The child, eleven years of age was, when apparently in good health, seized with vomiting of blood, pains in the belly and hands, and passed three or four bloody stools. The next day the child was sore from its head to its feet, it was greatly prostrated, and its thighs were covered with purpuric blotches. In a few days all the symptoms disappeared. This favourable result does not always come about. Henoch specially warned his class against giving too favourable a prognosis in such cases, he having more than once met with fatal results. Unfortunately, we know very little of these morbid changes and since 1882, when Henoch and Litton studied them, microscopists have contributed but little to our knowledge. To account for the hæmorrhages a greater permeability of the arterioles than normal is supposed to exist and endarthritic changes such as Koyerer describes have been found in fatal cases. It is withal difficult to believe that marked

structural changes are constant in a disease which begins so suddenly and disappears so quickly. There must be several different conditions grouped together under the common name of purpura, which have nothing in common except the hæmorrhagic symptoms. Henoch leaned to the opinion that the lighter forms were due to a vasomotor neurosis, leading to paralytic dilatation of the smallest vessels, producing stasis of the blood and rupture of the vascular walls or diapedesis of the blood corpuscles. The disease is essentially one of childhood, and appears to be limited to the period between four and fifteen years of age, the great majority of the cases occurring between eight and twelve years. Both sexes appear to suffer equally. Relapses are not infrequent, especially if the child is allowed to rise from bed too soon. There is no specific treatment. Rest in bed, easily digestible foods, and opium are the principal remedies. A case of the disease was reported by Dr. Sutherland in 1897, which shows that we are not wholly immune from it, and this, taken in connection with the case given above, warrants our commenting on the disease, which from its nature is well calculated to alarm a child's parents, and from its rarity in this country might perplex the physician as to its true character.

Newspaper Frauds.

It is strange how little some daily and weekly papers care about their character as advisers of the people. The public press is, to a large extent, the public mentor, though in some cases it little deserves that honourable post. Weekly journals of semi-religious character impart valuable (?) medical advice. Daily papers publish paid quack puffs in so intimate juxtaposition to their genuine news that the reader is often unable to distinguish the difference. It has, however, been reserved for a Belfast daily paper to announce to its readers among its "Arrangements for To-day" the doings of a company which not only are well-known to be professed frauds, but which have been so branded in a court of law. In last May, in the Manchester County Court, his Honour Judge Parry awarded a young lady £50 damages against the British Viavi Company on the ground of fraudulent misrepresentation, and he accompanied his award by some very strong remarks as to the character of that Company. Yet, within the past month, the *Belfast News Letter* inserts in its "Arrangement for To-day" a "Health Lecture," by these nefarious quacks, cheek by jowl with the announcements of meetings of the Young Men's Christian Societies, theatre announcements, and such-like. What can possibly be urged in defence of such degradation of the Press? Ignorance may be considered a reason, but not an excuse. Can it be that the *Belfast News Letter* seeks to make money by advertisements of this kind, and that the Viavi folk will not give them save they receive editorial assistance? Comment on journalism of this nature has not been confined to the columns of medical journals. *Truth*, that keen-nosed tracker of humbugs, has dealt with

the matter in a sensible paragraph, and to its efforts to keep daily literature free from real or apparent dallying with fraud we should like to join our own, in the hope that the *Belfast News Letter*, among others, may profit.

Anopheles.

MANY medical men at home, whose interest has been aroused during the last few years with reference to malaria and the part played by the anopheles in its transmission, find considerable difficulty in following many of the points raised regarding the different species of anopheles. Captain W. G. Liston, I.M.S., has communicated a further article to the *Indian Medical Gazette* for December, in which he describes three more Indian species—the *Anopheles Stephensii*, *Jamesii*, and *Turkhudi*. Appended to careful descriptions are four beautiful drawings, one of these being a descriptive diagram which will doubtless prove of the greatest assistance to those who are in a position and anxious to examine and report on the anopheles found in their neighbourhood. Captain Liston points out that "it is very possible that the cantonment of Ellickpur could be almost completely rid of malarial fevers in a year or so if precautions were taken to rid the place of anopheles mosquitoes," and then proceeds to describe the methods by which he believes this might be done. These principally consist in the sweeping out of small ponds, and treating larger ones with crude paraffin or tar oil once a week. It is pointed out that 50 per cent. of the total admissions to the Jail Hospital and 41 per cent. to the military hospitals during one year were malaria. Captain Liston points out that not only do anopheles make choice of colours, but even more so of materials; for instance, they are rarely taken on linen or silk articles, while they like to rest on woollen materials, furs, or skins.

The Small-pox in London.

THE small-pox, which has shown a slight fall in London, continues to spread in the neighbouring counties. Thirteen cases have occurred in the Gillingham district, and a death at Rochester, both near Chatham, where vaccination is being performed wholesale upon the military and civilian population. A number of cases have occurred in Sittingbourne, another Kentish town, to say nothing of the appearance of the disease at Maidstone and at Canterbury. During the past week Westminster has made chicken-pox a notifiable disease, and has thereby added a most important area to the eight boroughs that have already adopted that important step in prevention. There can be no doubt that the confusion in diagnosis between chicken-pox and small-pox has led to many disastrous errors during the present epidemic. It is somewhat amusing to learn that the Board of Guardians of Whitechapel, which is a notorious anti-vaccinationist centre, have paid over £600 for vaccinations during the past thirteen weeks. The statement has been freely circulated that the outbreak has cost the ratepayers £400,000, but those figures

simply represent the outlay on additional hospital accommodation, and do not take into consideration the cost of maintenance of patients and the economic loss in sickness and death. The London County Council have indignantly repudiated the charge that they have not exercised proper control over the lodging-houses and other dwellings under their control. Dr. Cooper, Chairman of the Public Health Committee, complained that the Government had taken away from the Council its position as the central health authority, and had split the responsibility up among a number of boroughs. In spite of the recent slight decrease in the notifications, the totals show an increase. The hospital admissions for the fortnight ended January 23rd were 447; the number remaining under treatment was 878, being an increase of thirty-five compared with the previous fortnight. On Saturday night the cases under treatment were 900. The total number of admissions from August 10th to January 23rd was 2,353.

Antidiphtheritic Serum and Vaccine Disasters.

No greater misfortune can possibly overtake the public than that its faith in vaccination as a safe prophylactic measure against small-pox should be shaken. It is true that the anti-vaccinationists have been much in evidence, and the conscientious objector has attained to a great degree of notoriety, but the probability is that the latter at any rate is fairly well satisfied with this gain and his public demonstration of his conscience, and has as a rule followed it up by soliciting a more or less private performance of vaccination. The medical profession could justly point with pride to the long record of years of vaccination practice. That it is possible to do harm unless constant carefulness is exercised has been admitted; all the more credit then to the legions of doctors to whose conscientious care it was due that nothing like a public scandal arose while the selection of the sources from which the "lymph" was taken was in their hands. As soon as calf-lymph became compulsory in some places, and insisted on by the public themselves in others, it was well nigh impossible to prevent its becoming an article of more or less ordinary commerce. It might have been supposed that where the preparation of such material as vaccine and antitoxin was undertaken under the direct supervision of public health authorities, none of the dangers were possible which are certain to be present when the material is the subject of commercial competition. We are apt to forget that the introduction of antidiphtheritic serum dates but a very few years back, and that it must be considered to be still more or less on its trial. Can anything be more unfortunate than that it should have thus early to contend against such catastrophes following its use as have lately occurred? Dr. Dalton certainly does not mince matters in an article in the *Canadian Journal of Medicine and Surgery*, for January.

In criticising the methods of the laboratory of the St. Louis Board of Health, he says: "The whole system on which the Board has been in the habit of producing antitoxin seems to have been grossly reckless and in all respects bad." The writer closes the article with the pregnant sentence, "To be impartial, Boards of Health must get out of business," and indeed, if they cannot conduct manufacturing business better than he has represented them as doing, most people will agree with his remark.

Unprotected Firegrates.

THE huge infantile death-rate in modern civilised communities constitutes a standing reproach to the science of preventive medicine. There is little reason to doubt that for the greater part it is due to preventible causes, some of which lie upon the surface, while others are necessarily obscure in our present stage of knowledge. The Home Secretary, Mr. Ritchie, has lately performed a useful public service by emphasising the danger of unprotected firegrates as regards young children. Acting upon a suggestion from the coroner for the City of Nottingham he communicated upon the subject with 200 coroners in England and Wales. The figures obtained in response to his inquiry furnish an appalling proof of the magnitude of this entirely preventible cause of infantile mortality. It appears from this return, a copy of which has been forwarded to the London County Council, as well as to local authorities throughout the country, that in the years 1899 and 1900, the coroners in question held 1,684 inquests on the bodies of children whose deaths had resulted from burning, and that in 1,425 of these cases the evidence showed that the fire by which the burning was caused, had been unprotected by a guard. The official communication from Mr. Ritchie to the County Council, concludes with the following weighty observation. "The loss of life thus brought about is so serious and deplorable, that the facts should be made as widely known as possible, by printed notice to the public or through the local press, and the Secretary of State suggests that steps for the purpose should be taken without delay." By thus calling attention to a public evil, Mr. Ritchie has, to some extent, illustrated the barren wilderness into which his government has wandered, so far as useful preventive measures are concerned.

The Supervision of Restaurant Kitchens.

THE London County Council has somewhat late in the day realised the necessity of exercising a sanitary supervision over the restaurant kitchens of the metropolis. This subject was brought up some years ago by Dr. Waldo, the then Medical Officer of Health for St. George's, Southwark, who published some remarkable facts connected with kitchens attached to restaurants and hotels and also with underground bakehouses. In the latter case legislation has been obtained, and it is sincerely to be hoped in the interests of the community that some stringent regulations will be established in the former as in all other places where food is prepared for con-

sumption by the public. There can be little doubt that the environment of restaurant kitchens is often of the most unwholesome kind, and were it not for the sterilising influence exerted by the process of cooking the results might be disastrous on a large scale. The London County Council have resolved as follows:—"That, considering the thousands of persons in London whose business compels them to have the greater part of their food in public restaurants and eating-houses, and in view of the great importance to the public health that such food should be prepared in wholesome and sanitary surroundings, it be referred to the Public Health Committee to consider and report as to the best means to exercise periodical inspections of the kitchens of restaurants and eating-houses on similar lines as bakehouses and factories are inspected." The introducer of the motion mentioned incidentally that he had been informed by a cook that nothing would tempt him to eat a meal in a restaurant, unless he had previously seen the kitchen arrangements. He had also been told by one of the largest dealers of horseflesh in the metropolis that more horseflesh went into restaurants than was sold for cats' meat. These facts, if established, speak loudly for the necessity of systematic sanitary control of all public kitchens.

Police and Suicides.

AN extraordinary state of affairs in the conduct of the police towards a suicide was disclosed last week at an inquest held by Dr. F. J. Waldo, the City Coroner. It appeared that a horse-dealer, aged 62 years, swallowed some hydrochloric acid. He was seen by a medical man, who prescribed for him, and shortly afterwards he was taken in charge by two constables. Instead of being taken off to hospital, he was walked to the police station, where he was charged and then finally conducted to St. Bartholomew's Hospital, at which institution he subsequently died of shock. These leisurely proceedings in a case of acute poisoning by a corrosive agent are of a nature calculated to cast a severe reflection upon the methods of the police in emergencies of the kind. An ordinary citizen would have bundled the unfortunate suicide into a cab and dashed off with him post haste to a hospital, and there is no reason, so far as appears on the surface, why the constables should have done otherwise with their charge in the present instance. The only shadow of an excuse that can be urged on their behalf is the fact that the deceased had been seen by a medical man, who, however, had ordered his immediate removal to hospital. The interval between the arrival of the police and the delivery of this practically dying man at the hospital was an hour and twenty minutes. As the Coroner remarked, if the unfortunate man had been taken straight to hospital his chances of life, although small, would have been increased. The system that can admit of such an unwise exercise of discretion on the part of police constables clearly requires stringent and common-sense revision.

The Scar Area as a Test of the Efficacy of Vaccination.

VACCINATION has one feature in common with beer—viz., that it is impossible to lay down a satisfactory technical definition of either. The Metropolitan Asylums Board statisticians have accustomed us to take the scar area as a guide to the efficacy of previous vaccination. To this practice there are sundry weighty objections. They are weighty because the adoption of an untrustworthy indication of effective vaccination is sure to furnish the anti-vaccination party with an arm to use against us. It may safely be asserted that neither the size nor the depth of the scar has any necessary relationship to the specific nature of the previous inoculation, indeed it is quite possible that extremely well-marked cicatrices are the result of suppuration caused by the intrusion of pyogenic microbes at, or subsequent to, the inoculation. Every vaccinator of experience will confirm the statement that a typical vaccination may run its course, leaving hardly any visible scar, provided that the operation was performed aseptically and remained free from septic disturbance. It is, moreover, highly probable that the intrusion of pyogenic organisms in any quantity mitigates, and may even destroy, the specific action of vaccine lymph, an assumption which would amply suffice to explain the exceptional instances of vaccination or revaccination not protecting against a subsequent attack of small-pox. Perhaps the experts *in re* vaccination will inform us of the results of their observations on this point. Practically there is only one trustworthy test of the efficacy of vaccination, and that is a clinical one, viz., the immunity of the individual against subsequent infection. Incidentally this action may help us to understand why vaccination sometimes renders the subject refractory to subsequent inoculation and sometimes does not.

Trichinosis and Eosinophilia.

THE number of cases of trichinosis which come under notice is rapidly becoming less, nevertheless the interest attaching to the cases which are discovered from time to time is very great. Such disappearing diseases, and they are all too few, present a field for investigation by the newer methods employed in "blood pathology," which is eagerly seized upon by the patient, painstaking devotees of this branch of modern medical science. A case of trichinosis, which presented many points of particular interest is reported by Drs. Da Costa and Dorset in the *American Journal of Medical Science* for December, and occasion is taken to present a concise *résumé* of the subject of trichinosis. Briefly the details of the case are as follows:—A young man, in consequence of a bicycle accident, wounded the calf of the right leg, but the skin remained uninjured. For over two months the calf increased in size, and soreness and cramp-like pain were experienced when walking. The swelling extending an exploratory incision was

determined on, and in consequence of the appearance of the muscle exposed, a piece was removed and found to swarm with embryo trichinæ. It was subsequently elicited that the patient had eaten for some months previously pork on an average four times a week, though never in a raw state. The diagnostic value of eosinophilia is considered at some length, principally in connection with trichinosis. A constant relative increase in the eosinophiles in this disease has been claimed. Osler is quoted as having found quite a pronounced eosinophilia in five cases. In the author's case, however, no such change could be found.

Wanted, a Descriptive Title.

THE British Optical Association, which appears to be a body composed of working and other opticians, are much exercised in their minds how best to describe their specialty without falling foul of the law. A circular has recently been sent to the members asking for suggestions in reference thereto, and the list of "descriptive titles" before us contains many of the elements of humour. Without soaring quite as high as "doctor of refraction" or "graduate in optics," we are invited to consider the appropriateness of "lensman," "lentist," or "octopus" (why octopus?). These in any event savour too much of trade, hence many may prefer "oculogist," "ophthalmometrician," or "opticologist." The three last have a pronounced scientific twang about them; but we have "pincenecologist" and "professor of optics." "Sighter" and "sightest" are vulgar, and the same remark applies to "spectaclist." We are not entitled to record a vote, otherwise we should be tempted to select "surgeons' optician" or "oculists' optician." At a pinch we might even include "consulting optician." Neonomomenclature is evidently a calling which requires special aptitudes, aptitudes which are by no means invariably possessed by those whose *raison d'être* seems to be the enrichment of the medical vocabulary in defiance of the laws of etymology.

A Municipal Laboratory for Dublin.

AT the last monthly meeting of the Dublin Branch of the National Association for the Prevention of Tuberculosis the question of the voluntary notification of consumption was under discussion, and it was stated that the system as tried in Dublin was practically inoperative. The Hon. Sec. was directed to write to the Public Health Committee of the Corporation pointing out this fact, and urging on them the necessity of providing a Municipal Bacteriological Laboratory, where specimens of sputum could be examined and reported on free of charge. It is now a well-recognised fact that without such an examination a certain diagnosis of the early stages of consumption cannot be made, and without such early diagnosis there is little hope of putting any effective check on the ravages of the disease, which, as was stated, causes some 20 per cent. of the mortality in the city. In the case of the upper classes

the difficulty does not exist, as they can and should, under any circumstances bear the expense of such examination; but in the case of those who are dependent for medical care on the Poor-law dispensaries such expense is out of the question, while it would be equally impossible for the Poor-law medical officers to undertake such an examination for them. The case in reality appears very simple, as if the public health and the medical care of the poor demand the existence of such an institution, there is no reason why it should be denied any more than any other medical requisite. The question of expense is the only real difficulty, but it has been pointed out that such a system has been adopted in nearly all the important towns of England and Scotland, and that the financial difficulty has not been found at all so formidable as was expected. We are firmly convinced that if such a method of diagnosis were at the disposal of the Poor-law medical officers of the city a very real benefit would result to the health of the community, and voluntary notification of tuberculous cases would cease to be the dead letter which it has been up to the present. We sincerely trust that the Corporation will see their way to the establishment of such an institution, and thus remove what must be looked on as one of the chief obstacles in the way of stamping out this disease.

The New Medical Officer of the London School Board.

It is announced that the advisory sub-committee for the appointment of a Medical Superintendent for the London School Board have chosen Dr. Kerr. In view of the importance of the matter a brief record of Dr. Kerr's previous experience will be of interest. In 1893 he was chosen medical officer of the School Board of Bradford, and his duties in that post were on several occasions extended, although at the same time he had sufficient time for private practice. During his tenure of office he advised the Board on general sanitary and hygienic matters, on the health and physical capacity of teachers, and on the general mental and bodily condition of pupils, with special regard to diseases of the eye, ear, and throat. Among other things due to his initiative was a special class for children known as "defectives." The experience thus gained among something like 40,000 children must have been considerable. In selecting a "whole time" candidate of this stamp it may be inferred that the London School Board has at length recognised the supreme importance of safeguarding the health of the children committed to its care. Hitherto there has been practically no medical supervision of the health of scholars, except to a limited extent in epidemic invasions. The authority of the local Medical Officer of Health has been excluded, but the massed groups of children in the Board Schools have been placed under the care of no other shepherd. Should the policy of the London Board prove to be favourable to the systematic inspection of the children, it is clear that a staff of subordinate medical officers will be required. The new departure

of the London Board will be watched with interest by public educational bodies throughout the United Kingdom.

Motor Car Surgery.

AUTOMOBILISM, which is fast becoming such a fashionable pastime, is likely to give rise to its special forms of injury and incapacity. The forces which have to be regulated by the driver of a motor car are much more powerful than those which the simple cyclist commands, and the injuries are naturally of corresponding gravity. We need not dwell upon the terrible fractures and contusions which a spill usually entails upon the unhappy occupants of the car for they do not differ, except in degree, from those which might be caused by being thrown out of an apple cart. The accidents to which we would call attention are those which result from the driving arm being suddenly thrown into forced extension by a sudden jerk of the mechanism. Not unfrequently this determines indirect fracture of the lower extremity of the radius, following rupture or detachment of the anterior ligament of the wrist. On other occasions the injury has been of the nature of a direct fracture, at the junction of the middle and lower thirds of the radius, caused by the handle coming into violent contact with the limb. In one case the styloid process of the ulna was also torn away. Evidently the conduct of a motor car demands a firm hand and a cool head, qualities which are not likely to be invariably found associated.

The Supply of Lymph.

WE cannot congratulate the President of the Local Government Board on the tenor of his reply in reference to the penury of Government lymph. All he had to say was that he had ascertained "beyond doubt" that there is an ample supply of glycerinated calf lymph outside the supply of the Government Department. He "believed" that most of it was very efficient, though the Government lymph was "stronger." This reply reveals a very unsatisfactory state of things. In view of the importance of securing an adequate supply of trustworthy vaccine lymph, it would appear to be the duty of the State either to supply it, not necessarily *gratis*, or to control the supply. At present it is open to any pushing tradesman to supply lymph of unknown origin and still more doubtful efficacy. There are weighty reasons for not restricting the production of lymph to one or two institutions, Government or otherwise, but the risks entailed by imperfectly or carelessly prepared vaccine are too grave for it to be properly left entirely to unsupervised private initiative.

THE death is announced of Dr. and Privy Councillor von Ziemssen, who for many years occupied the position of Professor of Pathology and Therapeutics at Erlangen, and more recently at the University of Munich. Dr. von Ziemssen was an indefatigable worker, and his contributions to medical literature were numerous and important. He was seventy-two years of age.

Remuneration versus Coercion.

THE law providing no means of compelling adult slum dwellers to be vaccinated, it has been found necessary to wheedle them into compliance by small payments, varying in amount from an unstated number of coppers to a bright new shilling. At the latter figure they testify to a willingness to be vaccinated every day of the week. Possibly some such means might be tried with advantage in order to overcome the objection of parents to the vaccination of their children. The expense would probably be less than that entailed by coercive proceedings, especially as the latter so often prove abortive.

Professor Virchow.

It is confidently asserted that the condition of Professor Virchow is "relatively satisfactory," and not such as to justify anxiety. The fact remains that the illustrious professor is suffering materially from the effects of his recent accident, and by reason of his advanced age it is hardly possible to resist a feeling of anxiety, especially in view of his waning strength.

DECISION of character is a great thing when properly applied. The Editor of *Vanity Fair* possesses it, and it enables him to declare with confident emphasis that Colonel Le Poer Trench's last letter to the *Times* is "a gentleman's letter." In the Editor's opinion, it is unanswered and therefore irrefutable. He is moved to ire at the spectacle of the gallant Colonel being "contemptuously trampled upon by any apothecary" whose "coarse disregard for common courtesy" is equalled—well, let us say by that of the Editor of *Vanity Fair*, whose inconsequent insolence may tickle the groundlings, his readers, but must make the wise man weep.

It has been decided to appoint a Medical Officer of Health to the Doncaster Rural District Council, at a salary of £300 per annum, with the right to take pupils, give consultations, &c.

PERSONAL.

THE appointment of Dr. Wroughton Gerald Heath, Medical Officer of Montserrat, to the Legislative Council of that Presidency has received the Royal assent.

MR. JAMES KERR, M.A., M.D.Cantab., Medical Officer to the Bradford School Board, has been selected by the Committee of the London School Board, from 148 candidates, to the vacancy caused by the resignation of Dr. W. R. Smith.

MR. PHILIP DE SANTI, F.R.C.S., Senior Assistant Surgeon and Surgeon-in-Charge of the Ear Department at Westminster Hospital, has been appointed Surgeon to the Throat, Nose, and Ear Departments, which have been amalgamated at Westminster, and, in consequence, has resigned the Assistant Surgeoncy.

DR. F. W. PAVY, F.R.S., has been elected President of the Fourteenth International Congress of Medicine, vice Sir William MacCormac, Bart., K.C.B., deceased.

At the meeting of the Committee at which the new President was elected, the secretaries were ordered to transmit to Lady MacCormac an expression of their deep sympathy in her bereavement, and recognition of the great value of the late Sir William MacCormac's services to the various International Congresses with which he had been so closely connected.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

GLASGOW UNIVERSITY AND THE CARNEGIE TRUST.

THE University Court have just issued a statement in response to the Carnegie Trustees' letter asking for the opinions of the Universities as to their requirements so far as they came within the scope of the operations of the Trust. The University asks the Carnegie Trustees for capital grants amounting to £95,000, and for an annual grant of £15,205. With regard to the former of these, the objects for which the money is required are the foundation of a Chair of Geology (£27,500), new laboratories (£75,000), apparatus (£8,000), and the library (£8,500). The Chair of Natural History has, since its foundation, comprehended the two sciences of Zoology and Geology, and it is agreed on all hands that the time has now come for the teaching of the two to be separated. The present occupant of the chair has intimated his intention to resign, and it is most important that the separation should be made before the appointment of a successor. The Court have received a conditional promise of £6,000 from the Bella Houston trustees, and hope that £1,500 may be collected otherwise for this object: they therefore apply to the Carnegie Trust for the balance necessary. The Court points out that they have already done all in their power to meet the great and growing needs for laboratory extension. An arrangement was made in 1894 with the Western Infirmary for the erection of a pathological department there, and the University pays a rental of five per cent. on the cost of building, as well as meeting the expenses of lighting, &c. A new botanical laboratory has been erected at a cost of £16,000, a new engineering laboratory is almost completed, and will cost £40,000, a surgical laboratory is being erected at an estimated cost of about £10,540, and a new anatomical laboratory has been completed at a cost of £13,500. The funds necessary have been supplied by the Bella Houston Trustees, the general university fund, the Randolph fund and the Paterson fund, as well as by the generosity of private subscribers. The two last named funds are now exhausted. To meet the further requirements of the university, there are needed laboratories in natural philosophy, physiology, forensic medicine, materia medica, chemistry and geology. For these it is estimated that £150,000 will be required. It is hoped that a grant of half this sum, conditional on the university finding the other half, will be provided by the trustees. The annual grant of £15,000 asked for is proposed to be devoted to the foundation of a Lectureship on Organic Chemistry, with a salary of £400, and to the payment of a greater number of trained demonstrators in science and medicine. In this connection reference is made to the science school of Cambridge, which, untrammelled by use and want, has largely replaced systematic lecturing by practical work, with the necessary division of students into groups of ten or twenty, each under the direction of a demonstrator. Fully to carry out this system in Glasgow in the various subjects of the medical curriculum would entail an expenditure of £5,000 a year, and there would be a further annual charge of £2,000 for material and apparatus. The Court has already appointed special lecturers on engineering and electrical engineering, and special lecturers on one or more of the subdivisions of natural philosophy, such as chemical physics or physical optics, as well as on vegetable economics and on experimental psychology are greatly required. In the Arts Faculty Lectureships on Political Economy, English

language and English history are needed, while as less urgent requirements Arabic and Italian are mentioned. Research Scholarships on the following subjects, which are enclosed in the scope of the trust deed—viz, natural philosophy, astronomy, engineering, naval architecture, mathematics, botany, chemistry, anatomy, pathology, practice of medicine, surgery, pathology therapeutics, forensic medicine, public health, history, English literature, English language, economics, modern languages, and Arabic—would do much to encourage post-graduate work, and the Court suggests that these, which would cost £2,800, should be filled each year by the Faculty, the number of Fellowships not being fixed, and none being allocated definitely nor in perpetuity to any one of the subjects mentioned. The document here quoted is the first public intimation of the demands of any of the Scotch Universities on the Carnegie Trustees, and if the amount asked for seems large it must at least be conceded that the proposals for its disposal are well thought out. Whether or not the University gets all it asks for, the public will learn that good science teaching means money, and will understand better what our Universities really need to compete with the better equipped institutions of America and Germany.

PROPOSED PSYCHIATRIC CLINIQUE IN EDINBURGH.

This question has been reopened by Sir John Sibbald, and in connection with the movement a meeting was held in the College of Physicians, at which a number of medical teachers, alienists, and those interested in medical education generally were present. Sir John Sibbald read a paper detailing the educational advantages of such a scheme, and pointed to its necessity from a charitable point of view. Those who have studied in Germany cannot have failed to perceive that in the psychiatric clinics of the hospitals certain cases are treated, many of which receive but slight attention in our infirmaries at home, being generally rustled off to the parochial authorities, or after a brief sojourn in the ward reserved for an *olla podrida* of "D.T.'s," poisoning cases, and noisy patients generally, are packed off to an asylum or their homes without being a whit better for the treatment, or lack of treatment, they receive. Any one with experience of outpatient practice must often have racked his brains as to what was best to be done with some poor creature on the "borderland," or a neurasthenic artisan who assuredly requires something more than the course of faradism which he is likely to receive in a general medical ward. From the educational point of view the value of such a clinique would be enormous, and would enable the student to see before he graduates cases which (as matters are at present) too frequently do him little credit when he meets them in private practice later on. It is satisfactory to learn that a committee was appointed to further the matter, and that general discussion of the scheme has been arranged for an early meeting of the Medico-Chirurgical Society.

SMALL-POX.

There are now (25th) forty-nine cases of small-pox in Glasgow, while in the reception house, which is used almost exclusively for suspects and contacts, there are thirty-five inmates. Three cases have developed in a lodging-house in Linlithgow during the week. The Town Council offer free vaccination to all those above seven years in consequence of the outbreak. A case has also occurred in Dundee.

Special Article.

AN OBJECT LESSON IN MEDICAL FRATERNITY?

We have received the following statement, with a request that it may be published, from the hon. secretary of the Midland Medical Union:—

From time to time particulars of a dispute between the Teveral Colliery Club and their surgeon have appeared in the medical journals. In view of recent developments we give the following *résumé*. Early in 1901, Dr. Rainsbury, of Skegby, Notts., who held a colliery appointment to the Teveral Colliery Club, commenced

to charge the fee of 21s. for midwifery cases. This was an increase from 10s. 6d. In consequence Dr. Rainsbury was threatened with dismissal from his appointment. A deputation from the Midland Medical Union waited upon the Club Committee to point out the reasonableness of the fee, and asking them to give the matter careful consideration. However, they sent Dr. Rainsbury an agreement to sign, in which he should bind himself to charge a sum of 10s. 6d. for members' wives attended by him in their confinements. This he refused to do, and in consequence was served with three months' notice.

The Colliery Club then advertised for a surgeon; the Union advertised warning men from accepting the post, and through the courtesy of the editors of the medical papers no more advertisements were inserted from the Colliery Club. The club, however, managed to secure a medical man who agreed to accept the appointment; but from knowledge which came to the Club Committee, a letter was sent to him asking him to come at once, and enclosing him three months' notice; in consequence of this he never came to take up his appointment. The result was that after Dr. Rainsbury's notice expired on June 25th, 1901, the club was without a medical officer, and Dr. Rainsbury continued to attend the men and their families, but at private rates.

In November, 1901, the club secured the services of Dr. Alexander David Crawford, who took Dr. Rainsbury's appointment on condition that he should also be given the appointment of a neighbouring practitioner under the same Club Committee—a practitioner who had been asked to accept Dr. Rainsbury's post and had refused. This practitioner (Dr. Mitchell, of Sutton-in-Ashfield) was forthwith dismissed by the Committee, and Dr. Crawford introduced a partner, Dr. Robert James Sharman, into Sutton-in-Ashfield, to carry on that part of the work.

This step on the part of Dr. Crawford and his partner was taken after the case had been fully explained to them, and after the Midland Medical Union, acting on behalf of the local medical men, had begged Dr. Crawford to have nothing to do with the appointment.

These two medical men are now carrying on the work for these collieries.

The Midland Medical Union wish to place this statement of facts before the profession generally, and ask for expressions of opinion with regard to the action of Drs. Crawford and Farman.

The Council of the Midland Medical Union, at a meeting held in Nottingham on January 17th, 1902, declared Drs. Crawford and Farman to be opposed to the objects and interests of the Union, and by a previous resolution of this Union every member is pledged to abstain from giving such practitioners any professional assistance by consultation or otherwise.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

OPEN-AIR TREATMENT OF CONSUMPTION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In an interesting little book by Dr. Euata, of Perugia, on "Pulmonary Tuberculosis," we read that in 1830 Dr. George Bodington, of Sutton Coldfield, Warwickshire, established an open-air sanatorium. The doctor published a book in which he insisted much on the patient living in the open-air heedless of wet and even intense cold.

The result appears to have been a failure; Dr. Bodington's treatment was denounced by the doctors of the day, and the sanatorium, after a few years' trial, was made into a lunatic asylum.

It is rather a curious matter for speculation in this present enlightened day how it came about that a method of treatment for consumption so highly extolled in 1900 should have been a failure in 1830-40. The explanation seems to be that in Bodington's day neither the profession nor the public were educated up to this novel and subversive way of dealing with consumption.

Very little was then known of physical diagnosis, and nothing whatever of temperature taking and microscopic examinations of sputum.

Under this state of knowledge, doubtless, cases of inflammatory bronchitis and congestive pneumonia were placed under the open-air treatment with disastrous effect on the patient. We know how one or two conspicuous mishaps will knock down a new method when just in its beginning.

It is interesting now to see in the open-air treatment a practical outcome of work with stethoscope, thermometer, and microscope. The diagnosis of genuine tuberculosis, as marked by the presence of the tubercle bacillus, is assured, while the thermometer shows in what direction the case is tending.

Though experience has taught me how very rarely gout and consumption are met with in the same constitution, I cannot but fear harm will come in some cases from the excessive feeding that goes along with the open-air method. If true gout be thus developed I should have great hope of a recovery, but during the process we must remember that a violent hæmoptysis or an attack of apoplexy and paralysis may overthrow our best hopes.

I am, Sir, yours truly,

JOHN C. THOROWGOOD, M.D., F.R.C.P.
Bognor, January, 1902.

"SUPERFETATION."

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your correspondent "X" is not quite correct in stating that with one accord such works on midwifery as allude to the condition of superfetation say that its occurrence is impossible. Has he never read Tyler Smith's "Manual of Obstetrics," which gives a most interesting case of superfetation? The case was this. A young married woman pregnant for the first time, miscarried at the end of the fifth month, and some hours afterwards a small clot was discharged, enclosing a perfectly healthy ovum of about one month, &c.

Again, I would suggest to "X" to read Dr. Bonnar's (of Cupar) views and proofs contained in the *Edinburgh Medical Journal* (1864-65).

Briefly, my case was this. Mrs. K, mother of five children, was confined on the morning of May 3rd, 1899. Two boys were born, and I, thinking the case, so to speak, was ended, tied the cords and commenced pressure to expel the placenta, when to my surprise a small fetus was born (female).

The males were very nearly full time, but the female was about four months.

The difference between the sizes of the triplets, and the fact of a common placenta between the males, left, and still leaves little doubt on my mind, but that the female was conceived when the uterus had already contained an ovum which had arrived at a considerable degree of development.

I am, Sir, yours truly,

M. C. O'GORMAN, L.R.C.S.I., &c.

POT. IODID IN BRONCHIAL ASTHMA.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It was with great pleasure that I read in your paper of to-day a clinical report which demonstrated the value of full doses of iodide of potassium in certain forms of bronchial asthma.

This chemical at one time enjoyed a great reputation in the therapeutics of asthma and came to form the principal ingredient in the quack remedy, Dr. Aubree's "Asthma Cure" in which it was combined with lactucarium and chloroform. It seems, however, not to have survived Hyde Salter's condemnation in 1860, and although Dr. Neale went out of his way to recommend it in his excellent "Medical Digest," it has remained comparatively unknown in the treatment of this dreadful complaint. The notice of its therapeutic properties in asthma when used as a spray is mentioned by Binger. In his last edition Dr. Hone writes, "The curative treatment of asthma to a large extent rests upon the use of

iodide of potassium." In my own practice I have had the best possible results from its use in bronchial cases.

I am, Sir, yours truly,

MEDICUS.

NEW BOOKS AND NEW EDITIONS.

The following books have been received since the publication of our last monthly list —

BAILLIÈRE, TINDALL AND Co. (London).

The Imperial Health Manual. Authorised English edition of the official German Manual. Second Edition. Edited by Anthony Roche, M.B.C.P., &c. Pp. 318. Price 3s.

Text-Book of Pathological Anatomy, including Post-Mortem Examinations and the Methods of Preserving and Examining Diseased Tissues. Sixth Edition. By Profs. Delafield and Prudden. Pp. 1,012, with coloured plates. Price 21s.

The Estivo-Malarial Fevers. By Charles F. Craig, M.D. Pp. 211, with coloured plates. Price 10s. 6d.

CENTURY PRINTING COMPANY, LIMITED (London).

The War against Consumption. By Dennis Vinrace, M.B.C.S. Revised by J. H. Vinrace, M.B., M.R.C.P.Lond. Pp. 178. Price 2s. 6d.

J. AND A. CHURCHILL (London).

Nursing—General, Medical, and Surgical—with Appendix on Sick-room Cookery. By Wilfred J. Hadley, M.D., F.R.C.P. Pp. 326. Price 3s. 6d.

The Operative Surgery of Malignant Disease. By H. T. Buthin, F.R.C.S., D.C.L. Second Edition. Pp. 436. Price 14s.

CROSBY, LOCKWOOD AND SON (London).

Water and its Purification. By Samuel Rideal, D.Sc.Lond. Second Edition. Revised and Extended, with numerous Illustrations. Pp. 346. Price 9s. net.

OCTAVE DOIN (Paris).

Clinique des Maladies du Système Nerveux, Hospice de la Salpêtrière. Edited by Professeur Raymond. Quatrième Série. Pp. 666. Avec 2 planches col. Prix 15 fr. Also Cinquième série. Pp. 678, avec 5 planches col. Prix 16 fr.

CHARLES GRIFFIN AND Co. (London).

A Handbook of Hygiene. By A. M. Davies, M.B.C.S., Licent. Col. B.A.M.C. Pp. 621. Price 8s. 6d.

Outlines of Practical Physiology. By Prof. Stirling. Fourth Edition. Pp. 624. Price 15s. net.

Practical Sanitary Engineering. By Francis Wood, A.M.Inst.C.E., F.G.S. Pp. 304. Price 8s. 6d. net.

H. K. LEWIS (London).

Bacteriological Diagnosis. By W. D'Este Emery, M.D., B.Sc. Lond. Pp. 231. Price 5s. 6d.

Rough Notes on Remedies. By Wm. Murray, M.D., F.R.C.P. Lond. Pp. 183. Price 4s.

LIPPINCOTT AND Co. (Philadelphia):

An Experimental and Clinical Research into Certain Problems relating to Surgical Operations. By George W. Crile, A.M., M.D. Pp. 300. Price 12s. 6d.

Pediatrics, the Hygiene and Medical Treatment of Children. By T. M. Rotch, M.D., Harvard. Pp. 1,020. Price 25s.

LONGMANS, GREEN AND Co. (London).

Quain's Dictionary of Medicine, by various Authors. Third Edition. Edited by H. Montague Murray, M.D., F.R.C.P., assisted by J. Harrold, M.B., and W. C. Bosanquet, M.D., M.R.C.P. Pp. 1,892. Price 21s. net.

Directions for Class Work in Practical Physiology. By E. S. Schafer, LL.D., F.R.S. Pp. 76. Price 3s. 6d.

YOUNG J. PENTLAND (Edinburgh and London).

The Edinburgh Medical Journal. Edited by G. A. Gibson, M.D., F.R.C.P.Ed. Vol. x New Series. Pp. 600.

REBMAN, LIMITED (London).

The Medical Treatment of Gall-stones. By J. H. Keay, M.A., M.D. Pp. 126. Price 3s.

THE SCIENTIFIC PRESS, LIMITED (London).

Poison Romance and Poison Mysteries. By C. J. S. Thompson, F.R.E.S. Pp. 295. Price 2s. 6d.

SMITH, ELDER AND Co. (London).

The War in South Africa, its Cause and Conduct. By A. Conan Doyle. Pp. 156. Price 6d.

Therapeutics: its Principles and Practice. By Horatio C. Wood, M.D., LL.D. Eleventh Edition, remodelled. Pp. 890. Price 18s.

Artificial Feeding and Food Disorders of Infants. By W. B. Cheadle, M.A., M.D. Fifth Edition. Pp. 268. Price 5s.

Lectures on Chemical Pathology in its Relation to Practical Medicine. By C. A. Hertter, M.D. Pp. 461.

G. STEINHEIL (Paris).

Etudes Anatomiques des Grossesses Tubaires. Par le Dr. A. Couvelaire, Chef de Clinique Obstetricale a la Faculté de Médecine de Paris. Pp. 160, avec 12 planches. Price 10 fr.

WILLIAMS AND NORWORTHY (London).

Studies in Heterogenesis. By H. Charlton Bastian, M.D., F.R.S. Part I. Pp. 76, with plates. Price 4s.

WILLIAM WOOD AND Co. (New York).

A Manual of Clinical Laboratory Methods. By J. B. Nichols, M.D. Illustrated. Pp. 310. Price 2'50 dols. net.

JOHN WRIGHT AND Co. (Bristol).

First Aid to the Injured and Sick. By A. C. Tunstall, M.D., F.R.C.S.Ed. Pp. 232. Price 2s. 6d.

Elementary Bandaging and Surgical Dressing. By the late Walter Pye, F.R.C.S. Revised by Thos. Cawardine, M.S., F.R.C.S.

LITERARY NOTES.—Messrs. Smith, Elder and Co. have published this week a work entitled "Lectures on Chemical Pathology in its Relation to Practical Medicine," by Dr. C. A. Herter, Professor of Pathological Chemistry, University and Bellevue Medical Schools, New York. They will also publish immediately a fifth edition, revised and edited by Dr. F. J. Poynton, of Dr. Cheadle's well-known work on "The Artificial Feeding of Infants."

MESSERS. BAILLIÈRE, TINDALL AND COX have issued during the present week a third edition of "The Röntgen Rays in Medical Work," by Dr. David Walsh, with electrical portion by Dr. Lewis Jones. A new edition of the "Imperial Health Manual"—Officially authorised by the German Government. Translation by Dr. Roche, of Dublin. Also a sixth edition of Professors Delafield and Prudden's well-known text-book of "Pathological Anatomy and Post-Mortem," and a new work on "Malarial Fevers," by Dr. Chas. F. Craig.

At the death of the late Professor Manassein it was learned with considerable surprise and regret by the medical profession in Russia that he had left very explicit directions that the publication of *Vratch*, a journal of which he was the founder and editor, should be discontinued with the closure of the volume current at the time of his death. The journal will, therefore, die with the year, but its place will be taken by a new one called the *Russki Vratch*, or "Russian Physician."

Sanitary Improvements at Windsor Castle.

CONSIDERABLE improvements, amounting to reconstruction, have been made in the sanitary arrangements of the southern part of Windsor Castle, recently occupied for a few days by their Majesties, by the officials of His Majesty's Office of Works, under the advice and supervision of Professor Corfield, their consulting sanitary adviser. The whole of the drains under the south towers, from Edward III.'s Tower to the Victoria Tower, inclusive, have been done away with, so that there is now no drain under the buildings on that side of the castle, and new watertight iron drains have been laid outside the buildings. Internal water-closets and soil-pipes have been cleared away, ventilated loobies formed in connection with the water-closets, new soil-pipes fixed outside the building, and the best improved appliances of all kinds fixed. Suitable disconnection arrangements have been provided between the new drains of the Tower and the Castle sewers, so that each of the Towers is, in fact, so far as the drainage is concerned, a house in itself. Similar improvements, we are informed, will gradually be carried out throughout the rest of the Castle.

The Medical Lodge of Masons.

THE St. Luke's Lodge of Instruction held its first meeting on Monday, the 20th inst., at the Criterion Restaurant. This Lodge of Instruction is the tangible result of the work done by a Committee representing the various medical lodges of the metropolis, which was appointed last session to consider the subject. Bro. Ernest Clarke, W.M., of the Esculapius Lodge, occupied the chair, and was supported by Bros. Duncan and Luff, of the Middlesex Hospital and Sancta Maria Lodges respectively, and some forty influential and representative members of the various medical lodges. The principal business of the evening was the passing of the bye-laws, at the conclusion of which a vote of thanks to Bro. Rowell, the Secretary of the original Committee, upon whom has fallen the brunt of the work in connection with the preliminary organisation of the lodge, was received with acclamation and ordered to be entered on the minutes. Bro. Achard was then appointed Preceptor, and the second degree was rehearsed. The St. Luke's Medical Lodge of Instruction proposes to meet each Monday in the month, from October to May inclusive, with the exception of those falling in the Christmas vacation, Easter Monday, and Whit Monday. The Secretary is Bro. Eyre, of Embankment Chambers, Villiers Street, London, W.C.

Clitheroe Dentists Committed for Manslaughter.

At an inquest held at Clitheroe a verdict of manslaughter was returned against Thomas Crook and James Lancaster, uncertified dentists, practising at Clitheroe and Blackburn. On Tuesday night a young married woman named Hotherhall died at their surgery whilst under chloroform. According to a doctor's evidence the woman died from an overdose of chloroform. The doctor further said that he did not see that the ordinary means of restoration had been applied. Life was extinct when he was called in, and the woman was being held in an upright position instead of a recumbent one. The jury found that death resulted from an overdose of chloroform unskillfully administered, and both were committed to the assizes.

North of England Obstetrical and Gynaecological Society.

THE following is a list of officers elected for the year 1902 at the annual meeting on the 17th inst.:—President: S. Buckley, M.D., Manchester. Vice-Presidents: Arthur T. Helme, M.D., and D. Lloyd Roberts, M.D. (Manchester); J. E. Burton, L.R.C.P., and E. T. Davies, M.D. (Liverpool); T. Kilner Clark, M.D. (Huddersfield); C. J. Wright, M.R.C.S. (Leeds); G. H. West Jones, M.R.C.S., and J. W. Martin, M.D. (Sheffield). Council: R. W. Beesley, M.D. (Bolton); A. Donald, M.D., W. E. Fothergill, M.D., Arnold W. W. Lea, M.D., W. Sawers Scott, M.D., W. Japp Sinclair, M.D., and W. Walter, M.D. (Manchester); W. Murray Cairns, M.B., and J. Garner, M.D. (Preston); T. B. Grimsdale, M.B., and Llewellyn Morgan, M.D. (Liverpool); J. Huskie, M.B. (Blundellsands); E. Thacker King, L.R.C.P. (West Kirby); J. Lambert, M.D. (Birkenhead); F. P. Bouverie McDonald, M.D. (New Brighton); T. C. Denby, M.D. (Bradford); J. B. Hellier, M.D., H. Littlewood, F.R.C.S., and H. Robson, L.R.C.P. (Leeds); C. N. Gwynne, M.D. A. A. Payne, M.R.C.S., and Sinclair White, M.D. (Sheffield). Honorary Treasurer: Richard Favell, M.R.C.S. (Sheffield). Honorary General Secretary: E. Octavius Croft, M.D. (Leeds). Honorary Local Secretaries: John Scott, M.D. (Manchester); Arthur Wallace, M.D. (Liverpool); Walter Thompson, F.R.C.S. (Leeds); Sidney Barber, M.R.C.S. (Sheffield).

British Gynaecological Society.

At the annual meeting held on the 16th inst. the following office-bearers were elected:—Hon. President: Robert Barnes, M.D., F.R.C.P. President: John Halliday Croom, M.D., F.R.S.E., F.R.C.P., F.R.C.S.E. Vice-Presidents: W. Armstrong, M.R.C.S. (Buxton); Prot. Murdoch Cameron, M.D. (Glasgow); John Campbell, M.D., M.A., F.R.C.S. (Belfast); Clement Godson, M.D., M.R.C.P. (London); F. W. N. Haultain, M.D., F.R.C.P. (Edinburgh); Skene Keith, M.B., F.R.C.S. (London); J. A. Mansell Moullin, M.A., M.B.; James Oliver, M.D. (London); John Shaw, M.D., M.R.C.P. (London); Prof. W. Japp Sinclair, M.A., M.D., M.R.C.P. (Manchester); Alfred Smith, M.B., F.R.C.S.I. (Dublin); Heywood Smith, M.D. (London). Treasurer: W. Travers, M.D., F.R.C.S. (London). Council: W. Alexander, M.D., F.R.C.S. (Liverpool); A. H. Barbour, M.A., B.Sc., M.D. (Edinburgh); E. Stanmore Bishop, F.R.C.S. (Manchester); W. H. Bourke, M.D. (London); Eber Chambers, M.D. (London); R. J. Colenso, M.A., M.D. (London); E. T. Davies, M.D., F.R.C.S. (Liverpool); T. M. Dolan, M.D., F.R.C.S. (Halifax); Bedford Fenwick, M.D., M.R.C.P. (London); Hugh Hodgson, M.D. (London); T. Jago, M.R.C.S. (Lond.); J. Jardine, M.B., C.M. (Richmond); H. Jellott, M.D., F.R.C.S. (Dub.); F. Bowreman Jessett, F.R.C.S. (Lond.); H. Macnaughton-Jones, M.D., F.R.C.S.I. (Lond.); F. W. Kidd, M.D., B.A. (Dub.); Inglis Parsons, M.D., M.R.C.P. (London); F. W. Ramsay, M.D. (Bournemouth); F. F. Schacht, M.D., B.A. (London); W. Slimon, M.D., F.F.P.S. (London); W. J. Smyly, M.D., F.R.S.C.I. (Dublin); Herbert Snow, M.D. (London); W. D. Spanton, F.R.C.S. (Hanley); Septimus Sunderland, M.D., M.R.C.P. (London); J. W. Taylor, F.R.C.S. (Birmingham). Editors of the Journal: J. J. Macan, M.D., M.A. (London); H. M. Macnaughton Jones, M.B. (London). Hon. Secretaries: Charles Ryall, F.R.C.S. (London); J. H. Swanton, M.A., M.D. (London). Trustees of the Property of the Society: G. Granville Bantock, M.D., F.R.C.S.; R. S. Fancourt Barnes, M.D., F.R.S.E.; Clement Godson, M.D., M.R.C.P.

Notices to Correspondents, Short Letters, &c.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

A SUBTLE DISTINCTION.

MEDICAL writers are often embarrassed to define with any approach to accuracy the condition of a person suspected of alcoholic inebriety. At a recent trial a witness said: "I don't think that he was what you might call drunk—very drunk—but he was intoxicated, what you might call very badly in liquor." An interesting example of subtle distinctions, it must be admitted.

MISS D. W.—We do not know of any institution which fulfils your requirements at anything like the fees you suggest. The lowest cost would be from six to eight guineas.

M.R.C.P. 1.ond.—As canvassing is not prohibited, and the elective body, the Board of Management, are mainly composed of laymen, it is obvious that any candidate who does not exert himself to obtain votes from members of the Board will find himself handicapped in the competition. Nevertheless, we entirely agree with our correspondent that the system of canvassing the lay governors should be abolished in all cases where hospital appointments are concerned.

HEAD TROUBLES.

"It's my head that's been troubling me so lately, my dear," the old lady remarked to a young friend, "and the doctor he says 'You take these y'ere pills,' says he, 'and you will soon shake it off.'"

DR. HAMILTON's letter is unfortunately crowded out "at press." It will appear in our next.

HOT-WATER BOTTLE SUBSTITUTE.

A simple plan suggested by a writer in the *Philadelphia Medical Journal* is to wrap an ordinary electric-light bulb in flannel and apply to the part. The lamp is attached to an ordinary flexible connection, and when the current is turned on it gives off a steady heat very comforting in painful affections of the chest, abdomen, &c. As long as the lamp is alight the heat is maintained and does not decrease as with a hot-water bottle.

MR. J. A. C.—The subject is not sufficiently interesting to give so much space to its discussion.

QUESTOR.—We think "medical etiquette" has been very much strained in this case, which is one where both sides might give away without loss of dignity. A meeting might be arranged, when a frank explanation should at once remove any vestige of friction.

Meetings of the Societies, College Lectures, &c.

LONDON.

WEDNESDAY, JAN. 29th.

BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY (20, Hanover Square, W.).—8.30 p.m. DR. I. MURRAY: Note on Hayling Island. Paper:—MR. W. ARMSTRONG: Adjuncts to Spa Treatment.

THURSDAY, JAN. 30th.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11, Chandos Street, Cavendish Square, W.).—Cases and Specimens by Mr. Keeling, Mr. Hickman, Mr. Roll, Mr. Ormond, Mr. Parsons, and Mr. Taylor. Papers:—DR. C. O. HAWTHORNE: On Intra-cranial Thrombosis as the Cause of Double Optic Neuritis in Cases of Chlorosis.—DR. G. A. BERRY: (1) On so-called Muscular Asthenopia; (2) Note on the Treatment of Cystoid Cicatrix following Cataract Extraction.—MR. S. SNELL: (1) Tumour of Orbit occasioning a peculiar Varicosity of Vessels on the Surface of the Eyeball; (2) Ringworm of the Eyelids in an Adult due to a Large-spored Trichophyton.—DR. F. W. EDRIE-GREEN: Some Observations on the Visual Purple.

THURSDAY, FEB. 6th.

BOSTON SOCIETY (20, Hanover Square).—A Paper will be read by MR. E. W. M. SHENTON, M.R.C.S., L.R.C.P., on a System of Radiography.

DUBLIN.

THURSDAY, JAN. 30th.

BRITISH MEDICAL ASSOCIATION (Dublin Branch).—Annual Meeting, College of Physicians, 4.30 p.m.

FRIDAY, JAN. 31st.

ROYAL ACADEMY OF MEDICINE IN IRELAND.—Section of Anatomy, College of Surgeons, 8.30 p.m.

SATURDAY, FEB. 1st.

ROYAL COLLEGE OF SURGEONS.—Examination for L.R.C.S. for registered practitioners.

MONDAY, FEB. 3rd.

DUBLIN UNIVERSITY.—Final Medical Examination in Mid. B.A.O. and M.A.O. Degrees.

TUESDAY, FEB. 4th.

ROYAL CONJOINT COLLEGE.—Examination for D.P.H.

Appointments.

BEDFORD, G. H., L.S.A., Medical Officer of the Rothbury Union.
DENT, HOWARD, M.B.Durh., F.R.C.S. Eng., Assistant Surgeon to the Wolverhampton and Staffordshire General Hospital.
EBSKITH, A. M.C., M.B., B.Ch.R.U.I., Medical Officer to the Gloucester Urban Council and Superintendent of the Fever Hospital at Goolse.

GOVER, J. MAXWELL, M.B., B.S.Durh., M.R.C.S., L.R.C.P.Lond., Medical Officer to the Gosforth District of the Castle Ward Union, Newcastle-upon-Tyne.

GREENWOOD, C. H., M.B., Ch.B.Vict., Resident Casualty Officer to the Leeds General Infirmary.

JACKSON, ARTHUR M., M.D.Oxon., M.R.C.S., Medical Superintendent of the Notts County Lunatic Asylum.

LITTLEWOOD, J. O., M.R.C.S., L.R.C.P.Lond., D.P.H., Visiting Medical Officer to the Nottingham and Nottinghamshire Sanatorium for the Treatment of Consumption, Sherwood Forest, Mansfield.

O'CONNOR J. E., M.B., B.S.R.U.I., Medical Officer of Health for the Urban District of Wigan.

THOMPSON, WM. ATKIN, M.R.C.S.Eng., L.R.C.P.Lond., House Surgeon to the Rochdale Infirmary.

Vacancies.

Bradford Royal Infirmary. Dispensary Surgeon. Salary £100 per annum, with board and residence. Applications to William Maw, Secretary.

County Asylum, Chester.—Third Assistant Medical Officer. Salary £160 per annum, with board, lodging, and washing. Applications to Dr. Lawrence, County Asylum, Chester.

Durham County Asylum.—Junior Assistant Medical Officer. Salary £140, with board, laundry, and attendance. Applications to the Medical Superintendent, Durham County Asylum, Winterton, Ferryhill.

Fisherton Asylum.—Assistant Medical Officer. Salary £150 per annum, with board, lodging, and washing. Apply to Dr. Finch, the Asylum, Salisbury.

Kent County Asylum, Barming Heath, Maidstone.—Fourth Assistant Medical Officer and Pathologist. Salary £175 per annum, with furnished quarters, attendance, coal, gas, garden produce, milk and washing. Applications to F. Pritchard Davies, M.D. Superintendent.

London Hospital, Whitechapel, E.—Assistant Director of the Pathological Institute at this Hospital. Salary £200 per annum. Applications immediately to G. Q. Roberts, House Governor.

Manchester Corporation.—Mossall Fever Hospital.—Third Medical Assistant at £100 per annum, with board and lodgings. Applications immediately to the Chairman of the Sanitary Committee, Public Health Office, Town Hall, Manchester. Wm. Henry Talbot, Town Clerk.

Metropolitan Asylums Board.—Assistant Medical Officer to the Fever and Small-pox Hospitals. Salary commencing at £160, with board, lodging, attendance, and washing. Immediate applications. (See advt.)

Poplar Hospital for Accidents, Poplar, E.—Resident House Surgeon. Salary £135 per annum with board and residence. Applications to Edw. Feneran, Lt.-Col., Secretary and House Governor.

St. Pancras and Northern Dispensary, 126, Euston Road.—Resident Medical Officer, Salary £105, with residence and attendance. Applications to Hon. Sec., H. Peter Bodkin, 23, Gordon Street, Gordon Square, W.C.

Stepney Union.—Dispenser for the Dispensary, Barnes Street, Stepney, E. Salary £120 per annum. Applications to S. A. Lewis, Clerk, Guardians' Offices, Barnes Street, Barchiff, E.

Westminster General Dispensary.—Resident Medical Officer. Salary £120 per annum, with rooms, gas, coal, and attendance. Applications to Frederick Dawkins, Secretary, 9, Gerrard Street, Soho, W.

Whitechapel.—Eastern Dispensary, Leman Street.—Resident Medical Officer. Salary £140 per annum, with furnished residence, coals, and attendance. Applications immediately to George W. Halsey, 60, Great Prescott Street E. (See advt.)

Births.

ANDERSON.—On Jan. 25th, at Faversham, Kent, the wife of Charles Macdonell Anderson, M.D., of a daughter.

BRYDEN.—On Jan. 23rd at 21, Harmer Street, Milton-next-Grave, the wife of Surgeon-Captain R. J. Bryden, Army Med. Reserve, of a daughter.

HARRISON.—On Jan. 22nd, at St. James's House, Daventry, the wife of Dr. A. Everson Harrison, of a daughter.

HUBBARD.—On Jan. 20th, at 69, Barrowgate Road, Chiswick, the wife of A. J. Hubbard, M.D., of a son.

REES.—On Jan. 22nd, at Craig-y-Rhedyn, Pontardawe, Glamorgan-shire, the wife of J. Llewellyn Rees, M.R.C.S., L.R.C.P., of a daughter.

Marriage.

WALTERS—HARRISON.—On Jan. 23rd, at Mertham Parish Church, A. E. Walters, M.R.C.S., L.R.C.P., of Reigate, Surrey, to Evelyn Janet Newman Harrison, of Little Santon, Mertham, daughter of the late Rev. John Newman Harrison, for fifty-three years Vicar of Reigate.

Deaths.

TURNBULL.—On Jan. 23rd, at 17, Alton Road, Oxton, Cheshire, Margaret Maxwell, widow of the late Dr. James Muter Turnbull, F.R.C.P., of Liverpool.

WEIR.—At Guy's Hospital, on Jan. 26th, from an accident, Arthur Nesham Weir, M.D., F.R.C.S., aged 33, elder son of James and Mary Jane Weir, of 55, St. Charles Square, North Kensington.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXIV.

WEDNESDAY, FEBRUARY 5, 1902.

No. 6.

Original Communications.

CHRONIC PROGRESSIVE DEAFNESS:

ITS CAUSATION AND TREATMENT.

By MAYO COLLIER, M.S. Lond., F.R.C.S. Eng.,

Senior Surgeon to the North-West London Hospital, and Ex-President of the British Laryngological, Rhinological and Otolological Association, &c.

SLOWLY progressing deafness unassociated with ear disease is an extremely common affection. My authority for this statement is my own personal experience extending over a period of eighteen years. This experience was in large part gained at the North-West London Hospital, from an extensive out-patient department, amounting to sometimes 100 patients per week. Next from the work and writings of others who have had similar extensive personal experience.

For instance, Dr. Sam Seaton, of New York City, no mean authority, whose life-long labours in the field of aural diseases should be better known to those claiming even a superficial acquaintance with the literature on this subject, says, in his article in "Burnett's System of Throat, Nose and Ear Diseases," when speaking of chronic middle ear disease unassociated with suppuration:—

"One point of interest is the extraordinary frequency of this affection. One-quarter to one-third of all ear diseases are of this nature, and probably a larger proportion from the fact that only the advanced cases apply for relief."

He goes on to say, or words to that effect:—

"That the absolute frequency, as measured by the number of cases in the total population, is very great."

"The majority of people have some involvement of the middle ear, and a majority of this majority, chronic progressive deafness to a greater or less degree, as the case may be."

These statistics are Dr. Sam Seaton's, not my own.

Neither he, nor I, nor anyone else (except some unscrupulous, careless persons who have intentionally misquoted me) has stated that a majority of the inhabitants of the temperate regions were deaf.

My statement was on the authority of Dr. Sam Seaton, and, was as above quoted, viz., "A majority of a majority" were more or less deaf.

The accuracy or inaccuracy of these statistics is a matter of no moment. The fact remains the same, that chronic progressive deafness is a condition prevalent among all classes and ages of society in these regions.

The man in the street will tell you this. The policeman round the corner, or the cabman on the rank will tell you that he, or one, or more of his friends is hard of hearing, and slowly becoming worse, and that he has never had pains, aches or trouble in his ears.

The terms chronic middle ear catarrh, chronic sclerosis, chronic non-suppurative disease of the middle ear include certain conditions—the result of previous catarrh, suppuration, congestion, or injury of, or in, or about, the middle ear.

The affection I propose to deal with more particularly

in this communication is the form of deafness that occurs quite insidiously, without warning, without pain, or discomfort in the ears, and only becomes apparent to the individual when a marked impairment of hearing has taken place. I propose to call this in contradistinction to cases of deafness secondary to ear diseases "Chronic progressive deafness."

To understand the etiology of this affection, as indeed most of the affections of the upper respiratory tract, some knowledge of the laws of physics and pneumatics is requisite.

The most astonishing ignorance of the elements of pneumatics is constantly displayed by writers on this subject. It is actually denied that the tension of the air in the tympanic cavity must be the same as the outside air to ensure a free and normal vibration of the drum-head. The mechanism of a cupping glass seems to be quite unknown to some.

It is also contended that obstruction to the free inlet of air to the tympanic cavity produces no difference in the tension of the air contents of that cavity, and it is considered to be quite a new theory that, if the normal extravascular pressure be diminished in the tympanic cavity, the intravascular pressure will assert itself by dilating the vessels and tissues generally of the structures under lessened pressure.

Since the world began this has been so, and yet there are apparently some individuals who are not yet aware of this elementary fact. The non-recognition of this simple elementary fact is the reason why all sorts of extraordinary statements are made in reference to this affection. The most prevalent is that the catarrhal process always invades the tympanum. It is impossible for the catarrhal process to invade the middle ear from the pharynx without producing three at least marked symptoms—two subjective, one objective—marked deafness, with pain or discomfort in the ear, and thirdly, the presence of fluid in the tympanic cavity, as seen through the drum-head.

This is said by some to be a dogmatic assertion. All self-evident truths may be called dogmatic assertions. One can in this case speak dogmatically, because the fact is self-evident. The catarrhal process in its very essence consists of an outpouring of fluid. You cannot have catarrh without an outpouring of fluid.

You cannot have an outpouring of fluid in the tympanic cavity without pain, deafness, and its presence being apparent on examination of the drum-head.

Yet in the cases under consideration at no time is there pain, and the deafness is not sudden and pronounced, and there is no evidence of fluid in the middle ear at any time.

No, this argument is not sufficient for gentlemen who style themselves as "not otologists," and gentlemen who announce their claims to speak with authority, as resting apparently on the fact of their residing in the Provinces or remote parts of the country, where their researches or experiences as otologists cannot be exhausting or exhaustive. I believe it is not requisite to import any unsound or reckless assumptions to explain the cause of this affection, and in order to be not dogmatic and strictly scientific I will endeavour to place my argument *in extenso* before my

readers, as I did in my paper on the subject at the Cheltenham meeting of the British Medical Association.

I stated there that I had arrived at the conclusion that a very large percentage of cases of so-called sclerosis of the middle ear (or, in other words, all those cases of chronic progressive deafness unassociated with middle ear disease) were a concomitant and direct result of ordinary nasal catarrh from simple mechanical obstruction of the Eustachian tube, and that the early recognition and treatment of these cases often result in a satisfactory and permanent improvement of hearing.

My first point is that the tympanic cavity is part of the nose, both anatomically and developmentally, and that affections of the nose and tympanum have a close affinity. Both the tympanic cavity and the other cavities leading from the nose are anatomically parts of, and extensions from, the nose cavity, and any alterations in the physical condition of the contents of the nose cavity will be communicated to, and affect the patent extensions from this cavity.

Under normal circumstances the contents of each cavity have a free intercommunication. The tension of the air in the nose is the same as the tension of the air in the tympanic cavity, and the same as the tension of the air in the surrounding atmosphere. The tubo-tympanic cavity is a part of the upper air passages as much as the antrum or any of the accessory cavities of the nose.

It is lined with an extension of the same membrane that lines the nose, and is covered with the same sort of ciliated epithelium, but differs in this one respect that it partakes of the character of, and is virtually a peristomeum.

This difference in the constitution of the lining of the tubo-tympanic cavity greatly increases its importance, both physiologically and pathologically.

Embryology shows us that the Eustachian tube and tympanum with its extensions upwards to the attic or epi-tympanic space, and backwards to the antrum or post-tympanic space, are one complex and slowly developing extension from the oro-nasal cavity, and are completely separate from the internal ear or ear proper. On these anatomical and developmental grounds I desire to emphasise the fact that the tympanic cavity is part of the nose cavity, and is only accidentally related to the internal ear or ear proper.

It is necessary when studying the anatomy, physiology, and pathology of the tubo-tympanic cavity to look upon it as part of the nose cavity, and as sympathising with, and sharing in, the variations in the conditions of the contents and diseases of the nasal cavities.

I believe that in the associated conditions of a chronic cold in the head, with partial obstruction to nasal respiration, you have every factor requisite to produce in a great majority of cases the condition known as sclerosis of the middle ear, or, as I prefer to term this, chronic progressive deafness.

Do not forget that the tympanic cavity belongs to the nose, that the tubo-tympanum is an extension of the nose cavity, that it is practically always open and always freely communicating with the nose; that the tension of the air in this cavity is normally the same as in the nose, and the same as in the outside air.

What is likely to take place if the means of free communication between these spaces is altered or curtailed? In the event of the free communication being cut off by obstruction to the mouth or lumen of the Eustachian tube by catarrh or any other causes, the air contents of the tympanic cavity would be partly absorbed. The drum-head would then, as a necessary result, be driven in "to accommodate the cavity to its lessened contents." The vessels in the lining membrane of the walls of the tympanum being no longer under normal external pressure become dilated from unbalanced intravascular pressure. This means swelling and redness of the whole of the tympanum, and in cases of sudden and complete obstruction to the Eustachian tube, such as occur in a bad nasal and post-nasal catarrh, serous effusion into the lining membrane or even into the tympanic cavity.

With the lesser degrees of Eustachian obstruction, the lesser grades of congestion of the lining of the middle ear are associated. It is a matter of common knowledge that a bad cold in the head will make the individual quite deaf, sometimes for weeks. In this case there is always complete obstruction to the Eustachian tube, and the air contents of the tympanum are so diminished as to cause a considerable diminution of its cavity by sinking in of the drum-head.

In addition to this in quite a number of cases serous fluid exudes into the drum cavity from its congested lining membrane.

If we look at the drum-head whilst in these conditions we find the membrane very depressed, with pockets in front and behind the handle of the malleus. We see the short process bursting through the membrane, and the handle of the malleus very oblique. The drum-head is angular instead of concave. The colour is normal below, in the lower segment, but above, in the region of the handle and head of malleus it is red and striated with vessels passing down to the umbo. In the more acute form of Eustachian obstruction, there is more redness and more depression, marked or complete deafness, noises in the ears, and evidence of fluid in the tympanic cavity.

The lesser degrees of obstruction to the Eustachian tube are sufficient to produce the condition of chronic progressive deafness. In this condition there is always a little extra pressure on the outside of the tympanic membrane that hampers its movements. There is always a slightly lessened pressure on the inside of the tympanic membrane that dilates its vessels, increases its weight, thickens its tissues, and alters its transparency. This slightly lessened pressure on the lining membrane of the walls of the tympanum and coverings of the ossicles causes similar changes.

The lessened excursions of the drum-head affects the joints of the ossicles, and in time stiffness and ankylosis supervenes.

The increased pressure on the stapes is communicated to the labyrinth, and noises of various kinds is the result. Chronic partial obstruction to the free supply of air to the tympanic cavity is thus seen to be all-sufficient to produce the altered physical condition of the tympanic cavity that corresponds to the impaired hearing in chronic progressive deafness.

My next point is that these cases are not all incurable.

I have stated that it is my experience that the early recognition and treatment of these cases often result in a permanent and satisfactory improvement of hearing.

I have gone further than this, and stated that in the routine work of hospital practice, where every case of chronic sclerosis received treatment, quite a considerable percentage of cases apparently hopeless improved. It is quite a common experience of old cases of chronic progressive deafness to find the nasal cavities quite healthy, and the Eustachian tube quite patent or even abnormally patent. The catarrh has done the mischief and subsided.

This is no argument against the contention that nasal catarrh with partial or complete obstruction to nasal respiration is the antecedent in most cases to Eustachian obstruction, and so to chronic progressive deafness.

Complete nasal obstruction in some cases is not associated with post-nasal catarrh, but in the vast majority of cases it is so.

The vast majority of people would suffer from gastric catarrh if they swallowed nails, corks, tops of bottles and swords, but the sword swallower does all this apparently with impunity. It is quite childish to argue a "general" from a particular. Some persons can consume 120 grains of arsenic a day, but nobody in his senses would contend that 999 persons out of 1,000 would not be poisoned by this amount.

It is the commonest experience with those versed in nasal surgery that a plug in the nose will set up a catarrh in the post-nasal space, and will cause temporary deafness till the plug is removed, when in a few hours the hearing is restored.

A plug of cotton wool placed in a perfectly healthy nose would in forty-eight hours produce a severe nasal

and post-nasal catarrh and probably deafness. The method of treatment adopted by myself in these cases has in view the removal and cure of the catarrh in the nose and post-nasal space, and the restoration of the free inter-communication between the post-nasal and tympanic contents. Where marked solid obstructive conditions exist in the nose, if they sufficiently interfere with nasal respiration so as to influence and keep up the catarrh they should be removed, but not otherwise. The obstruction keeping up the catarrh is, in a great majority of cases, due to turbinal atony.

This obstruction is episodal in character. During many hours the nose is quite free, but at night and at other times it is often completely blocked. This latent form of nasal obstruction is the great stumbling block of the "non-possumus" school of otologists.

A case presents itself with marked impairment of hearing of a slowly progressing character, without a history of any pain or trouble in the ears. On examination the drums are depressed and somewhat opaque, with, perhaps, redness near the head and down the handle of the malleus. The nose on examination is quite free, often abnormally patent. The mucous membrane is injected and sticky.

Here, says the provincial Solon, is chronic sclerosis of the middle ear with a perfectly free and patent nose. Good, easy man, look on the septum. What is that depression corresponding to the convexity of the lower turbinal body? It is a fossa made by the turbinal body when it is distended, as it is every night, or whenever the patient assumes an horizontal position, and on many other occasions. Look in the pharynx. What are those patches of atrophy with dilated veins and islets of enlarged gland substance? They are the result of chronic hypertrophic pharyngitis, the outcome of mouth breathing.

Now try your patient with the Politzer bag. You will in many cases fail to get air in. The Eustachian opening is obstructed. After an antiseptic and astringent wash, perhaps in a week's time, air will enter. The galvano-cautery will put a stop to this latent obstruction, and will do more, it will relieve the congestion of the nasal and post-nasal space by letting in the air.

The galvano-cautery will also give tone to the vessels of the post-nasal space and tympanum. The nose being ventilated and the patency of the Eustachian tube restored, the drum-head should be daily exercised by gentle movements imparted by Politzer's bag and Seigle's aspirator.

This treatment is simple and in conformity with the etiology of this affection, and in a large percentage of cases results in a marked and permanent improvement of hearing.

Harley S treet, Jan. 30th, 1902.

THE FUTURE OF THE ARMY MEDICAL SERVICE. (a)

By C. B. BALL, M.Ch., F.R.C.S.I., Hon. F.R.C.S.Eng.,
Regius Professor of Surgery, University Dublin; President of the
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IN choosing a subject upon which to address you today, I thought that the suggested reorganisation of the Army Medical Service in which our Association has taken such a wide interest, was the one to which public attention is at present most markedly attracted, and more particularly, possibly, to us in Ireland as the Army has always been a career favoured by our young Irish graduates in medicine.

Upon turning to the Army List published last month, some interesting and to me somewhat unexpected facts were revealed. In the first place, the total number of officers, from the Director-General to the last-joined lieutenant of the R.A.M.C., is 987, or over 100 more than the full strength of the Corps before the war, not including the large number of civilians at present doing temporary duty at home, and in South Africa. This large surplus must, however, to some extent be discounted by the fact that it includes thirty officers of the

reserve, and that resignations have been interrupted during the progress of the war, but even allowing for these, it will probably be found at the termination of hostilities that the corps is considerably above its normal strength, and not in the depleted state that many of the critics would have us believe. That a permanent increase of the strength for the future is necessary is, however, fully recognised.

When we come to investigate the schools from which the officers have come into the Service, as evidenced by the "Medical Register," or in some cases by Churchill's "Medical Directory" for last year, we find the following interesting entails:—

Officers whose qualifications are all Irish ...	352
" " " " " English	305
" " " " " Scotch	221
Officers whose qualifications are obtained in more than one division of the United Kingdom, of whom thirty-two have at least one Irish qualification	100
Officers whose qualifications are not to be found in "Medical Register" or Churchill's "Directory, 1901"	9
	987

(This last item is chiefly made up of recently-joined lieutenants.)

It will thus be seen that Ireland has sent into the Service a considerably larger number of officers than England or Scotland.

When, however, we come to see the proportion of the different nationalities in the various ranks of the corps, some further interesting particulars are brought to light.

The present Director-General has Scotch qualifications.

	P.c.	
Of 8 Surgeons-General	75	have Irish qualifications.
Of 27 Colonels ...	77.7	" "
Of 206 Lieut.-Colonels ...	48.8	" "
Of 284 Majors ...	35.1	" "
Of 227 Captains...	24.2	" "
Of 234 Lieutenants	37.6	" "

It will thus be seen that among the higher ranks the Irishmen largely predominate, while among the lower ranks there is a marked falling off in the number of those who possess qualifications from the Irish licensing bodies. A study of these figures shows in the first place that Irish graduates have been in the past highly successful in obtaining the highest ranks in their profession, but I fear it also proves that of recent years the Service has not been so popular upon this side of the water as it used to be.

During the time Lord Lansdowne was Secretary of State for War, he, upon several occasions, showed the keen interest which he took in the welfare of the Army Medical Department, and many and important reforms have followed, when grievances from which medical officers undoubtedly suffered were brought under his notice. At that time students who obtained their qualifications in Ireland found it absolutely necessary to go for some months to a grinder in London if they desired to obtain a good place at the entrance examination, the character of the London examination being different and in some respects, I believe, inferior to that to which they had been accustomed in Ireland. Upon this matter being brought under the notice of Lord Lansdowne, Prof. D. J. Cunningham, of Dublin University, was placed upon the Examination Board.

Again, in January, 1898, a deputation organised by the British Medical Association, and upon which I had the honour of representing Dublin University, waited upon Lord Lansdowne and urged what undoubtedly at the time was the greatest grievance of which the medical officer complained—the want of substantive rank in the Army, and the formation of the Army Medical Staff into a Royal Corps. These reforms were shortly afterwards granted, and it was quite evident from the way in which the Secretary of State for War received and spoke to the deputation that he was much in earnest in his desire to remove all reasonable causes of complaint and render

(a) An Address delivered at the Annual Meeting of the Dublin Branch of the Medical Association, Jan. 30th, 1902.

the Service again attractive to a good class of young medical men.

But since these changes were made, the market price of medical men has gone up, and the question of pay, which three or four years ago was not really complained of except during service in India, has become a prominent one; the marked increase which has taken place in the salaries to the assistant and locum tenens of the general practitioner naturally drew attention to the pay of the R.A.M.C., and the newly qualified man hesitated to join the army, when he had abundant opportunities of being employed with fair remuneration in civil practice. As has been frequently pointed out this dearth of, and consequently enhanced value of, newly-qualified practitioners is due largely to the abolition of unqualified assistants in general practice and to the prolongation of the course of study to five years, which so greatly adds to the cost of production of the qualified practitioner; but as a cause of a more temporary character which has been much overlooked is the fact that the change from four to five years' curriculum practically obliterated an entire year's supply of graduates, a loss which was felt for several years, as the five years' students gradually blended with the old four years' men.

The present war has directed attention to the army doctor again, and the Secretary of State for War has approached the question in a broad and statesmanlike spirit, and appointed a Committee to inquire into the entire question of reorganisation of the corps, a committee upon which Sir William Thomson ably represented Irish interests. The report of this committee has now been before the public sufficiently long for its propositions to be thoroughly well criticised and discussed. I propose, therefore, to review some of its more important features.

First, as to increased pay:—The proposals made by the reorganising committee in this respect seem to have met with universal commendation. Formerly a lieutenant on probation at Netley received 5s. a day, a sum insufficient to pay his necessary expenses, and when he obtained his commission he received £200 a year with allowances. Under the new suggested scheme he will receive £250 a year, both as probationer and lieutenant, with allowances, valued at 27s. 10s., making a total of £323 a year, increased at the end of three years' service to £379 15s. 2d., and so on through the higher ranks there is a liberal increase provided for; but besides the actual pay the officer is building up during his service a substantial sum either in the way of gratuity or pension, while in the higher ranks provision is made for widows and children of officers who die during their period of service. The deferred pay under the new scheme will be at the rate of a gratuity of £1,000 after nine years' service, £2,500 after eighteen years' service, and a pension of £1 per day after twenty years' service. The pension will be subsequently augmented according to rank and length of service, as previously provided for. Owing to the wording of the report of the reorganising committee it was thought that if the officer failed to pass the examination recommended for promotion to the rank of lieutenant-colonel before he reached twenty years' service he might be compulsorily retired upon the gratuity of £2,500 without the option of completing his twenty years' service, and so becoming, under existing rules, entitled to a pension of £1 per day. This possibility excited widespread dissatisfaction among the officers of the R.A.M.C.; in fact, it was the one subject in the report upon which disapproval appeared to be quite unanimous. I am enabled, however, to state upon authority that it was never intended to deprive officers of the right to this pension, even if they failed to pass the suggested examination for promotion to lieutenant-colonel.

Besides the pay above alluded to, officers who qualify as specialists in any one of a comprehensive list of subjects will be entitled to an additional 2s. 6d. per day, while those in charge of hospitals will be entitled to extra pay varying from 10s. per day if the hospital contains 300 beds, down to 2s. 6d. if it contains only fifty beds.

The question of increased pay while serving in India, which has long been a grievance, will, it is hoped, be

satisfactorily settled by the Indian Government, but no statement to that effect has as yet been made public.

The necessity of periods of study-leave has long been urged, and its importance admitted by the authorities, but hitherto the exigencies of the Service have prevented its being granted to the extent which is undoubtedly required. The reorganisation committee recommend that after three years' service, and before promotion to the rank of captain, the officer is to be "attached for a period of six months to a recognised hospital in a centre where he has opportunities of gaining further professional knowledge by attendance at a course or courses of instruction in a civil hospital, or otherwise as may be approved by the Advisory Board, and upon completion of six years as captain, he shall be afforded a further similar period of six months at a centre where he may have facilities for attending courses at a recognised civil hospital.

In case of an officer desiring to engage in advanced professional study it shall be open to the Advisory Board to recommend that special leave be granted him for a period of six months.

Another recommendation of the committee that has met with approval is that promotion to the higher ranks is to be made through some other means than mere seniority. That officers should be encouraged to devote themselves to the acquiring of professional knowledge, and that they should know that work done in this direction will be rewarded by accelerated promotion, appears to me to be the most essential reform if the army is to be looked on as a career which will attract a good class of men. That the present arrangement is not satisfactory is an admitted fact. No doubt among the officers of high rank are many who take a keen interest in encouraging young officers under them to occupy themselves with scientific pursuits, and where good work has been done, to notify such to headquarters by confidential report or otherwise; but that the contrary is also sometimes true is notorious, and the energetic young officer finds anything but encouragement from his superiors, and soon learns that the way to reach the higher ranks is to have nothing said against him, but otherwise to do as little as possible.

It is only in the nature of things that men who have risen to executive rank simply by living long enough and having nothing said against them are not the most likely to encourage and stimulate young officers to hard work at their profession.

The report of the reorganising committee shows that this subject has been fully considered, and suggestions have been made that a series of examinations should be held immediately preceding each step of promotion to the rank of lieutenant-colonel; failure to qualify at any of which after a second trial, will lead to compulsory retirement from the Service; while, upon the other hand, brilliant answering at the earlier examinations will lead to acceleration of promotion of from three to eighteen months according to the percentage of marks obtained. This suggestion of examinations up to the eighteenth year of service has been very adversely commented on by officers and others, and it is probable that when the warrant appears certain changes will be made. The verdict of the profession at large, which is fully endorsed by the public, is that if the Service is to be made attractive to young graduates and thoroughly efficient for the important duties it has to discharge professional merit must be acknowledged and lead to accelerated promotion. But how is this to be done? By examination say some, and if the examination is the right sort there is much to recommend it, but it should be carried out not in the form of a students' examination, which is to be passed by so many months' grinding for this special purpose, but rather by one conducted on a definite principle by examiners whose duty it must be to find out what use the candidate has made of the opportunities of purely professional work he has had at his disposal, and to what special scientific branches he has most devoted himself. If carried out in this way it has the great advantage of uniformity; while the alternative of relying upon reports sent to the Director-General from all parts of the world by superior officers which vary

enormously according as to whether the superior officer with whom the subaltern is serving happens to be a man of enlightened scientific mind, or one whose only idea is to carry out what is contained within the four corners of the regulations.

A suggestion which has been made by the reorganisation committee, but which has received little notice from the critics, appears to me one of the most important of all; it is the establishment in London of a large Military Hospital with Staff College attached. This hospital will differ from Netley and others of similar character in the fact that it is intended more for acute cases of illness and accident, such as are met with in the great clinical hospitals; the invalids returned from abroad and cases of chronic illness being largely treated elsewhere. The supply of cases will come from the London garrison; soldiers' wives and families, War Office employees, and in cases of accident and emergency, civilians. Recruits who are ineligible for admission to the army in consequence of hernia, varicose veins, varicocele, and other similar conditions, will be taken in in order to undergo operation, so that they may qualify for enlistment. In this way it is thought that an abundant supply of clinical material, not only in medicine and surgery, but also in the various special departments will be forthcoming. A professional staff, with numerous assistants, will be appointed from the R.A.M.C.; while the Staff College will afford opportunities for the training of lieutenants, probationers, and also of officers for periods of study and practical work during their term of service. As this hospital will be in London, it will be under the eye of the Director-General, and a very much more correct judgment of the professional capabilities of officers can be obtained during their periods of service at this hospital than can possibly be done by any system of examination or reports of individual superior officers.

I believe all fair-minded people will admit that the work done by this committee at the instigation of Mr. Brodrick is an honest and broad-minded endeavour to place the R.A.M.C. in the position which we all wish to see it occupy.

What are the prospects likely to attract young graduates into the Service? Men likely to get appointments on the staff of general and special hospitals other than the post of house surgeon are not likely to seek the army as a career, but as contrasted with country private practice, except in favoured districts, it appears to present many solid advantages, more particularly so when compared with the miserably hard and underpaid lives which so many dispensary doctors in Ireland lead.

The officer of the R.A.M.C. commences with a fair salary, he sees the world, and if after a few years he desires to settle down into private practice, he can retire upon a gratuity probably considerably in excess of any sum he could have saved if he were engaged in civil practice for the same period, while after twenty years he can retire on a pension of £1 per day, and, if he so desires, start in any branch of the profession he may wish. To those to whom distinctions and decorations are an attraction, it may be interesting to know that six officers of the R.A.M.C. hold the much-coveted honour of the Victoria Cross, three hold the K.C.M.G., sixteen the C.B., twenty-five the C.M.G., and twenty-nine the D.S.O. There are many men who are fond of their work, but who hesitate to enter the army as it affords, in time of peace at any rate, so little scope for practical work. That this is to some extent true is an undoubted fact, and it is one of the great difficulties that the Service has to contend with—a difficulty which, to some slight extent at any rate, will be diminished by the establishment of the large hospital in London. But even if the opportunities of practical medicine and surgery may be small, there are always opportunities of doing good work in hygiene, bacteriology, and, on foreign service, tropical disease, or other similar subjects in which a really sound scientific reputation may be made. It is only necessary to mention the names of Lieutenant-Colonel Bruce, F.R.S., of the Royal Army Medical Corps, the discoverer of the cause of Malta fever, and of horse sickness in South Africa; or of Major Ross, late of the Indian Medical

Service, whose work on the relation of mosquitoes to malaria is notorious, to show that medical officers in the army have opportunities of scientific research in some directions far greater than can be enjoyed by their civilian brethren, and that among the officers are to be found men capable of utilising those opportunities to the utmost, and of gaining, not only for themselves, but for the Service to which they belong, a well-merited scientific reputation.

CASE OF TUMOUR OF THE LEFT PRE-FRONTAL LOBE REMOVED BY OPERATION. (a)

By WILLIAM ELDER, M.D., F.R.C.P.ED.,

Physician to the Leith Hospital;

AND

A. MILES, F.R.C.S.ED.,

Surgeon to the Leith Hospital.

DIFFICULTY arises in the localisation of tumours of the so-called "silent areas" of the brain. Whilst stimulation of the frontal region has given negative results in the hands of competent observers, extirpation of these lobes in monkeys gives rise to symptoms closely resembling those of this patient, as well as of other reported cases. The patient was a man, *æt.* 47, who, six months before admission began to complain of pain in the head, which was localised in the left frontal region during the greater period of its duration. He had also aching in the back and shooting pains in the legs. Early in the course of his illness a swelling developed in the left side of his forehead, which disappeared after he took some potassium iodide that had previously been prescribed for him. He continued at work for five months, and then became depressed and refused to leave his bed, his memory was impaired, he became emotional, he lost all sense of decency, and had incontinence of urine. On admission he was dull and could be aroused with difficulty. Hearing was normal and he answered questions correctly though slowly. His attention was imperfect, and his memory bad. The loss of memory depended rather on inability to associate recollections than on a complete blotting out of past events. There was slight dysarthria. He was illiterate, so that reading and writing could not be tested. There was paresis of the right side of the face and the right arm. Ankle clonus was present. Beyond some giddiness there was no incoordination, and he walked easily. The left eye had previously been destroyed by small-pox. Vision good in right eye and pupil normal. He often made mistakes in counting fingers, and answered questions as if he took no interest in them, and often incorrectly and in a contradictory manner. The only other point worthy of mention was the existence of a small tender swelling, arising from the bone in the left frontal region. There was evidence of previous syphilis. Very shortly after admission he became semi-comatose, and his breathing was stertorous and Cheyne-Stokes in character. At 8.30 p.m., on Oct. 13th, he was seen to have difficulty in swallowing, and his breathing became worse. Percussion over the swelling in the frontal region caused wincing. The veins of the fundus were dilated and the disc blurred, but there was no neuritis. At 10 p.m. Mr. Miles operated, as the patient was growing very rapidly worse. A small carious area was found on the left frontal bone, only the outer table being affected, and the inner aspect normal. The dura was thickened, and by its bulging gave evidence of intracranial tension. On opening the membrane the brain did not pulsate, and a firm nodular mass was found occupying the tip of the left frontal

(a) Abstract of Paper read before the Edinburgh Medico-Chirurgical Society, January 15th, 1902.

lobe. It was circumscribed and could be readily shelled out, after which the brain pulsated freely, and the cavity left by the tumour was immediately filled by brain tissue bulging into it. The tumour was lobulated, firm, and measured 2 ins. by 1½ ins. by 1¼ ins., and had the microscopic structure of a gumma.

Progress.—Next day the patient could answer questions and knew where he was. The following day he spoke voluntarily, was unnaturally bright and lively, his condition resembling that of slight intoxication. He voluntarily controlled his bladder, and asked for the bed-pan as he required it. On the third day he became emotional, and began to use bad language. On the sixth day, though still emotional, he began to take interest in events which had occurred during his illness, and on the twenty-eighth day he was well and allowed up, and has remained in good health since.

Dr. Elder said that his diagnosis was based on the fact that the symptoms were cerebral, for the incontinence of urine and, latterly, of faeces was analogous to what one sees in dementia, and was associated with a loss of the sense of shame. Dementia, however, was excluded by the history of six months only, and hæmorrhage, thrombosis, or embolism, by the absence of any history of paralysis, since these conditions almost always affect the motor regions chiefly, whereas here the symptoms pointed to the frontal lobe being involved. Abscess was excluded by the temperature and the absence of leucocytosis. The symptoms suggesting tumour were the gradual onset, with signs of increasing intra-cranial tension, together with the blurred disc. The tumour was localised at the left side by the slight right paresis, with dysarthria, but no aphasia, the face being more affected than the arm. From this it was inferred that while Broca was spared, the fibres from the lower part of the Rolandic area to the internal capsule were implicated. This localisation was supported by the external swelling, which might not unlikely have been associated with a gumma on the inside of the skull. Taken with these, the facts that his psychology was so greatly altered, that there was loss of inhibition, peculiar faults in the faculties of memory, and of attention, all pointed to the lesion affecting the frontal lobe. The time had now come for discarding the idea that the pre-frontal lobes were silent regions. Probably the left lobe was more important for higher cerebration than the right, but into this question the author does not wish to enter. The "hilarity" which succeeded the operation has been previously described as an accompaniment of frontal tumour, but probably, Dr. Elder observed, was so only before the intra-cranial tension rises. It is probably due to slight injury to the structures concerned with voluntary inhibition, and seems allied to the results of taking moderate amounts of alcohol.

WHY WE OPERATE IN MALIGNANT DISEASE ?

By F. A. PURCELL, M.D., M.Ch.,
Surgeon to the Cancer Hospital, London.

THIS is a very serious question, to which, as practical surgeons we will endeavour to give an explicit answer.

Despite every effort to prove the contrary, authorities are now generally agreed that the death-rate from malignant disease is greatly increasing, and that this increase is real and not merely apparent. That there are real grounds for this anxiety anyone can determine for himself by glancing at the mortality rates for cancer in the Registrar-General's

returns for the last two or three decades. According to the report of the Registrar-General for 1895, of 1,000,000 of the population 755 died of cancer. The melancholy array of these figures, showing the alarming increase in the mortality of cancer, places us in the position of having to face a problem which cannot fail to become more and more serious with the advance of time. Malignant disease demands therefore the serious attention of investigators.

In cancer we find a horrifying display of human anguish, a disease which tends to destroy everything which is good, both in man's soul and body, and one which can, and does, inflict fiendish suffering; those afflicted look forward with eager impatience to the release which death alone can bring.

Two theories have been, and still are, held as the essential nature of cancer: (a) the embryonic or evolution theory; (b) the parasitic theory. In support of the former are many sound observers. The more fascinating, and probably the more correct theory of malignant disease is the parasitic. The position of our knowledge with regard to cancer and its causes is terribly serious. For some years great and painstaking efforts have been made by certain bacteriologists, both in this country and abroad, to demonstrate its micro-organic origin, but up to the present these researches have proved futile. No cancer bacillus or bug has yet been isolated, more than once some enthusiastic investigator has startled the medical world by the announcement that he had discovered the characteristic organism of cancer, but further investigation by independent observers has proved that an error had been made.

Our pathologist, Mr. H. G. Plimmer, has worked from the material at his disposal given to him from the cases operated on in the Cancer Hospital. His interesting discoveries carry the conviction to our minds that a parasite is present in the active growing cells of most cancerous tumours. He has found these parasites in 1,130 cases out of 1,220. There were reasons why they were not found in ninety cases, and fifty-eight cases remain in which they could not be found. These parasites, however, may follow the commencing stage of the tumour instead of preceding it. If they precede it, which they must do if they cause cancer they ought to be found apart from the disease. Moreover, micro-organisms, as the sole cause, do not harmonise with most of the facts about the disease.

Despite, however, the want of success so far, the bacteriologists who have devoted themselves to this subject continue to prosecute their researches, deriving encouragement from the firm conviction that the development and progress of cancer as a disease so closely accords with the features of an infective malady that the discovery of a characteristic micro-organism must only be a question of time. Perhaps we may propound that the microscope is played out, and for the future we must turn our thoughts to research.

There will, however, be less need for concern as to the real ætiology of cancer were it the case that the disease was not increasing.

Why we operate! If we assume that cancer is in at least some, if not all, cases parasitic in origin, then there must unquestionably be a time when the growth is localised at the point of inoculation, and, if so localised, there can be no doubt that early operative and radical removal is the means of cure, so far at least as that inoculation is concerned. The local deposit of cancer is diffused, as we know, "mainly" through the lymphatic system. With the wide local removal and a clearing away of lymph channels and glands based upon investigations, we should then logically expect to attain more permanent results in the treatment of cancer. That the

treatment carried out, so far as our present knowledge permits us upon these lines has justified the anticipations which were held out, is beyond dispute.

The question then as to the propriety of the use of the knife in malignant disease can be considered permanently settled.

Our efforts must now be directed to a close study of the earliest manifestations of malignant growths in their various sites, and to a laborious and exhaustive investigation of the intricate lymphatic channels.

At present the only known method of relief available for its victims is that which surgery is able to afford; but this is only possible in the early days of the malignant attack. In the latter stages even surgery is powerless to hold out any hope of palliation. Advanced cases of cancer are among the most distressing that a surgeon can be called upon to treat.

With the continued unrestrained and augmenting death-rate from cancer the time seems already present when malignant disease will come to occupy the first place among the mortality records.

Why we operate on the breast? Recent statistics have unmistakably shown that the treatment of cancer of the breast is followed by much better results than used to be the case.

The success of an operation for cancer of the breast is measured by the period at which local recurrence shows itself afterwards, and no doubt the only means we have of judging as to the thoroughness of the procedure practised is by noting the interval which elapses between the operation and the return of the disease.

The real hope for improvement upon the present figures does not rest so much upon an extension of operative proceedings and more perfect technique, but upon an early recognition and early extirpation of the primary focus of invasion. Hence the surgical maxim laid down "that few operations for well-developed cancer can be considered radical unless the removal of the primary growth is accompanied by prophylactic extirpation of the tributary lymphatic areas." (Dr. Matar.)

It is satisfactory to know that since this principle of surgical practice, as applied to carcinoma of the breast, has been followed there has been a great improvement in the results; the evidence upon this point is so definite and indisputable that there is really no excuse for operators refusing to adopt the treatment.

The point is really one of supreme importance, for it must be evident that unless a surgeon is prepared to undertake the complete or radical operation for cancer of the breast, viz., the Heidenhain-Stiles so-called method, carried out by Bennett, Halsted, Meyer, Rotter, Helferich, Watson Cheyne, and by the staff of the Cancer Hospital, such as experience has now proved to be necessary in the interests of the patient, interference on his part would almost be unjustifiable.

My colleague, Mr. C. H. Leaf, has laid stress on taking steps during the operation for removal of carcinoma mammae (*vide Lancet*, November 30th, 1901, p. 1488) to obviate the risk of subsequent dissemination by occluding as far as possible the emergent lymphatics and veins. He maintains that the possible risk of dissemination which may result, either by infection of the wound or by the innumerable lymphatics and veins being cut across, should always be borne in mind and as far as possible provided against at the time of the first operation. His suggestion, and which he has carried out recently in some six cases, is to effect the lymphatics' occlusion by strangling by a series of ligatures the fascia in which they run, and not to remove the breast till this is done.

The failure by surgeons of the old school was want of knowledge of the manner in which cancer spreads, and the importance of the lymphatic system.

Scirrhus, or true cancer, now designated carcinoma, is of an epithelial type and spreads by means of the lymphatic system, whereas sarcoma, of connective tissue origin, spreads by the capillary system.

The form of malignant disease is absolutely necessary to be certain of in our prognosis, for in carcinoma or duct cancer the chances of recurrence are very much less when only a distinct nodule is located in the breast, whereas in cases of soft, rapidly-growing scirrhus recurrence is much more likely to take place. But in atrophic scirrhus we have noticed operation possibly to do more harm than good, as should recurrence in the skin occur, as often happens, it is probably certain it may take on a more active growth, for the disease, which has been growing only slowly, may take on action and increase very rapidly.

In sarcoma the risk of recurrence is less if seen and operated on early, but once the capsule be ever so slightly burst, the diffusion of the disease by means of the capillary system is rapid, and no portion of the body but may show its counterpart.

I recall a case of osteo-sarcoma of the leg in a boy, named Charles H—, æt. 19; the drawings appeared in the *Illustrated Medical News* (p. 1, vol. 2), and his leg is in our museum. Eight months previous to admission he fell over a stable bucket, a tumour developed in his leg, which increased, amputation was performed by me through the knee-joint. Seven months after removal of his limb he was re-admitted presenting a remarkable appearance as represented in the drawing taken of the head and face. When seen during the interval he was stout, hale, and strong, which was recorded in a photograph he had had taken of himself; now his body is wasted, face elongated, head enlarged, showing three elevated bosses distinct from one another, separated by deep furrows consisting of a firm and even enlargement. The left eyeball protruded, double its normal size, lips heavy and corrugated. The stump is free from any recurrence, as also the femur, but enlargements, tumefied and nodulated, were to be felt along the spine. The growths on the outside and within the head increased, and within four months death supervened.

The case represents the rapid diffusion of sarcomatous disease.

I show you to-day a sarcomatous breast which I recently removed from a woman, æt. 72. The growth encircled the axillary vein, and filled up the axilla. This seemed by the history to be where the disease first formed. A second tumour developed in the breast. These, as you may see, are encapsuled and are distinct and well separated from one another. She has made a good recovery.

I show you a specimen of cystic sarcoma of the right ovary; it weighs, taken the following morning after removal, 8 lbs. Its circumference, measured at its greatest diameter, 26½ ins., at its least, 18 ins., taken from a single woman, æt. 52, well nourished, with a history of from five to six years' growth. She naturally was very incommoded by it, and was unable to lie flat on account of the dyspnoea it produced. There was present a good deal of ascitic fluid in the peritoneum. She made a good recovery and was discharged.

Perhaps the most remarkable case of sarcoma of the liver is a specimen I show you. I explored it during life, and it was removed at the post-mortem. No metastasis was found elsewhere. It weighs 19½ lbs.

The secondary operations for recurrences of

sarcoma are by no means favourable, for as I have said, the disease spreads by the capillary system and gets diffused at a rapid and early date, and is more fatal than carcinoma.

I show you now some scirrhus cases of the breast, the disease is held for sometime local, and if it spreads by the lymphatic system, the lymphatic glands check for a time its further advance. Mr. Harold Stiles, (*Edinburgh Medical Journal*, 1892) in his paper demonstrates that the lymphatics of the breast extend from the mammary gland first into the pectoral fascia, and often into the pectoral muscles, and pass from thence into the axillary glands, and this, Heidenheim says, "although apparently the disease might be limited to a spot quite remote from the muscle."

I have seen surgeons remove a cancerous nodule in the breast and leaving the breast, with the result of early recurrence, necessitating a very extensive (Stiles's method) operation. In one case I performed the second operation, hoping for good results, eight months after the first, well clearing out the axilla. Six months after this second operation glands in the axilla developed. These I removed, as also some above the clavicle. She recovered with good movement in her arm, and has remained without recurrence. (I may just mention I dress all my breast cases with the arm held out at right angle to the trunk, when in bed slinging the arm to the head of the bed to make it keep in that position; after three weeks a patient can have perfect control, and even dress her own hair.)

Malignant disease, wherever situated, is much more likely to recur in persons under thirty or thirty-five than it is in people over fifty. Although the disease may return *in situ* or in the lymphatic glands, yet by removing them again and even again, ultimately it may be eradicated. I have operated thirteen times on the same lady, extending over several years; this with others demonstrates the absolute necessity of patients being advised to submit to repeated operation, and taking the precaution of their presenting themselves for examination frequently, at least every three months, for three to four years after the breast has been removed, and should a nodule be discovered, its removal by operation should at once be undertaken.

I have a case just left the hospital whose right breast was removed for cancer four years ago. That side is perfect. She presented herself with a scirrhus tumour in the left breast on which I operated freely. Undoubtedly she was cured of her first attack, and we must consider the formation of a scirrhus tumour in the left not as a recurrence but as a fresh outbreak of a local attack coming on in a woman predisposed to cancer. She has made a good recovery, and a favourable prognosis may be anticipated.

A tumour forming in the breast of a female, or a male, after the age of forty to forty-five, may be confidently assumed as of a malignant character and dealt with accordingly with the hope of a good recovery, but in patients under thirty-five, prognosis is considerably worse than in the older patient and those who have passed the menopause.

One word with respect to those cases of malignant disease of the breast in which operation is not admissible, or in cases of recurrence that have taken place and no further removal can be undertaken. In these cases Dr. Beatson has advocated double oöphorectomy, and has urged strong arguments in favour of his theory. Mr. Stanley Boyd has given the treatment a fair trial, and has published his results, but I fear the results must be yet put down as not proven; both Mr. Jessett and myself have done oöphorectomy for inoperable cases of carci-

noma of the breast, and we both have seen no benefit resulting; indeed, in one case I found both ovaries cancerous. The idea is ingenious and fascinating, but from the cases I have read and my experience so far, I would not advise the procedure.

Let us turn for a few moments to carcinoma of the uterus. There are several specimens before you. The same rule holds good here as in cancer of the breast. The younger the patient the worse is the prognosis. Early diagnosis is of the utmost importance; malignant disease detected early can be operated on with every hope of success. Vaginal hysterectomy is not a dangerous operation. As to prognosis after operation, much depends on the position of the disease, the extent of it, and the length of time it has existed.

I may impress the necessity of making a good and thorough examination, under an anæsthetic, if necessary. The object is to find out the extent the disease has spread. This can be determined by the conjoint examination per vaginam and per rectum, with the left hand above the pubes.

My first case of vaginal hysterectomy I published in the *Lancet* of January 31st, 1885, page 200. She was operated on on September 23rd, 1884, and she made a good recovery. I acknowledge that this, the first case performed, was a fluke, for I did not start with the object in view. She had a papillomatous growth, about the size of a cricket ball, filling up the vagina, attached to the os and left vaginal wall, being excessively vascular. The growth was removed by means of the galvanic wire écraseur without loss of blood. While examining the charred stump I found I had opened the peritoneum into Douglas's pouch. I decided the only chance of the patient being freed of the disease was to extirpate the whole organ. With the consent of my colleagues I proceeded to do so. One ovary which was cystic was removed; the other appearing healthy was left.

Other cases followed, and my fourth was a historical one. It was a challenge case from the late Mr. Lawson Tait, sent up from the Birmingham Hospital for Women. Dr. John W. Taylor, of Birmingham, represented Mr. Lawson Tait; others were present, including Mr. Henry A. Reeves, as also my colleagues, Snow and Jessett. I acknowledge this was a test case as to the feasibility of the operation of vaginal hysterectomy. It was performed on June 23rd, 1887, at the Cancer Hospital, and report was published in the *Lancet*, August 27th, 1887, p. 411. The woman made a good recovery, and after this vaginal hysterectomy became an established and recognised operation. I firmly believe if my first six cases had not been successful, the operation of vaginal hysterectomy, so far as England was concerned, would for years have been tabooed. The Cancer Hospital may be proud to be the pioneer of an operation that has given signal relief and cure to many. The operation has been performed here in over 300 cases, and the mortality which in the early series was 17 per cent., is now brought down to 2 per cent. and 3 per cent. This low mortality is accounted for by the better selection of cases. English surgeons and gynecologists can now furnish series of cases by the hundred, yet few may remember or even know of the pioneer cases. Like every other new departure it had to fight its way to the front, which it has done successfully. I would never recommend the performance of vaginal hysterectomy without explaining and impressing the risks of the operation to the patient and her friends.

University of Birmingham.—Faculty of Medicine.

The following candidate has passed Parts I. and II., Examination for the Diploma in Public Health:—Thomas Edward Dyson.

A CASE OF TRAUMATIC FUNCTIONAL PARALYSIS. (a)

By MARTIN DEMPSEY, F.R.C.P.I.,

Assistant Physician, Mater Misericordiae Hospital.

J. M., a boy, *æt.* about 12, fell from a wall to the ground, a considerable distance, alighting on his right shoulder-joint. He did not appear to suffer much at the time; but the following day he was punished for not writing his copy as well as usual, and it was noticed not long afterwards that the boy had lost the power of his right arm, which hung powerless by his side, with the terminal joints of his fingers slightly flexed. The shoulder-joint was X-rayed, and an anodyne liniment rubbed to the joint for months without benefit. The limb was distinctly wasted, he was unable to move it, the least touch above the elbow and as far as the shoulder gave him excruciating pain, though a blow on the part or pressing the flesh with a pencil drawn over it caused no sensation. Pins might be stuck deeply into the flesh of the upper arm, over the region of the scapula without his being conscious of the act. He felt the sensation of cold when a test tube with cold water was placed on the skin; but the application in the same way of warm water was unrecognised. Under the influence of the Faradic current the muscle tissue reacted energetically. For two months the faradisation of the muscles has been continued with distinct benefit to the boy.

With the exception of this muscular wasting, no other trophic disturbance was noted.

Examination of the reflexes yielded no satisfactory result.

On testing sensation it was found that over the great part of the limb (the exact area shall be mentioned later) the lightest touch of the finger could be felt, but the hardest stroke with a bluntly-pointed lead pencil was unnoticed, even when the pressure was severe enough to move not only the arm but the whole trunk. A pin stuck into the skin produced no sensation, and curiously enough, though cold water in a test tube was invariably identified when brought into contact with the skin, hot water similarly applied was not felt at all. The area over which this dissociation of sensations existed embraced the whole arm, with the exception of the back of the hand and over the pectoral and scapular regions for about two inches. Sensation was perfectly normal on the back of the hand.

The muscles reacted briskly to the Faradic current.

As regards the diagnosis, my first impression on seeing it and hearing the history of injury was that I was dealing with a case of traumatic brachial neuritis. I may say that I thought at the time that the paralysis had immediately followed the injury. On carefully mapping out the areas of sensory disturbance and finding they failed to correspond to the areas of skin supplied by the nerves of the arm, I commenced to doubt the accuracy of this opinion, a doubt strengthened later by the discovery that the muscles, which were absolutely paralysed, and had been so for over two months, reacted normally to the Faradic current. Of the other two views which occurred to me as possible cause the first, an intraspinal hæmorrhage pressing on the nerve roots was rejected for the same reasons; and the second, a hæmorrhage into the grey matter, was untenable for the following reasons:—(a) The sensory disturbance did not conform in its distribution to the areas of the skin in connection with the segments of the cord, which would of necessity have been damaged in order to produce the motor paralysis; (b) retention of Faradic continuity in the paralysed muscles; (c) the absolutely monophyseal character of the paralysis.

Thus finding it impossible to reconcile the conditions present with an injury to the nerves, nerve links or cord, I was thrown back on what seemed to me the only possible explanation—*viz.*, to regard the case as one of functional or hysterical paralysis. The correctness of

this view is, I think, borne out by the subsequent course of the case, which I may now relate.

Two weeks after admission the hyperæsthesia of the upper arm completely disappeared and sensation returned in the arm as high as the elbow. Above this joint the skin still showed the peculiar sensory phenomena. There was also some increase of power in fingers and hands.

Week by week power increased, first in the arm and finally in the shoulder, and at present the boy has very fair power in the whole limb.

The sensory disturbance in the upper arm persisted, but showed variation in extent, some days invading the pectoral area as far as the middle line, at other times being barely perceptible on the chest.

To-day, after a brisk faradisation, sensation was perfectly normal.

It is interesting to note the close resemblance of the sensory disturbance to those seen in syringomyelia, and this seems to me to suggest the possibility that some at least of hysterical phenomena may be due to functional derangement of the cord and not of the brain.

Clinical Records.

A CASE OF RECURRENT PAPILLOMA OF THE VAGINA. (a)

By W. WALTER, F.R.C.S.I.,

Hon. Physician to St. Mary's Hospital for Women and Children, Manchester.

THE patient, *æt.* 37, and unmarried, was admitted into St. Mary's Hospital in August 1898, complaining of bleeding from the vagina between the periods, which had continued off and on for several months. Her general condition was good. The uterus and other pelvic organs were healthy. Inside the vagina on the posterior wall, was a small papilloma which bled readily. This was curetted and the thermo-cautery applied freely. The microscopic character of the scrapings presented the appearance of a simple papilloma with no sign of malignancy. In November, 1898, the patient re-entered the hospital, as the papilloma was commencing to recur. The cautery was again applied. The following year on two occasions a similar treatment was necessary.

In 1900 the patient was readmitted in June and December. The patches were larger in size than formerly, but still quite superficial and free from any deep-seated attachment. The cautery was applied to the affected surface.

Last year, in March, July, October and December, the patches had returned, and were spreading upwards on the posterior and left wall. In December it was found that infiltration into the perivaginal tissue on the posterior and left side had occurred since her previous visit. As the vagina was extremely narrow the perineum was divided and the part exposed to view. A patch of mucous membrane the size of a shilling, with a raised and granulating surface, together with a small growth nearly as large as a filbert nut were removed, and the vagina packed with gauze.

"The microscopical appearance of the growth shows a fibrous and elastic tissue matrix containing a considerable number of cell nests."

A CASE OF TRADE ECZEMA. (b)

By ARTHUR J. HALL, M.B., M.R.C.P.,

Physician to the Royal General Hospital, Sheffield.

THIS case is of eleven years' duration. The eruption affects the hands and arms. The patient, a female, is a polisher who works in Tonge. She was shown to the Society on a previous occasion, and since then has been applying calamine gelatin daily over the dorsa of fingers, hands, and forearms, with the result that she had been perfectly free from eczema for several weeks. A few days ago a very interesting thing occurred.

(a) Paper read at the North of England Obstetrical and Gynaecological Society, January 17th, 1902.

(b) Patient shown at meeting of Sheffield Medico-Chirurgical Society, January 16th, 1902.

(a) Read before the Royal Academy of Medicine in Ireland, Jan. 24th, 1902.

She got an outbreak on the dorsa of fingers and knuckles of right hand. This is the part which the rouge affects most, and where the gelatin is more likely to be rubbed off or undermined. But the patient was menstruating when this attack began, and her mother assures me that she is always worse in the hands at those times. We see then, in this case, the possibility that the skin reflex may be more irritable during the menstrual period, and be irritated then by a weaker irritant. But this fact is one that is common to all eczemas—who has not seen the eczema of pregnancy, or lactation, or the eczema of chlorosis, or even the eczema of "mental worry"? If that is so we have a further argument for the theory that many of these cases of so-called trade dermatitis agree with cases of eczema in that they are worse in various constitutional states of the individual. The more I see of these cases, the more do I see a difficulty in drawing any line between many of the trade affections (dermatitis) in which the irritant is known and can be avoided, and the eczemas in which the irritant is not known (?) and cannot be avoided (?)

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.
MEETING IN THE ROYAL COLLEGE OF PHYSICIANS,
ON FRIDAY, JAN. 24TH, 1902.

DR. HAWTREY BENSON in the Chair.

DR. MARTIN DEMPSEY exhibited a Case of Traumatic Functional Paralysis.

Dr. J. J. BURGESS then read the report furnished to him by Dr. McWeeney, of the histological examination of the heart he exhibited at the last meeting. (1) Intense and uniformly distributed fibrinous pericarditis; non-tuberculous. (2) Extreme fatty infiltration of the anterior wall of the right ventricle. The nature of the material was readily demonstrated with osmic acid and audiu III. There is not the faintest indication of tumour formation. (3) A moderate amount of sclerosis of the coronary arteries, with thrombosis of the descending branches of one of them. (4) The source of the hæmorrhage was not ascertained.

Dr. J. M. DAY then read his paper on

THE DIAGNOSIS OF SCARLATINA.

The diagnosis of scarlatina has now become a far more difficult matter than formerly, when the disease was of a severer and better marked type. The chief symptoms of scarlatina are vomiting, sore throat, elevation of temperature, frequent pulse and a rash. If scarlatina be present the red punctiform appearance on the pharynx, soft palate, tonsils, and hard palate will be found. The pulse rate is quick, even in the mildest cases. The rash is never seen in the circum-oral zone. The skin is dry, but sweating may occur in rheumatic subjects. When the disease is accompanied by gastric catarrh the tongue is furred. Scarlatina may occur a second time *sine eruptione*. Desquamation may commence on the sixth day, or be delayed until the twenty-first day. It spreads centrifugally from points. Scarlatina may be confounded with röteln, measles, septicæmia, urticaria, erythema, rheumatic fever, meningitis, enteric fever, and drug-rashes. Scarlatina, being a fixed disease, is seldom or never contracted twice. [We hope to publish this paper in full in our next.]

Dr. DRURY recognised the difficulty in diagnosis of scarlatina, and the importance of a correct diagnosis, as many unpleasant results may follow on a mistake. Long confinement to bed may of itself produce desquamation; if the person is accustomed to a daily bath you may get almost no desquamation. Polishing of the finger nails may escape observation.

Dr. POLLOCK had two anomalous cases: (1) Bad vomiting, sore throat, no rash; on the tenth day he found some rash and desquamation. Six months afterwards the patient got a severe attack of scarlatina with

otorrhœa, and died. The second case was marked by a sore throat, punctiform rash of palate, bleeding of mucous membrane of mouth, and inflammation of throat. Seventh day the case proved to be one of gastric fever.

Dr. HAYES found the difficulty of diagnosis of scarlatina most in adults. In mild cases there was no constitutional disturbance, the typical scarlatina throat may be absent. He principally based his diagnosis on the punctiform rash of the hard and soft palate and the rapid pulse. Temperature was of little diagnostic value, desquamation not easy of recognition in every case. He thinks there is a certain relation between the extent of the rash and the amount of desquamation.

Dr. CRAIG was glad to hear such a practical paper. He isolates all doubtful cases, the author did not include the rash of influenza in his list, it is not unfrequently followed by desquamation. Surgical scarlatina due to septic causes may be recognised by the absence of sore throat and the rash not extending to the face.

Dr. DOYLE found the rash of belladonna to closely simulate scarlatina. He thinks that patients are sometimes sent out of fever hospitals without being medically examined before their discharge, which is wrong. Such a case came under his notice. The child was dismissed on a Tuesday, and on the following Thursday had the scarlatina rash on its body.

Dr. MORE O'FARRELL would like to know from Dr. DAY the incubation period of scarlatina, and the exact cause of scarlatina? Does Dr. DAY examine the blood of scarlatina patients—it is done in Vienna? He has observed that scarlatina conveyed by milk is always of a mild type. He had two cases, one of which was under conditions for a week in which it was impossible that infection could be conveyed to her, and yet she got scarlatina. In the second case the patient's environment scarcely admitted of infection for a full month, yet she took it. He has seen cases of an outbreak of scarlatina in a family, and found that the dark-haired persons were those who took the fever, the light-haired ones escaping. Dark-haired persons suffer more than fair-haired when attacked.

Dr. HEAD thought desquamation may be deferred for a longer period than twenty-one days. He told of a series of cases in which desquamation was deferred for a month. Patients should be kept a longer time in hospital. He found a rash following on influenza to closely simulate scarlatina. In the fourth disease the skin peels in large patches.

Dr. BYRNE found that röteln is only found when scarlatina is epidemic.

Dr. DAY considered that there was a certain proportion between the amount of the sickness and the rash. He was not inclined to extend the period of desquamation beyond twenty-one days. Hebrew children have a dark rash on the first day. He quite agreed with Dr. Hayes respecting adults. He did not know any surgical scarlatina. There may be septicæmia with a rash, or a surgical patient may contract scarlatina. No patient can leave hospital until examined by the physician. To find the exact cause of scarlatina he leaves to Dr. O'Farrell's industry. The period of incubation, he thought, was generally known—it is eight days. The mildness or otherwise of milk conveyed scarlatina is dependent on the character of the epidemic. The infection is not so much due to the desquamation as was formerly thought. Any discharge, otorrhœa, may convey infection. Does not place reliance on the observation of nurses—observes for himself. He looks on the fourth disease as non-existent, being no more than a form of röteln.

Dr. MARTIN DEMPSEY brought forward a case of
TRAUMATIC FUNCTIONAL PARALYSIS.

A boy, æt. about 12, fell from a height a considerable distance on his right shoulder-joint. The case will be found reported in another column.

Dr. CRAIG agreed with Dr. M. Dempsey in his diagnosis. He had had a somewhat similar case in a girl.

Dr. LANGTON SYME saw many cases of functional diseases in the Great Ormond Street Hospital. By throwing them off their guard you usually succeed in

your diagnosis. All the cases he saw were in boys, and he found them associated with phymosis. Dr. Dempsey's patient had a long foreskin.

Dr. GOULDING asked was there any history of a sore throat?

Dr. DEMPSEY having replied, the meeting terminated.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD JAN. 15TH, 1902.

Prof. T. B. FRASER, President, in the Chair.

Dr. BYRON BRAMWELL showed two cases of syringomyelia. (1) A young man, *æt.* 17, who had atrophy of the small muscles of the hand leading to claw-hand, with evidence of paralysis of the sympathetic on the same side, as shown by narrowing of the palpebral fissure, contraction of the pupil, flattening of the side of the face, and recession of the eyeball as a whole. Such a combination—paralysis of the cervical sympathetic, with wasting of the hand muscles—was practically pathognomonic of syringomyelia. The duration in this case was about a year; there was no affection of the sensation of touch or pain, but thermal sensibility was disturbed over the left area and adjacent parts. The reflexes in the leg were exaggerated; there was ankle clonus and an extensor plantar response. The patient was short, and rather broad for his height, a configuration which had been noted in many cases of the disease. (2) A female, *æt.* 30, who had suffered for some time from recurring sores on the hands and feet, either developing spontaneously or after slight injury. This patient showed wasting of the biceps and muscles of the left shoulder girdle, inequality of the pupils, exaggeration of the deep reflexes, and dissociated anesthesia, thermal sensibility being entirely absent over the upper part of the body.

Mr. H. J. STILES showed (1) a boy after punctured wound (spike of railing) of brachial artery opposite the origin of its superior profunda branch, treated by ligation of the proximal and distal ends of the main trunk and of the proximal end of the profunda, without there being any interference with the circulation in the arm. (2) A girl after excision (second operation) of plexiform angioma of scalp. As related at the Society a few months ago a preliminary ligation of the feeding arteries was performed, but as the subsequent electrolysis had no effect excision was determined on. The dissection out of the vessels had been very difficult, and was attended by free hæmorrhage, which was controlled by sutures round the edge of the wound, and the application of peroxide of hydrogen to the smaller vessels.

Dr. WM. ELDER showed a case of complete transposition of the viscera.

Dr. MACGILLIVRAY showed a case of obstruction of the bowels in a child with suppurating tuberculous retro-peritoneal gland, on whom he had operated successfully. The child was *æt.* 4½, and had suffered from abdominal pain since she was a year old. Complete obstruction set in on November 27th, and she was admitted to hospital with fecal vomiting on December 3rd. The abdomen was greatly distended, and on opening it, the obstruction was found to be due to bands of fibrous tissue constricting the bowel near the ileo-cæcal valve. These, along with a mass of tuberculous glands the size of a tangerine orange lying behind them, were removed, and the patient recovered.

Dr. LESLIE MACKENZIE showed a simple form of spray pump for disinfection. It weighed only 8 lbs., and so could easily be carried about by a sanitary inspector, and was designed especially for small towns and for hospitals for which the regulation spray pump was too large.

Dr. CHALMERS WATSON showed photographs of a case of cerebral thrombosis in a horse, followed by complete recovery.

The following card specimens were shown:—By Mr. STILES: 1. Portion of brachial artery from patient exhibited. 2. Congenital strangulated cyst, weighing 1½ lbs., removed, along with six inches of small intestine,

from a child, *æt.* 29 months, who was suffering from obstruction.

By Dr. BRUCE: Transverse section of aortic aneurysm.

By Mr. J. M. COTTEILL: 1. Pouches and sac removed in a case of intra-peritoneal rupture of a tubal gestation. 2. Aneurysm of the posterior ulnar recurrent artery. 3. Semilunar cartilage from a series of cases of internal derangement of the knee-joint. 4. Specimens from a case of fracture of the sternum and dislocation of the spine. 5. Kidney removed on account of profuse hæmaturia.

By Dr. MACGILLIVRAY: Large papilloma of rectum.

By Drs. GIBSON and MACDONALD: 1. Spinal cord, showing pseudo-tubercles syphilitica. 2. Hæmorrhage into the cusps of the semilunar valve.

Mr. C. W. CATHCART demonstrated an adaptation by Dr. Ramsay Smith of the freezing microtome for tropical climates, and of his rapid method of mounting permanent microscopical sections of fresh tumours. Full details of the method will be found in Dr. Ramsay Smith's paper in the *Scottish Medical and Surgical Journal* for January, but its main features are as follows:—To adapt the freezing method to very hot climates the tissue is imbedded in cork, and frozen by spraying directly upon it with chloride of ethyl; in this country Mr. Cathcart found that ether acted equally well. Cutting is done by moving the tissue continuously upward, no attempt being made to adapt the movement to each cut. Fresh tissues are mounted as permanent specimens by floating out the sections in 2-4 per cent. formalin after they are cut. They are then stained, dehydrated, and cleared on the slide, and mounted on balsam. Dr. Smith can by this method cut 300 to 400 sections per minute, and can produce a completely stained permanent specimen in six or seven minutes after receiving a specimen from the operating theatre.

TUMOUR OF PRE-FRONTAL LOBE.

Dr. W. ELDER and Mr. A. MILES read notes of a case of tumour of the pre-frontal lobe successfully treated by operation, which will be found on page 131.

In discussing this paper Dr. BRAMWELL said that his experience confirmed that of Dr. Elder, that very few cerebral tumours benefited by operation, indeed he himself remembered only one case which was successful. Three years ago he had reported eleven cases of frontal tumour, in seven there were mental symptoms, in four none. He thought that it would be almost impossible to draw a distinction between certain cases of general paralysis and some frontal tumours; it was impossible to say how far the mental symptoms were due to pressure on the frontal lobes, and how far to pressure on other parts of the brain, and it must be remembered that lesions diffused over the cortex would often produce symptoms very similar to those of perforated tumour.

Dr. EDWIN BRAMWELL referred to the frequency with which pain in the back was met with in central tumour.

Dr. BRUCE suggested that this might be due to pressure on the nerve roots by accumulation of cerebrospinal fluid; in many cases of cerebral tumour degeneration of these roots was present.

Mr. Cotterill, Dr. Logan Moore, and Dr. Church also spoke.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD JAN. 16TH, 1902.

The President, Dr. C. H. WILLEY, in the Chair.

Dr. SINCLAIR WHITE exhibited:—1. Phosphatic calculi and prostatic tissue removed supra-pubically from a patient, *æt.* 63, who had been suffering from enlarged prostate. 2. An excised gastric ulcer removed from the anterior wall of the stomach of a man, *æt.* 24. The ulcer had existed for two years, and had perforated eighteen months previously, but owing to extensive adhesions the general peritoneum had not been found. The ulcer was about one inch in diameter, and funnel-shaped. The walls of stomach around the ulcer were fully one-third of an inch in thickness, and a dense band of fibrous

tissue united the ulcerated area to the anterior abdominal wall. The patient was now quite free from his old symptoms. 3. A child, *et.* 2, the subject of extroversion of the bladder, in whom the ureters had been transplanted into the rectum by the extra-peritoneal method described by Dr. Peters, of Canada. Peters' operation was described and criticised.

Dr. ARTHUR HALL showed (1) a case of "Acute Myelitis," in which the first lesion had occurred in the lower thoracic region of the cord, accompanied by marked pyrexia, diarrhoea, and vomiting. It was an incomplete one, the left side of the cord being more affected than the other. An interesting feature of this first attack was the presence of a circular ring of acute bedsores, due to the pressure of the rim of a chamber-pot on which the patient had been placed before admission for some hours on account of his diarrhoea. About five days after his first attack, the patient began with symptoms of paralysis in both arms, dysphagia, paralysis of the tongue, and became temporarily insane. These symptoms lasted about a week, and seemed to form a true relapse, with possibly lesions in the brain as well as the upper cord. The patient made a complete recovery. (2) A case of "Occupation Neurosis." A single man, *et.* 43, a brick-layer, had for two years noticed loss of power in the right hand, varying from time to time. It is most marked when using his trowel. The hand goes quite numb, and sometimes gets stiff and straight. He gets marked tremors and pain in it if he gets excited. It followed influenza two years ago. He lives alone with a widowed mother, and saw his father killed by a fall from a scaffold five years ago. These points are mentioned to show the nervous character of the case. He finds that after a glass of beer his hand gets better; also, he can check it by a rubber ring on the finger; these facts again showing the psychical element in the condition.

Dr. HALL also showed a case of "Trade Eczema." The history of the patient will be found under "Clinical Records."

Dr. WILKINSON related "Two Cases of Successful Operation for Ruptured Intestine." Case 1: A boy, *et.* 12, was stabbed in the lower part of the abdomen with a pocket knife. The intestine was wounded in two places, and the mesentery in one. There was much bleeding and some extravasation of faeces. Resection of the wounded portion of intestine was performed, and the ends united over a Mayo-Robson four bobbin. Case 2: A boy, *et.* 11, was kicked in the abdomen by a horse. Dr. Wilkinson saw him twenty-four hours later, when signs of acute general peritonitis were present. The abdomen was opened by an eight inch incision in the middle line. A circular hole half an inch in diameter was found in the ileum and sutured. A large faecal collection was found in the lower part of the abdomen, and general septic peritonitis was present. After wiping out the extravasated faecal matter, evisceration and thorough irrigation of the abdomen was performed. The abdomen was closed without drainage. Though much collapsed after the operation, the patient eventually made a good recovery.

NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

ANNUAL MEETING HELD AT MANCHESTER, FRIDAY, JAN. 17TH, 1902.

The President, S. BUCKLEY, M.D., in the Chair.

Dr. A. DONALD (Manchester) exhibited two specimens of Tubal Mole. In each case the occurrence of hæmorrhage at about the sixth week had destroyed the life of the ovum without leading to rupture of the tube. Each tube contained a mass of clot embedding an embryo surrounded by its amnion but with no trace of liquor amnii. No blood or clot was found in the peritoneal cavity. In one case amenorrhœa for nearly two months had existed; in the other the menstrual period had not been missed. In both the bleeding was profuse and lasted for six weeks, and a well-defined tumour was felt on one side of the uterus. The tubes were

removed by abdominal section in the first case and by anterior vaginal section in the second. Both patients made a good recovery.

Dr. A. DONALD and Dr. W. E. FOTHERGILL (Manchester) showed sections from a case of Folliculoma Ovarii Malignum. The tumour about the size of a cocoa-nut, was hard, solid and nodular. It was removed from a single woman, *et.* 57. The clinical features of the case suggested malignancy. There were wasting pain and ascites. The sections showed the growth to consist of alveoli filled with epithelial cells and embedded in a fibrous stroma. The alveoli varied in size and some of them contained one or more large cells presenting the characters of egg-cells in various stages of development.

Dr. W. E. FOTHERGILL (Manchester), showed a Series of Sections of Uterine Casts from Cases of Membranous Dysmenorrhœa. The casts were all shown to be composed of fibrin and leucocytes. Dr. Fothergill had examined many such casts and had never found any composed of mucœa with a lined cavity such as are frequently described.

Dr. J. B. HELLIER (Leeds), showed an Early Ruptured Tubal Gestation. The patient, *et.* 35, married eleven years, had one doubtful abortion some years ago. She did not suspect pregnancy and menstruation was quite regular. While cycling she was seized with sudden abdominal pain and faintness. Internal hæmorrhage was suspected and abdominal section was performed. Much dark blood-clot was found in the peritoneum. A very small tubal pregnancy had caused rupture of the right Fallopian tube, which was removed. The patient made a good recovery.

Dr. W. WALTER (Manchester) showed a specimen of Fibro-myoma of the Uterus removed from a single woman, *et.* 39, by abdominal hysterectomy. The patient had suffered from pain and hæmorrhage for some time, and for eight months was unable to follow her occupation at the mill. On January 14th abdominal section was performed, the broad ligaments tied and divided in the usual way and the uterus removed by a wedge-shaped incision just above the vaginal roof. The cervix was dilated from above downwards with a pair of Spencer Wells' small forceps, and a narrow gauze drain passed down into the vagina. The ligatures were cut short, and the peritoneum stitched over the stump except at a small spot where the end of the gauze served as a drain. The abdominal wall was closed with silk-worm-gut sutures, and in addition buried catgut was used for the muscle and fascia. The specimen removed consisting of a sub-mucous fibroid springing from the fundus and anterior wall of the uterus was undergoing in some parts myxomatous degeneration, and in other fatty degeneration. The patient was progressing so far favourably, but without including this case Dr. Walter had just completed a series of thirty-five abdominal hysterectomies for myoma with one death.

Dr. WALTER also brought forward a case of

RECURRENT PAPILLOMA OF THE VAGINA, which will be found under the heading of "Clinical Records."

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Feb. 1st, 1902.

At the Society für Innere Medizin, Hr. Ziegenhagen presented a case of

AORTIC ANEURYSM RUPTURING INTO THE VENA CAVA.

The patient, a man, *et.* 73, an office clerk, was admitted into hospital in April of last year. The chief symptoms were an indescribable cyanosis, and the want of relation between the upper and lower halves of the body. The former was swollen, with extreme œdema, and the latter normal. There was great dyspnoea, and the pulse was rapid. On examination, great enlarge-

ment of the left ventricle was found, absolute dulness below the right clavicle, at the cardiac apex, and above it a loud systolic sound and a systolic murmur over the sternum. There was no difference in the pupils of the two sides, or of the radial pulses, and there was distension of the veins of the thorax. The diagnosis made was aneurysm of the aorta, with compression of the vena cava. Compression of the vein, rather than rupture of it, was assumed, as the history was not in favour of the latter. The patient stated that since 1900 he had had tightness of the chest, which gradually increased in intensity, so that from April 1st he had to keep his bed. The oedema of the upper half and the cyanosis had come on gradually without any noticeable onset, whilst in other cases of rupture into the vena cava the contrast between fair health and the sudden onset of fatal symptoms was well marked. The patient died two days later during sleep without any further special development of symptoms. Section showed a large tense tumour in the right half of the thorax adherent to the pleura and vena cava and communicating with the latter by an opening admitting a lead pencil. It was quite clear that the rupture had taken place before the patient's admission into hospital, as none of the violent symptoms, usually accompanying it, were observed during the time of his stay therein.

Hr. Kammer gave a preliminary report on
TOXEMIA.

For some years he had been making investigations at first at the Third Medical Klinik and later at the Polyklinik for chest diseases. They were not yet completed, but they had led to important results. They were in regard to Ehrlich's iodine reaction on leucocytes, of which three stages were distinguished—(1) Diffuse red staining of the protoplasm contrasting with the white nucleus; (2) red-brown granulation of the protoplasm; (3) almost complete conversion of the protoplasm into red-brown granules and flakes (very rare). Ehrlich, who first found the reaction in the blood of a diabetic, took the red-coloured substance for glycogen. Then the reaction had been described by various authors on infectious diseases, in cachetic leucocytosis, in aseptic suppurations, and by himself as constant in puerperal fever. But up to the present there had been no law and no standard. It had struck the speaker that the iodine reaction was present in almost all cases in which bacteria were present, actually or potentially. In consequence of this he had studied the influence of the various bacterial cultures on the iodine reaction in guinea-pigs and rabbits. The normal leucocyte of these animals was indifferent as regarded iodine. He first injected a virulent streptococcus bouillon culture intravenously into a rabbit. In eight hours appeared the first trace of iodine reaction, and this developed within twenty-four hours to the third stage. In a similar manner the reaction was brought about by virulent bouillon cultures of streptococci, staphylococci, pneumococci, diphtheria bacilli, typhoid bacilli, Friedlander's bacilli, anthrax bacilli, bacilli pyocyaneus, bacterium coli, but not by the bacilli of fowl cholera. He had then filtered the bacilli to sterility, and the filtrate and the toxin he had injected into animals, likewise with prompt positive results. The reaction could not be obtained with tetanus toxines. Here was possible a cross light on the

difference between actions of tetanus toxin and diphtheria poison. The next question was, if this reaction were produced by toxines, what rôle did the antitoxines play in it? He had never seen the reaction in highly immunised animals. It appeared to be proved that a reaction specific for the diphtheria poison would be prevented by the injection of a specific antitoxin.

In the case of the chronic infectious diseases, such as glanders, tuberculosis and *perlsucht*, there was a striking divergence. The reaction could not be produced by subcutaneous and intravenous injections, but it could by feeding with the bacilli of glanders—tubercle and intraperitoneal injection of all the three kinds of bacilli, but only after the lapse of twelve days.

In the human subject the reaction could only be determined when toxines or bacteria were present in the system in sufficient quantity to produce an effect. The reaction could therefore be of service both from the point of view of differential diagnosis and of indication.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Feb. 1st, 1902

CICATRICES FROM CAUSTIC POTASH.

TELEKY showed the preparation of an œsophagus taken from a young ironworker, æt. 22, who drank a quantity of caustic potash by mistake two years before his death. The stricture resulting from the cicatrix gradually increased until even small quantities of fluids could only be swallowed with difficulty. In 1900 he came to the polyclinic in great distress, with a small piece of meat sticking in his gullet, which he could neither get up nor down. The passage of bougies did not assist matters, and finally gastrostomy was performed. He was recovering rapidly from the operation, when death suddenly supervened, and the post-mortem examination revealed the fact that 10 centimetres of the œsophagus had undergone carcinomatous degeneration at a part immediately behind the bifurcation of the bronchial tube, which is a very unusual position, particularly at this age, of which we have only other three on record to refer to.

The second case was that of a young woman, æt. 38 who had taken caustic potash when six years of age. After recovery from the injury the patient was quite unable to swallow meat. The bougie showed that upwards of 20 centimetres of the œsophagus was the seat of a hard stricture. By the constant use of bougies and laminaria tents the calibre was increased to 9 millimetres in six months; but although the treatment was continued for more than another six months, it had no further beneficial effect. At this time Hebra had been using thiosinamin for softening cicatrices with excellent results. Teleky then used ten injections in four weeks of a 10 per cent. alcoholic solution over the spine. The application of the bougie was recommenced, and although a No. 4 could be passed with difficulty, in a short time three numbers higher could be passed with ease, till now she can swallow meat freely without the least trouble.

With Hunzel's œsophagoscope the old stricture can be seen with fine concentric rings of a reddish grey colour, with fine perforations in the elastic tissue.

In a third case a child had swallowed caustic potash

and produced a stricture which had been treated with thiosinamin for four weeks with the result that a stricture of $9\frac{1}{2}$ millimetres could be dilated to $12\frac{1}{2}$ m.m.

On the other hand, he related the case of a child, *et.* $3\frac{1}{2}$, who had been treated with thiosinamin with apparent improvement at the beginning, but for some reason not yet clear, the condition retrogressed rapidly, and the little patient was soon as bad as at the commencement of the treatment. Gastrostomy and a conical tube had to be resorted to in this case.

It may be noted here that the first case was also treated with the thiosinamin solution after the gastrostomy was performed with apparently good effects at first, but the carcinoma which had taken origin in the oesophagus and subsequently penetrated the bronchus, brought the case to a sudden termination through gangrene of the lung.

We may conclude that the drug is efficacious in normal tissues in facilitating the dilatation of the elastic tissue of cicatrices, and that in a recent cicatrix, of say six to eight weeks' standing, it produces nerve tissue by swelling and retracting.

It should be used cautiously, and never when there is inflammation in the cicatrix, as apicitis is a sure index of pending danger. During the administration of the drug for a cicatrix of the oesophagus the stretching can be accomplished by the bolus, although a bougie may often be used with advantage; but when we consider Hackner's statistics, that the mortality of bougie cases is 55 per cent., which has been confirmed by others, it might be more prudent to abstain from the bougie and watch the effect of the drug.

Neumann regretted that Hebra was not able to be present, through illness, to give a personal report of his success with this drug. Neisser used it last year in scleroderma with considerable success. Neumann concluded with a promise to bring some cases before the society in which he had made use of the drug himself.

Kohn spoke of the innocuousness of the drug. There were, to his mind, only two dangers to be guarded against, viz., the closure of the oesophagus or retention of urine from constriction of the urinary apparatus. Caries might also be a source of danger from the rapid inflammatory swelling that ensues, followed by the elimination of sequestræ. He disadvises its use in tuberculosis, although it increases the appetite, because at the same time it increases the fever and aggravates the general condition. In syphilis, on the other hand, it has no reaction, and may be administered with perfect safety, and may even be used as a differential diagnostic agent in obscure glandular swellings. In animal experiments excessive lymphorrhœa seems to follow the injections, which may explain in some degree the morbid action of the drug.

Spiegler remarked that thiosinamin was not the only body that acted on the periphery when thrown into the blood, and was only one of a number which determined reactive inflammation in morbid tissue. The amines generally had this property as well as many compounds belonging to the aromatic group, such as benzol, &c. Tuberculin has the same property as thiosinamin in decreasing a rise of temperature.

Mracek confirmed the foregoing testimony of thiosinamin, but added that it was a total failure in lupus and also in syphilis, either in the exanthematous or gummatous stage. On the other hand, in presence of

cicatrices the reaction is marked by a melting away of the scar, which becomes softer, more vascular, and compressible.

Weinlechner doubted if Teleky's case received the benefits from the drug which he attributed to it, as he applied the bougie at the same time, and he put the question whether nothing was due to the bougie?

We must await the decision of dermatologists on skin affections before dogmatizing on the specific efficacy of thiosinamin. They had many opportunities of testing its worth in keloids, &c.

Ullmann related four cases of keloids in which he had tried the drug, but without the slightest effect.

Teleky, in replying, said, in answer to Weinlechner, that he did not use the bougie after he commenced the injection of thiosinamin. He quite admitted that no reaction took place in lupus or syphilis or in specific ulcers.

The Operating Theatres.

ST. THOMAS'S HOSPITAL.

TWO UNUSUAL CASES OF OVARIAN TUMOUR.—(1) Mr BATTLE operated on a woman, *et.* 65, at the request of Dr. Hector Mackenzie, under whose care she had been admitted. The patient was weakly, and suffered from chronic bronchitis; she complained of pain in the abdomen, especially below the umbilicus, and of some sickness. She had had pain in the abdomen for two or three weeks, and it seemed to her that this pain was getting worse, certainly it was no better; the abdomen was distended, tympanitic in the upper part, dull below the umbilicus, especially to the right of the middle line, and in this part a well-defined tumour could be mapped out, which fluctuated and gave a distinct thrill; there was a little fluid in the flanks, which shifted with position. The tumour was very tender on pressure, and the patient had a rise of temperature every evening. She refused operation for some days, although as a diagnosis of ovarian tumour, the pedicle of which had become twisted, had been made operation was urged. When she did submit to operation a cyst of brownish, somewhat mottled, appearance was exposed, to which omentum, small intestine and large intestines were all adherent. The omentum was rubbed back off the cyst by means of dry sterilised sponges, and nowhere required ligature to arrest the bleeding; in some parts small intestine could be separated in a similar manner, but in other parts it was necessary to divide adhesions of old standing between two ligatures. The contents of the cyst were somewhat chocolate-coloured, evidently containing altered blood, but were not offensive. The pedicle which was attached to the right side of the uterus was twisted from left to right for two and a-half turns, so that no blood could pass along it to the tumour, the nourishment of which must have been derived from the adherent omentum and intestine. A double ligature was applied to the pedicle close to the uterus, one of the ligatures being again tied so as to include the whole pedicle. The bleeding from the omentum, which was chiefly a general oozing, was arrested by the application of hot saline solution. The abdomen was cleansed and the wound closed without drainage. Mr. Battle considered the chief interest in the case arose from the fact that

changes were taking place in the cyst as the result of lowered vitality, owing to the twist on the pedicle. During the operation no vessel of any size was encountered, and the omentum appeared to supply most of the nourishment by means of its comparatively recent attachments; these adhesions had taken place comparatively recently, and probably since the final twist of the pedicle, for the omentum was adherent to the upper and anterior aspect of the cyst, and had evidently not been carried round with the rotation of the cyst when that took place. Three weeks after operation the patient, although rather weakened by her bronchitic cough was otherwise well, having lost all abdominal symptoms and was able to get up.

(2) The second case was that of a woman, *æt.* 54, who had noticed for some months a tumour in the lower abdomen, which was increasing in size but was not painful. On examination of the abdomen which was well covered with fat there was a tumour to be felt extending almost to the umbilicus, to which were attached one or two pedunculated and very movable tumours, which seemed more elastic than the general mass. Douglas's pouch was filled with this tumour, and the uterus, which was pushed forward, moved when the growth was moved. The patient was anxious to have something done on account of the discomfort of the tumour, and the fact that it was growing. At the operation when the tumour was exposed it was at first difficult to make out its nature and its relations to the uterus; the pedunculated growths were of some size and were evidently cystic, they were attached to a large tumour which occupied the pelvis and which contained a good deal of solid material; it could not be lifted out of the pelvis. After the incision had been further enlarged, it was found that the uterus was of normal size and pushed forwards over the pubes, whilst posteriorly it was involved in the wall of a cyst which filled up Douglas's pouch, and across which could be seen stretched the Fallopian tube. This cyst was embedded in Douglas's pouch, and its removal was a matter of considerable difficulty. The superficial cysts having been emptied of their fluid to give better access to the pelvis, the Fallopian tube and vascular bands by the side of it, near the uterus, probably composing the pedicle, were ligatured, and the cyst shelled out from its bed with considerable difficulty by means of the finger and occasional use of the scissors. During this separation one of the cysts ruptured, and a thick, creamy purulent fluid escaped on to the sponges which had been packed round. A smaller cyst about the size of the first could be felt on the left side of the uterus, less firmly attached than the right one, but held down immovably towards the lower part of the pelvis; this was found to be due to its attachment to another cyst which was of similar size and embedded in adhesions lower down; it was, however, much more easily shelled out than the cyst on the right side of the uterus, and formed, with the one above it, a curious hour-glass appearance. The pedicle on this side having been secured before the cyst was separated from other adhesions, nothing further remained to be done excepting to apply ligatures to the best organised adhesions which contained vessels, cleanse the pelvis, remove the sponges, and close the wound. Mr. Battle said that the case was

one in which the diagnosis was difficult to make between multiple fibroids and multilocular ovarian cyst. The patient being very stout, it was not easy to say that there was fluctuation in the pedunculated tumours which were attached to the main mass; they felt like subperitoneal fibroids attached to an enlarged uterus possibly containing fibroids in its substance. The whole mass was evidently attached to the uterus, if not part of it, whilst the position of that organ pushed upwards and forwards behind the pubes prevented a satisfactory examination being made. It was, he said, a very difficult operation, and at one time on first inspection it appeared almost beyond attainment. The main cyst had evidently developed from the right ovary, and the largest cystic portion had grown in the pelvis after a twist backwards. The left ovary had developed the hour-glass shaped tumour, and it was somewhat of a surprise to find the second cyst behind the first tucked into the pelvis, which the large cyst on the right side had appeared to fill so completely. It was, he thought, worthy of note that in spite of all these firm adhesions the patient had had very little in the way of pain.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 5, 1902.

THE ARMY MEDICAL SERVICE.

THE address delivered by Mr. C. B. Ball before the Dublin Branch of the British Medical Association is worthy of the closest attention. In the first place, the topic itself is engrossing, and one which calls for earnest consideration from all members of the medical profession who regard the future of that profession as a matter of importance. In the next place, Mr. Ball speaks *ex cathedra*. He is a member of the newly-constituted Advisory Board for Army Medical Services, and consequently, not only may his pronouncements be implicitly accepted, but the trend of his opinions, as shown by his words, may be taken as indicating to a certain degree the trend of the intentions of the Advisory Board. When the report of Mr. Brodrick's Committee was published, it was—as was only natural and right—submitted to severe criticism, with the result that certain points were detected in it on the inad-

visability of which the majority of authorities were agreed. Perhaps the chief of these—certainly the gravest but for its obvious impossibility—was the apparent recommendation that, if an officer of the rank of captain presented himself for the examination for promotion to major, and failed to pass, he could be compulsorily retired without any gratuity; while if he had not presented himself for examination, but had elected to retire as soon as he had completed his service as captain, he was awarded a gratuity of £1,000. Such a condition of service was, as we have said, an obvious impossibility; but nevertheless, when we think of the light-hearted manner in which the present, and indeed all Governments, attempt impossibilities, it is satisfactory to receive the definite assurance of a member of the Advisory Board that no such regulation had ever been contemplated. The remarks let fall by Mr. Tobin, in proposing a vote of thanks to Mr. Ball for his address, drew attention to a very salient point in past so-called army medical reforms. "Many commissions had recommended increased pay. In some cases the increased pay was given. In no case was there any difference in the Estimate for the Army Medical Department for the ensuing year. The Army Medical Department has been fed on its own tail. The increased pay had no effect on the Estimates because the number of officers had been correspondingly decreased." There is an important moral in Mr. Tobin's remarks. To effect a real reform in the Army Medical Service there must be an increasing annual Estimate; otherwise, what is given with one hand is taken away with the other. Of what use as a reform is increased pay, study leave, examinations for promotion, and the other recommendations of Mr. Brodrick's Committee, if at the same time the ranks are reduced? Increased pay in return for increased work is not a reform. The promise of study leave is of no avail when there is no chance of even holiday leave. Examinations for promotion are a weariness of the flesh when there is no time to prepare for them. Now, however, it seems that the medical profession may congratulate itself that these gloomy remarks are but the reminiscences of things which were. We think that we can read sufficiently between the lines of Mr. Ball's speech to see that the coming reforms will be *bonâ fide* reforms, and that an increased Estimate will follow as a result of increased pay and of an increased *personnel*. The much-expected warrant will, we learn, soon be issued, and with it we trust will come a new era for the Army Medical Service. The War Office takes a long time to learn its lesson, but it must have learnt it by this time. At present the Army Medical Service exists in great part through the patriotism and self-sacrifice of the medical profession. But, like the terms of the engagement of civil surgeons for the Cape, this patriotism and self-sacrifice will only last for "a year, or until the war is over." After that we trust that the interests of the country, or the short-sighted policy of the War Office, will no longer demand it.

QUACK AND CRIMINAL ADVERTISEMENTS.

IN many ways the public newspaper press is one of the greatest of the social forces at work in the advancement of the best and highest interests of mankind. Of late years the general tone of journalism in the United Kingdom has shown a great advance in morality, in culture and in the recognition of individual responsibility. There are, of course, black sheep among the flock, but even apart from those there is room for improvement in various directions, of which that which concerns the insertion of objectionable advertisements may fitly engage the attention of a medical journal. The respectable leading newspapers for the most part, although not absolutely, have purged their columns of the cures for venereal disease, of india-rubber preventives described in glowing terms, and of ladies' safe remedies, which are often simply veiled invitations to abortion, to be used afterwards as a means of levying blackmail. There are certain Sunday papers, however, that insert these announcements wholesale, while country and provincial newspapers distribute these filthy, prurient and often criminal advertisements broadcast. That the editors are aware of the real nature of the material they are inserting is shown by the fact that a special high rate is charged for insertion. That practice was proved in court at the trial of the notorious Madame Frain abortionist gang in London some years ago. From the legal standpoint it seems clear enough that any editor inserting advertisements of the abortionist type becomes accessory to a criminal act, and the matter comes at once within the jurisdiction of the police. In the absence of any satisfactory system of public prosecution it seems hopeless to look to the police for protection. The criminal law of the United Kingdom appears to be administered in such a way as to permit the authorities to shirk as much as possible the prosecution of frauds upon the public. When a fraudulent company director, a moneylender, a society rogue, a thieving charity-monger, or an artful swindler generally is brought to the dock, in nine cases out of ten his appearance is due to the efforts of a private citizen instead of the public official who adorns the Home Office. In all the topsy-turvydom of modern social institutions there is none more suggestive of farce than the office of the Public Prosecutor, and nowhere is he more ludicrously nonchalant than in the matter of fraudulent and indecent advertisements. Yet by a stroke of the pen the Home Office could effectually control a great proportion of the evil by instructing the police to prosecute, and so cutting off the advertisement without which quack practice of the kind would cease to be a profitable trade. There is another class of advertisements dealing with quack medicines the delusive nature of which must be evident on the face of them to any sensible man, quite apart from any medical knowledge. For instance, a "liquid fruit" cure that claims to cure the worst attack of whooping-cough in seven days must of necessity be fraudulent. Appended to that claim is the assertion that "all drugs

are poison." Yet an advertisement of that kind is published in so respectable a paper as the *Morning Leader*. Can the editor of that journal disclaim responsibility for the publication of statements that as a candid and cultured man he must know to be false? But that kind of advertisement is to be found more or less in every newspaper in the Kingdom. In one number of the *Illustrated London News* there appeared recently a whole page of illustrations advertising a notorious lung tonic, which claims to cure all kinds of lung complaints. It is needless to remark in the columns of a medical paper that no such medicine could by any possible manner of means be devised in the present stage of medical knowledge. In other words, the lung tonic is one of the host of frauds foisted upon the British public by the agency of newspaper advertisement. The *Daily News* has an announcement of pills "warranted to cure in either sex, all acquired or constitutional discharge, from the urinary organs." The pills are sold in boxes at four shillings and sixpence. For sheer brazen, petty and impudent quackery this advertisement would be hard to beat. It is an open advertisement of a gonorrhœa cure and it is hard to imagine how the editor of a newspaper of standing can permit his columns to be contaminated in such a fashion. The well-known weekly journal, *M. A. P.*, has several advertised cures for drunkenness, which experience has shown as a rule to belong to a cruel class of fraudulent quackery. The list of offenders might readily be lengthened, but enough has been said for the present. At some future time should the evil of which we have spoken still continue we shall conceive it to be our duty to deal more emphatically with offending journals. Several London newspapers receive large sums for advertising the Drouet system of cure for deafness, a fraud of a particularly cruel character which has been exposed by our trenchant contemporary, *Truth*. The whole subject is well worthy the attention of Parliament.

OÖPHORECTOMY FOR CANCER.

AMIDST the conflicting opinions as to the value of Beatson's operation we prefer to wait for further evidence. In the meantime we should neither rashly condemn an operation which offers the only hope of life to many victims of cancer, nor lightly hold out hopes to patients that are doomed to disappointment. Just as the medical profession had almost arrived at an adverse decision on the question, Dr. Robert Abbe comes forward with a record of seven successful operations. Five of these were performed so recently that he withholds their history for the present. He gives (*New York Medical Journal*) the history of the two first, and they are so interesting and of such great surgical importance that we give the principal facts of each. The first case was one of recurrent cancer in a woman forty-two years of age, whose breast and axillary glands had been removed ten months previously. At the time of the operation a nodule of cancer was found in the opposite breast. A week after Beatson's operation

changes in the cancerous growths were noticed, and at the end of eight weeks no trace of the disease could be found, and four months afterwards the patient remained well. The second case was more remarkable. The patient was seventy years old, and two years previously Dr. Beatson had removed from her a typical carcinoma. The growth recurred at the site of the incision of the previous operation, and as in the former case, the retrograde changes in the cancer were noticed at the end of the first week after the operation. At the time of the report, three months from the oöphorectomy the nodules were still present, and had recently showed less rapid progress, and were still slowly wasting. Although the patient was seventy years old, the ovaries were normal though atrophied. Dr. Abbe considered that the seven patients were one and all beyond hope of recovery when operated on. A little later Mr. Butlin, at St. Bartholomew's Hospital delivered a counter blast to the eulogy of Dr. Abbe. In a clinical lecture he warned his class not to be led astray by curious and abnormal cases, and declares that a permanent cure in no case may be looked for—permanence is wanting. He considers cancerous cases as belonging to three groups:—(1) Those in whom there is no complication and the disease does not recur for ten, fifteen, or twenty years. (2) Those in whom the axillary glands are implicated, in which the disease occurs *in situ* in a few years. (3) Those in whom the disease creeps up into other positions in the body with recurring *in situ*. Of Beatson's operation and treatment he believes that in not a single case is the result equal to that obtained by excision, and that when the disease recurs *in situ* it does so in exactly the same form and with all the same suffering as before, and the manner and distress of the patient's death are not in the least changed by the operation. This, however, we think goes too far; a long cicatrix extending to the humeral border of the axilla has occasionally involved some of the trunks of the axillary plexus, and been attended with the utmost agony. Of Beatson's operation it may by its advocates be fairly said that it is recommended for such cases as are inoperable, cases in which operation *in situ* has proven unsuccessful, and in whom a repetition of the ordinary excision holds out no hope. The patient is already weakened by the operation of excision, and the recurrence finds her without hope in its efficiency. Besides this oöphorectomy has no influence for evil on the disease, it may have some for good, and as practised to-day it is one of the safest of the major operations. Before dismissing the subject it would be well to recall the clinical experience on which Beatson based the value of the operation when in 1896 he brought the subject before the Edinburgh Medico-Chirurgical Society. He brought under notice three cases of scirrhus. One, a recurrent growth involving the chest wall, which, under the thyroid treatment, did not seem to do any good, the ovaries and tubes were

removed, and twelve months after the patient was well. The second case showed diminution of size of tumour, a disappearance of pain and a microscopic examination showed that the cancer was undergoing fatty degeneration. With Mr. Beatson's theory that pathological condition of the ovaries was the exciting cause of mammary carcinoma we are not concerned. But the experience of Beatson, Cheyne, Stanley Boyd, and Hobday shows that oöphorectomy influences cancer of the breast favourably, though we cannot as yet say permanently. That there is a relationship between oöphorectomy and atrophy may be taken as proven, although a few may still contend that it is casual, and on this hypothesis rests the justification of Mr. G. Beatson's operation.

Notes on Current Topics.

The Small-pox in London.

As, in our last issue, we ventured to anticipate, the slight decrease of the number of fresh cases of small-pox in London pointed merely to a lull in the storm. That view has been fully borne out by the figures of last week, which showed 78 new cases notified on Thursday, 82 on Friday, and 75 on Saturday, while the total number of cases under treatment at the Asylums Board hospital reached 1,136 at the end of the week. A medical man is being prosecuted by the Borough of Holborn for neglecting to notify a case. From his alleged negligence it is said that twelve other cases and one death resulted, but the summons for the present stands adjourned. The most important official step recently taken with regard to the stay of the epidemic has been the order of the London County Council rendering chicken-pox a notifiable disease for three months after February 6th. Numerous instances of mistaken diagnosis in that direction have been brought to light during the last six months, and common action on the part of the local authorities is a most desirable and necessary safeguard. Hitherto the action of the various boroughs has been erratic, for while some adopted the notification of chicken-pox six months ago, others, such as Westminster, have only recently followed suit; while others, again, have done nothing at all in the matter. As late as January 16th last, Dr. Sanders, Medical Officer of Health for West Ham, was mainly instrumental in procuring the rejection of that step by the Borough Council. It is not altogether easy to understand a position of that kind in view of the fact that the notification of chicken-pox now and then furnishes a sound means of checking the spread of the more serious disease, while on the other hand it is a harmless procedure. The "shelter" houses for the reception of families who have been exposed to infectious disease have done yeoman service in the present small-pox outbreak. The Borough of Stepney, in order to render them still more efficient, had decided to supply all inmates with food in order to obviate the need for outside purchases. There has been a sharp outbreak in the Mile End Infirmary, the limits of which it would be

impossible at present to forecast, as many crowded wards appear to have been exposed to infection. Curiously enough, Mile End, which is obviously an anti-vaccinationist district, has not hitherto been visited unduly by the small-pox. Unfortunately, however, there is serious reason to fear that the epidemic is destined to attain alarming dimensions within the space of the next few months.

Alleged Arsenical Beer Poisoning at Halifax.

WE have in a former number referred to the beer scare in Halifax which has arisen from the death of an aged hawker, due, as Dr. J. F. Hodgson declared at the inquest, to chronic arsenical poisoning. From the reports of the coroner's enquiry it seems Mr. A. H. Allen, Public Analyst for the West Riding of Yorkshire and the City of Sheffield, detected arsenic in quantities varying from $\frac{1}{10}$ th to $\frac{1}{4}$ th grain per gallon in various samples of beer obtained from Halifax public-houses. In three ounces of the liver from deceased $\frac{7}{10}$ th of a grain of arsenic was obtained. In spite of the medical and chemical evidence the jury found death to have arisen from "natural causes." After the recent painful experiences in the North of England it may be hoped that medical officers of health will keep a keen watch on the brewers and see that the analysts have full opportunities of investigating their products. It would be reassuring to know what steps the health authorities of Manchester and Salford, Liverpool, Blackburn, and other important centres are taking to ensure the protection of the public from arsenical poisoning. It is to be hoped, also, that the matter will have the attention of the Local Government Board. Meanwhile, the publication of the report of the Royal Commission on Arsenical Poisoning will be awaited with interest.

The After-care of Inebriates.

AT the last meeting of the Society for the Study of Inebriety the recognition of the necessity for a judicious "after-care" of inebriates was urged. At present the facilities for exercising an efficient management of inebriates are wofully inadequate in this country. Suitable institutions are limited. The so-called "homes" or "retreats" in only too many instances need to be converted into special inebriate hospitals where supervision may be effectual, treatment conducted on scientific lines, and a high level of discipline always maintained. The "private homes" are open to many objections. We strongly object to the conduct of any such places unless under strict medical inspection. But the discouraging returns of many of these institutions is dependent not altogether on defects in the management of these cases, but because the restored inebriate is in most instances sent back to the old alcoholic environment, and with feeble powers of resistance readily falls a victim to re-alcoholisation. The exercise of a tactful and scientifically directed "after-care" might accomplish much for the unhappy sufferers from the "drink craving."

The Post-Mortem on Czolgosz.

Few public events of recent years have raised so many points of intense interest for the medical profession as the assassination of the late President of the United States. Physicians and surgeons were equally interested in watching the course of events after the dastardly deed had been perpetrated. Alienists and medical jurists closely followed the details of the evidence as far as their particular branches were concerned in the trial which followed, and pathologists were unfortunately not uninterested onlookers; but interesting to all as are the details of the trial where they enable an estimate to be formed of the state of mind of the assassin, still more valuable, from a scientific standpoint, are the details of the post-mortem examination made on the body of the miserable Czolgosz. From a fairly complete account given by Dr. Spitzka, of New York, we have measurements of the head and body, with pictures of the cast of the head and sketches of the convolutions very carefully described. Needless to say the reporter keeps constantly in view the Polish parentage of the assassin, in so far as the notable features found corresponded with what was to be expected in a member of the Polish race. No doubt many opinions will be expressed on the report, especially on that portion which refers to the brain. We notice that beyond giving its weight no illustration or description is given in this official report of the condition of the cerebellum. The author observes that "So far as our knowledge of the correlation of brain-structure and brain-function extends, nothing has been found in the brain of this assassin that would condone his crime for the reason of mental disease due to intrinsic cerebral defect or distortion."

The Children's Sale of Liquor Act.

THE Children's Act, as it is commonly called, has now been several weeks in operation and so far the resulting prosecutions have proved more satisfactory than at one time we ventured to anticipate. The obvious rock ahead was the possible evasion of the Act by gumming a label across the cork of a bottle and claiming it as a "seal." The particular question has been raised at Peterborough, where a publican was summoned for selling to a child stout in a bottle which bore a gummed paper over the cork, such seal being recommended to the trade by the local Licensed Victuallers' Association. The police evidence was to the effect that although the bottle was securely corked yet the seal came off directly it was touched and without breaking. The Magistrate held that a slip of gummed paper did not constitute a seal and without convicting ordered defendant to pay the costs. In a similar case at Folkestone the Bench inflicted a fine of five shillings and fifteen shillings costs. In a London police-court last week an Inspector admitted that if the gum were dry on the label he would accept it as a "seal." The picture of the publican on the one side of the bar and the child on the other waiting for the label to dry is worthy the attention

of a comic journal. It is to be hoped in the interests of the younger population of the United Kingdom that the magistracy generally will take the common-sense view that decides against a gummed label as a seal. Otherwise the object of a salutary piece of legislation will be entirely defeated, an outcome that would be specially undesirable inasmuch as the Child Messenger Bill is the only Parliamentary achievement in the direction of much-needed temperance reforms.

Cheese and Cream Poisoning.

CHEESE poisoning is now a well-recognised occurrence, although it may be doubted whether the medical profession generally is quite alive to the facts of the case. A most interesting outbreak of the kind has been recently investigated by Dr. G. Newman, Medical Officer of Health to the Metropolitan Borough of Finsbury. A consignment of Dutch cheeses traced to a wholesale firm was beyond doubt the poisonous agency. The total number of cases attributed to that particular cheese was seventeen. The symptoms—namely, epigastric pain, rigors, vomiting, diarrhoea, prostration and some fever—came on from two to eight hours after eating the cheese, and there were no fatal results. Attention was first drawn to the fact of cheese poisoning by the severe outbreaks that took place in Michigan, U.S.A., in 1883 and 1884. No less than three hundred persons were affected, and the illness was traced by Professor N. C. Vaughan to a poisonous ptomaine present in the cheese. A similar poison is sometimes met with in cream and produces the same symptoms. It is probable that this ptomaine to which he gave the name of tyro-toxicon, is a product of bacterial fermentation. The report of the Public Analyst for Finsbury, Mr. Colwell, showed the presence of the tyro-toxicon in the incriminated cheese. He also showed that it was unequally distributed, not only among the different cheeses of the consignment but also in different parts of the same cheese. The same gentleman suggests that the provisions of Section 7 of the Sale of Food and Drugs Act, 1899, which requires every manufacturer of margarine or margarine cheese to keep a register showing the quality and destination of every consignment sent out, should be extended to cheese, with increased inspectorial powers to the medical officer of health. The suggestion appears to be both sensible and practical.

Suggested Royal Commission upon Cancer.

THESE are the days of government by Royal Commission, a device that is unrivalled by way of shelving the settlement of inconvenient questions. So far as the medical world is concerned three most important subjects have been recently dealt with in that way, namely, vaccination, tuberculosis and the London water supply. To appoint a Royal Commission does not bind a Government to accept the conclusions of the Commissioners, as shown in the case of Mr. Balfour's egregious Vaccination Acts. In the case of the Tuberculosis Commission the find-

ings were of a most practical and valuable kind, and will no doubt form a permanent basis for future legislation. But tubercle stands upon a footing very different from cancer, and it is difficult to conceive how the investigations of a hybrid scientific body could throw any fresh light on the causation and prevention of cancer. The best of all commissions of inquiry is that which is going on day by day among the surgeons of the United Kingdom. Until the specific cause of cancer can be demonstrated there is little prospect of ousting this scourge of mankind from its vantage ground. Meanwhile, the medical profession will cordially endorse Mr. Balfour's attitude in declining to consider the appointment of a Royal Inquiry upon cancer. Last week he stated in the Commons that he did not regard the cases of tuberculosis and cancer as at all parallel, and he thought it would be better to leave the subject of cancer in the hands of the medical profession in all countries. A handsome grant for special research made by Mr. Balfour's government would be more to the point than half-a-dozen Commissions.

Provision for Lunatics in Lancashire.

A CONFERENCE consisting of representatives from various boards of guardians in the county, was recently held in Manchester, the question of asylum accommodation for lunatics providing food for debate. The guardians have evidently had some difficulty and anxiety during the last year owing to the want of accommodation in the county asylums for dangerous lunatics. Cases have been referred back to the workhouses because of scarcity of accommodation, and perhaps this action of the superintendents was a very wise one, as overcrowding in an asylum is certainly a very serious matter. The tendency of workhouse guardians, nowadays, is to send off to an asylum without hesitation every patient who proves of wet or dirty habits, or who wanders about the dormitory at night, in fact, any chronic case who requires a little extra care or supervision. Such cases, whose chances of recovery are *nil*, are drafted into asylums and this has perhaps a good deal to do with the overcrowding in asylums everywhere, about which we have heard so much lately. If Poor-law guardians considered the question of establishing a system of night nursing in workhouses, fewer patients would require to be certified and sent to an asylum, and very soon the expediency and economy of this scheme would be clearly proven. Then, again, overcrowding in asylums would be to a large extent also obviated thereby. It was unanimously agreed that a deputation of twelve wait upon the Asylums' Board and confer with them on the subject. We shall watch the result of their mission.

ACCORDING to a statement made in Parliament a few days since the last examination for appointments in the Royal Army Medical Corps was held in February of last year, when twenty-two vacancies were offered for which only ten candidates competed.

Christian Science Possibilities.

THE basis of the so-called Christian Science treatment is the assumption that the influence of the mind on the body is such that sensations and even morbid conditions can be virtually abolished by intense mental processes. That mere sensation can be abolished by mental stress is a well-known fact, and very tangible physiological effects can be induced thereby, as, for instance, the whitening of the hairs as the result of powerful emotion, sudden aphasia, &c., and this in spite of the dictum that even philosophers do not bear toothache patiently. That the mind possesses any empire over organic lesions, however, is open to question, and is moreover unlikely except in so far as the latter may be influenced for better or for worse by a modification of the general nutrition. This influence is asserted to exist by the advocates of faith-healing, but its concession would involve the admission of the converse proposition—viz., that if the mind can remedy diseased conditions it must likewise be capable of inducing them. This amounts to a resuscitation of the witches' bane, the ability to induce diseases having for centuries, and possibly longer, been universally regarded as inherent to witchcraft, whence the fear and loathing with which reputed witches were regarded. We would rather relinquish the former hypothesis than be constrained to admit the latter, for orthodox practitioners would be nowhere if their faith-healing rivals could attract sheep to their folds under menace of worse to come.

Antigua as a Prisoners' Health Resort.

THE selection of Antigua, one of the healthiest and most beautiful of the Leeward Islands, as a site for Boer prisoners tells of the clemency and consideration that is being shown to the brave men who have so long and sturdily resisted our forces. Columbus discovered the island on his second voyage, and was surprised to find it had no inhabitants, which may be accounted for by the fact that there is no river on the island. The absence of the fierce Caribs and the beauty of its flora made it in the eyes of the great navigator an earthly paradise, and he named it *Isla Santa Maria de la Antigua*, in honour of the famous church in Seville, which was then being completed after almost a hundred years' labour, having been commenced in 1401, on the site of a Moslem mosque. The island is twenty-eight long and about fourteen broad; it was colonised in 1623 by some English families, and in 1666 Lord Willoughby, having had a grant of the island from Charles II., made a settlement with some emigrants on the shore near to where the town of St. John is now situated. The principal elevation in the island is Boggies' Hill, which attains an altitude of more than 1,300 feet. There are numerous brackish springs on the island, and it is hoped that the deficiency of good water will be remedied by sinking artesian wells. Antigua produces large quantities of sugar, pineapples, tamarinds, arrowroot, and cotton. Since the sanitary laws have been enforced yellow fever is unknown in the country,

and the absence of fresh-water pools may account for the immunity the island enjoys from malaria, and the last recorded epidemic of dengue that visited its coasts is said to have been January, 1828. Although completely surrounded by the Gulf Stream, the temperature of Antigua seldom exceeds 90° F., and does not fall below 70° F. In such a delightful climate the Boers will have little to complain of in their enforced expatriation, which we hope a lasting and honourable peace will soon end.

Identification of Finger-marks.

WE have received from Señor Juan Vucetich a copy of his address on the value of finger-prints as a means of identification. He follows the same line of argument as that adopted by the author of "Puddin Headed Wilson." In the one case a brilliant novelist detects, after many years, a crime, in the other the finger-marks are used as the ordinary method of identification. The pamphlet is interesting as giving the history of the application of the method for the detection of criminals. In 1858 Sir W. J. Herschell, when Governor of Bengal, had impressions taken of the thumb and index finger of the right hand of all criminals within his jurisdiction. And the ingenious Gilbert Thompson, Governor of the State of New Mexico, had the impression of his right thumb marked on all his official papers, as a protection against forgery. The impression of the finger remains unchanged, and the lines on the front of the finger are unaffected by age, work, or cessation of work, so that years afterwards, when the hair, face, figure, even the stature and colour of the eyes have been affected by age, the finger-marks remain unchanged. There is but one risk, to wit, the blurring of the impressions in the police office; to reduce this to a minimum, an impression is taken of each of the ten fingers in Buenos Ayres. The value of such evidence in medico-legal cases he illustrates by some cases that came before the authorities in La Plata. In one case, in 1892, the finger-marks of a murderess led to her conviction. To obtain clear, well-marked impressions of the pulp of each finger from the joint to the free extremity it is necessary to exercise a good deal of care, and requires some practice; the method adopted in Buenos Ayres is shown in the pamphlet by numerous good illustrations.

Antidotes for Morphine.

OF all the reputed physiological antidotes of morphine none would seem to compare with cocaine. This alkaloid exerts a very marked antidotal action even at an advanced stage of opium or morphine poisoning. The only drawback to its use is that the doses required to combat the toxic effects of opium or its alkaloid are so large that the patient on recovering therefrom may have to go through a stage of cocaine poisoning, which is associated with very distressing sensations. It is recommended to give half-grain doses of cocaine, at intervals of half an hour, until consciousness returns and breathing is normal.

Medicinal Scar Solvents.

CERTAIN drugs, the outcome of recent research, appear to exert a very marked action in promoting the yielding and preventing spreading of cicatricial tissue, a property which promises to be of the greatest value in the treatment of cicatricial strictures not readily accessible to surgical measures, especially as their action is not topical but constitutional. Our Austrian correspondent gives some interesting details concerning the results obtained in eight cases of stricture of the œsophagus caused by swallowing caustic potash, and although there is the usual conflict of opinion a good case would seem to have been made out in favour of the dissolvent action of thiosinamin. This is administered subcutaneously, and appears to be devoid of danger if employed with ordinary prudence. We are assured that thiosinamin is not unique in this respect, but its action certainly opens up a new vista in the treatment of strictures and cicatricial states in general. Our readers will doubtless await with interest the further development of this line of investigation.

The Disintegration of Victoria University.

EDUCATIONAL matters in England are in a somewhat chaotic condition, and unfortunately in matters medical, perplexity and uncertainty particularly prevail. Instead of the maintenance of a high standard of efficiency and a determination to a one-portal system of admission to the profession there is a tendency to lessen the stringency of examinations and to multiply the channels of entrance. The Victoria University, the great federal University of the North, which has rightly won a leading place in our national educational life, seems now about to suffer dissolution. Liverpool insists on having a University of its own, and general opinion seems to indicate that Leeds and Manchester must of necessity claim similar action for their respective centres. This premature disintegration is much deplored by many in the best position to judge of its probable detrimental effects on educational progress. It will be well for graduates of the Victoria University to see that in the impending changes their rights and privileges receive consideration and due protection.

Anti-Vaccinators Disconcerted.

CERTAIN prominent anti-vaccinators have endeavoured to make capital out of the difficulties which, it is alleged, have been placed in the way of their obtaining particulars concerning patients in the hospitals of the Metropolitan Asylums Board—particulars which they claimed the right to obtain in virtue of Section 8 of the Vaccination Act (1898). The matter was referred to in Parliament last week, when Mr. Long pointed out that the section of the Act in question applies only to sanitary authorities into which category the Board does not fall. The managers of the Asylums Board do not, however, appear to have availed themselves of this technical objection, but insisted on the regulation which provides, reasonably enough, that no one shall be per-

mitted to enter the ships until he shall have satisfied the medical officer that he, or she, has been efficiently protected against contracting small-pox. It may be assumed that none of the applicants was in a position to conform to this regulation, or else was unwilling to admit the fact. They may consequently have to wait for their information until such time as the particulars are embodied in the final report.

Methylic Amaurosis.

IN view of the alleged prevalence of the habit of drinking methylated spirit it is interesting to note one curious effect of the ingestion of methylic alcohol in large or repeated doses. In a number of cases more or less diminution of visual acuity has been observed as a sequel of methylic inebriety. This form of amblyopia is due to bilateral interstitial inflammation of the orbital portions of the optic nerves, and in the early stages the failure of vision is often characterised by the patient being able to see better in a subdued light. There is no diminution of the fields of vision; indeed, peripheral vision may be better than central vision. Another characteristic feature is the inability to distinguish red and green in the centre of the visual field constituting what is called a central scotoma for these colours. The prognosis in these cases is good, provided, of course, that the cause of the trouble be removed. It is worth noting that this form of retrobulbar neuritis has never been known to follow the ingestion of ethylic alcohol, and this constitutes another reason, apart from the difference in taste, for preferring even inferior whisky to the methylated substitute.

An Early Vaccinator.

IN our versatile contemporary, the *Tatler*, an excellent illustration is given of Mr. Benjamin Jesty, a jolly Dorsetshire farmer, who, so it is contended, as early as 1774, when the village of Yetminster, where Jesty's farm was located, was being ravaged by small-pox, vaccinated his wife, his children, and himself with cow-pox. Doubtless it will interest our medical historians to ascertain on what grounds this claim of Dorsetshire to take precedence over Gloucestershire in matters variolous really rests.

Rate-paid Revaccinations.

THE folly of inducing, or even allowing, well-to-do persons to be revaccinated at the expense of the ratepayers is beginning to be appreciated in the Press, and when ratepayers as a class discover how many hundreds of thousands of pounds have been wasted in this way there will assuredly be an outcry against a practice which is as contrary to public policy as it is to the legitimate interests of the private practitioner. An unauthorised statistician has calculated that the sum thus expended in England alone during last year exceeds £1,500,000 sterling, but this sum, no doubt, includes many revaccinations, the expense of which might properly fall on the public funds. The unblushing touting for

patients to which public vaccinators have of late resorted under cover of Local Government Board instructions has aroused great indignation in medical circles, and may be expected to be the subject of further discussion.

Puffing Journalism.

THE *Daily Mail*, with flagrant disregard of professional usages, and in defiance, it may be assumed, of the wishes of the persons immediately concerned, has inaugurated a series of articles eulogising individual methods of treating consumption and their discoverers. They are characterised by the lack of discrimination and sense of proportion which are usually manifested by the newspaper reporter when let loose on an errand of this description. While we welcome the disclaimers of the medical practitioners whose investigations have been converted into vulgar "copy," we would point out that knowingly to receive a representative of the Press is to expose oneself to experiences of this kind, for no importance can possibly be attached to the promises of one whose view of his calling is inconsistent with delicacy or reticence.

Ad Valorem Fees.

A CURIOUS action was recently tried in the Rothesay (N.B.) County Court, in which a medical practitioner sought to recover fees on a higher scale than that comprised in an account previously rendered. In the original bill the visits were charged for at something between nine and eighteenpence each, but as the patient turned out, on her affairs being made public, to be a woman of means the claimant maintained that he was justified in rating his services at a higher figure. The Sheriff admitted that the claim puzzled him, but unfortunately the report before us does not give his decision. Perhaps he is still considering it.

The Superabundant Female.

IF numbers mean anything the female is the dominant element in London life. The recently-published returns of the Census show that in the County of London the females exceed the males by over a quarter of a million. This disproportion is on the increase. Ten years ago there were 1,116 females to every 1,000 males, but now there are 1,118. This fact goes some way in throwing light on certain medical and sociological aspects of modern life. The increasing participation of females in business and public life is quickly bringing about a state of affairs which the hygienist cannot afford to neglect, and is doing much to make old standards useless and necessitating the introduction of new methods.

London's Centenarians.

THE revelations of the latest Blue-book dealing with the Census returns is particularly interesting to medical men and all interested in the sanitary state of the Empire's chief city. A feature worthy of special note is that which refers to those who are of advanced age. The Metropolis can boast of

twenty-four centenarians. There are nineteen females and five males who claim to be 100 years and upwards. The number of persons seventy-five years old and upwards is 52,679, and of these 18,776 are males and 33,903 females. This seems to show that should one desire a good chance of reaching senility it is well to live in London and be a female.

PERSONAL.

DR. JOHN SHIELDS FAIRBAIRN has been appointed Assistant Obstetric Physician to St. Thomas's Hospital.

MR. ALFRED WINKFIELD, F.R.C.S., has resigned the appointment of Medical Officer of Health to the City of Oxford.

THE latest reports concerning Professor Virchow are to the effect that "his present condition is far from favourable."

DR. DAVID J. ROBERTS, M.B.Ed., has been appointed Medical Superintendent at the Meathop Sanatorium, Westmoreland, in place of Dr. W. M. M. Jackson.

SIR JOSEPH DIMSDALE, Lord Mayor of London, announces his intention of presiding at the Festival Dinner to be given in aid of the funds of St. Mark's Hospital for Fistula and other Diseases of the Rectum.

DR. F. W. PAVY, F.R.S., is to take the chair at the Annual Dinner of the Fellows of the Royal Medical and Chirurgical Society of London, which is to take place at the Hôtel Métropole, on Wednesday, February 26th.

THE nomination of Dr. Kerr to the post of Medical Officer to the London School Board has been ratified by the Board. The post comports a salary of £800 per annum, rising by increments of £25 per annum to a maximum of £1,000. Dr. Kerr undertakes to give his whole time to the Board, and not to hold or accept any other office, appointment, or engagement.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

NOTIFICATION OF PHTHISIS IN EDINBURGH.

A PROPOSAL to make consumption a notifiable disease so far as Edinburgh is concerned, and also the question of hospital accommodation for advanced cases of phthisis, was under consideration in the Public Health Committee last week, when it was agreed to ask the Town Council to hold a special meeting to go into the whole matter. It is said that if the former proposal be carried there is every likelihood that an effort will be made to have the present Fever Hospital (the old Infirmary), shortly to be vacated for the new hospital at Colinton Mains, set apart for far advanced cases. An objection raised to this particular scheme is the market value of the old site—one of the most central in the town—and in the event of its being disposed of to the University authorities, who are understood to be offerers, another position for the proposed hospital would have to be found. The late Bailie Pollard, Convener of the Public Health Committee for many years, in his report for 1900, made the same suggestion. He estimated that an annual expenditure of £5,000 would support 100 beds, and from the experience of a similar municipal hospital in Paris that the average life of patients received into its wards is three months, that this would mean the annual removal of 400 feet of infection. Notification of

phthisis has been on the tapis in Edinburgh for the past year or two, and there seems little doubt that before very long it will be an accomplished fact. If we mistake not, Edinburgh was one of the first, if not the first, towns in these islands to adopt compulsory notification of infectious disease, and it is to be hoped that it will be similarly to the front in tackling consumption. Up till the end of 1901 it had a Notification Act of its own which differed from the general Act in that it included cases of measles, and excluded erysipelas and puerperal fever. With the beginning of this year, however, the special Act lapses, and the town comes into line with the rest of the country in adopting the general Act. Experience has shown that the notification of measles has been practically useless in checking the disease or diminishing its mortality, and it seems very questionable whether it is worth while including it as a notifiable disease. The only medical man on the Town Council, however, holds a different view, and an effort is to be made to have measles retained, even though the new Act is adopted.

SMALL-POX.

The number of patients now (February 1st) under treatment is forty-eight. The second death which has resulted from this outbreak of the disease is reported to-day.

MORISON LECTURES.

These lectures were this year delivered by Dr. George A. Gilson, in the Royal College of Physicians, Edinburgh. The subject dealt with was nervous disturbances of the circulation, only affections in which there were changes in sensation being discussed in the present series of lectures. In the first lecture the symptomatology was under consideration, the lecturer giving an historical résumé of the subject, which, described in a fragmentary way by the earlier writers on medicine, owed its first formal presentment to Heberden, who in 1768 gave an excellent description of angina pectoris. Jenner, and then John Hunter, has associated heart pain with lesion of the nutrient arteries of the heart, and, as a conclusion to the historical part of the lecture, the clinical observations of Balfour, Latham, Gardner, Head, and others were mentioned. The general features of heart pain were alluded to, and the last portion of the lecture was devoted to the classification of angina, the current division into true and false, or pseudo-angina, being, according to Dr. Gilson, unscientific and misleading, whereas the cases fall naturally into two groups—organic and inorganic; the former embracing those in which there is an obvious change in the heart or vessels, while under the latter head fall toxic cases, such as those due to tobacco, alcohol, microbial poisons, and the like, and neurotic cases, whether due to reflex spasm of the arteries, nervous debility, or hysteria. The second lecture was given over to an explanation of sensory cardiac symptoms on physiological grounds, an account being given of the growth of knowledge concerning the innervation of the heart from the time when Weber discovered the inhibitory action of the vagus down to the most recent work of Langley, Ramon-y-Cajal, Dogiel, and Morison. The main points insisted upon were that the cardiac ganglia were parts of the outlying sympathetic system, and that both in this system and in the vagus afferent and efferent fibres existed. The impulses conveyed to the heart by the vagus diminished cardiac activity; while those of the sympathetic (the "katabolic nerve," as Balfour has so well called it) increased the heart's action. While the exact paths of sensory impulses were less susceptible of investigation than those of motor impulses, there was ample evidence that impulses travelled from the heart to the cord by the sympathetic nerves. These afferent impulses were caused by the lesions and toxic or nervous influences mentioned in the previous lecture, and these, too, might render the normally insensitive heart sensitive. The brain, however receiving as it did the vast majority of its sensory stimuli from the cutaneous surface, was apt to mis-interpret the source of cardiac stimuli, and to mis-refer them to corresponding cutaneous areas, which had been demonstrated by Head and others. The concluding lecture

was devoted to the therapeutics of angina and cardiac pain generally.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

SUPERFETATION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I beg to thank Dr. O'Gorman for the particulars of his case of supposed superfetation. I fear, however, I still am sceptical. Dr. Tyler Smith's manual may have recognised the possibility of superfetation, but the case which Dr. O'Gorman quotes from it does not prove the possibility of such an occurrence. I have read Dr. Bonnar's article in the *Edin. Med. Journ.* with much interest, but he, too, does not bring forward any proofs of such a possibility. To prove that superfetation is possible and has occurred, it is necessary to demonstrate the fact that two ova of different ages are contained in a single uterus at the same time. Before bi-manual examination of the pelvic contents was a recognised mode of examination the existence of a double uterus or of a uterus septus was overlooked. Consequently, from the want of knowledge of the condition of affairs present, superfetation was deemed possible, because it appeared to be the only explanation of certain cases. Once, however, it was shown that there was another explanation of these formerly puzzling cases, the impossibility of superfetation was allowed to make itself evident, and an impossible structure, which originated in necessity, crumbled to the ground.

There is no use in flogging a dead dog, and superfetation is as dead a dog "as ever lived." If Dr. O'Gorman has no doubt but that there was a difference in the age of the infants in the case he records will he make a careful bi-manual and intrauterine examination of his patient and communicate the results to your journal?

I am, Sir, yours truly, X.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of 29th ult. Dr. O'Gorman, under the above heading, relates two cases of supposed superfetation, one mentioned by Tyler Smith in his "Manual of Obstetrics," and the other occurring in his own practice. Both the cases, I venture to suggest, should be classed as "delayed developments" upon the following grounds. In both the secondary impregnation or superfetation is supposed to have occurred at least four months after the primary fertilisation of ova, an event almost impossible according to one's knowledge of what changes take place in the tubes and uterus after pregnancy commences, the difference in sizes of the foetuses and the number of the placentae being accidental and dependent upon the degree of vascularity of the area upon which the individual ovum alights. Thus in Dr. O'Gorman's case the two male ova fell upon soil rich in blood, and by their vigorous growth further depleted the area upon which the less fortunate female ovum took up her abode, with the ultimate result that two full-term males were born, and one female having the appearance of being only half-time.

Upon such an interesting subject as this, one might think and write much, but as its usefulness is doubtful I consider it better to let myself rest in the belief that superfetation after a few hours does not take place.

I am, Sir, yours truly,
ROBT. HUGH HODGSON, M.D.

SURGEON TO COUNTY INFIRMARY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I was much surprised to find that notwithstanding the County Infirmaries and Registration of University Diplomas Act, 39 and 40 Vict., cap. 40, an Order is made directing that none but those holding letters testimonial of the R.C.S.I. should be appointed surgeons to county infirmaries in Ireland, as you can see by reading Clause 86 of the Statutory Rules and Orders,

1899, No. 44, issued by the Lord Lieutenant and Privy Council of Ireland.

I have given you the title of the Order so that you may refer to the clause, as I am unable to send you a copy. This—if I am correct—would require to be seen to, as if an election for a surgeon was pending it might seriously injure, in fact, probably prevent one holding a degree from obtaining the appointment.

I am, Sir, yours truly,
ROBERT GRAY, F.R.C.P.

[Our correspondent quotes the Statutory Order correctly. It is a regulation which has not been adhered to in the past, but which could be enforced at any moment. The attention of the authorities of Dublin University and the Royal University should be drawn to its existence with the view to having the clause in the Infirmaries Act on which it is based removed from the Statute-book.—ED.]

THE MODERN TREATMENT OF CONSUMPTION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—There seems to be an almost universal belief that the main features in the present system of treating phthisis are entirely of recent origin—dating, in fact, from a period subsequent to Koch's discovery of the tubercle bacillus in 1882. As the matter is one of considerable historic interest I shall be glad if you will allow me to point out that this opinion is altogether fallacious. At least forty years ago a distinguished band of Dublin medical men, prominent among whom were Graves, Stokes, and Marsh, taught and put into practice doctrines as to the treatment of the disease which are hardly distinguishable from those held to-day. It is true that they were not aware of the bacterial origin of the malady, and were ignorant of its contagious character, but nevertheless, in their repudiation of the theory of heredity, and their advocacy of fresh air and a generous diet, they were the real originators of the modes of treatment which are almost universally in favour to-day. I have been reading with interest Dr. Dennis Vinrace's useful book on "The Tuberculosis Congress," and, in perusing the comparison he draws between the therapeutic methods of former days as regards phthisis and those now prevalent, I have been much struck by the fact that practically all the points mentioned by Dr. Vinrace as constituting the dominating features of the existing system of treatment were adopted by these Dublin pioneers early in the second half of last century. Graves, for instance, wrote as follows:—"If a tiger from the wilds of Africa, who can boast of a line of ancestors as free from phthisis as any of us, be brought into this country, and debilitated by confinement, impure air, and a climate to which he is unaccustomed, you will frequently find that he will die phthisical." He went on to instance similar cases among monkeys, and specially refers to a dromedary, carried about for exhibition, which was dissected by the College of Surgeons, and found to have fallen a victim to consumption. The moral he drew was that the animals had contracted the disease through the effects of want of proper exercise and fresh air, and that it is to these conditions, among men as well as animals, and not to heredity, that the propagation of the disease is due.

In another passage he declared that phthisis could be proved by statistics "to depend on confinement, poverty, and vice," and he pointed out the ill effects produced by allowing young children to work for long hours in crowded, badly ventilated factories. Still more to the point are his criticisms of the modes of treatment favoured in his day, comprising "coddling, confinement to hot rooms, venesection, and low diet." These he denounced as being "circumstances which in due time would make many persons phthisical." His own views as to the proper treatment to be adopted he summarised as follows:—"A rational physician will endeavour to prevent its occurrence, not by confining his patient and wrapping him in flannels, but by hardening him against cold. Anyone who wraps himself up, and confines him-

self within doors takes cold in ten-fold proportion to the person who dispenses with superfluous coverings, washes his chest with cold water, and rises early. As to food, make your patient lay aside 'slops.' Let him take wholesome fresh meat, bread, and good beer. Let him also dine early and rise early, and let him remain in the open air four or five hours, taking exercise on a jaunting car or on the top of a coach." Could any speaker at the recent Congress have laid down a therapeutic and prophylactic system more in accord with what we consider to be the latest modern ideas? Clearly, however great are the advances we have made in knowledge of the prime cause of the disease, and of the best means of preventing its dissemination, we have really made little, if any progress during the past forty years as far as the discovery of new principles of treatment is concerned. The system adopted by the open-air sanatoria of to-day is in essentials the same as that practised by Graves, Stokes, and Marsh, of Dublin, and MacCormac, of Belfast (father of the distinguished surgeon whose loss we have so lately had to deplore), some forty years ago.

My object in writing this is not, of course, to depreciate the services of the many able men who have in our own day popularised and perfected the views first given to the world by this group of enlightened Irishmen. I wish simply to draw attention to the claims of my countrymen to a due share of the praise.

I am, Sir, yours truly,

JAMES HAMILTON, M.D., Q.U.I.

60, Sydney Street, Chelsea, S.W.,

January 25th, 1902.

A Medical Man Censured.

DR. VERITY, of Glendiffaith (Carnarvon) was censured by the coroner's jury for having delivered a certificate of death in respect of an elderly woman who had fallen into the fire, presumably in consequence of an attack of apoplexy. Inasmuch as Dr. Verity admitted that the burns must have accelerated death he was unquestionably in the wrong in giving the certificate, and it can hardly be supposed that he was unacquainted with the law on the subject.

Deaths under Chloroform.

A MAN, age 51, an omnibus conductor, died at St. Bartholomew's Hospital last week during the administration of chloroform preparatory to the opening of an abscess. Ether was used at first, but as he did not take it well chloroform was substituted. As usual, no details of the method of administration were forthcoming, and at the inquest the stereotyped verdict was returned. Another mishap of the same kind is reported to have occurred at the Great Northern Hospital, the victim being a man, age 29, who was suffering from pneumonia with pleurisy and effusion. He died before insensibility had been induced, a result which might almost have been expected, and one is tempted to ask why local anaesthesia was not resorted to in view of the risk inseparable from the administration of a general anaesthetic in a case of this kind.

Public Authorities and the Payment of Fees.

AN action was tried a few days since in which Dr. F. Bastow Cooper sought to recover fees due to him by the Bracebridge Urban District Council under the Notification of Diseases Act. The points at issue were, whether the plaintiff could legitimately be called upon to send a receipt for the amount before he had received the same, and also whether he was not entitled to be paid the amount due to him at his residence without the trouble of fetching it from the Council's offices. The matter was settled by the amount being paid into court, and this is perhaps a pity, because it would have been convenient to have a judicial decision upon these two points. We have no hesitation in endorsing the plaintiff's contentions, and it is to be hoped that the practice of asking for a receipt before payment of the amount due, a practice very generally adopted by sanitary authorities, will fall into disuse.

Army Medical Prize Distribution.

SURGEON-GENERAL W. TAYLOR, Director-General Army Medical Corps, last week presented the prizes to surgeons

on probation who were successful at both the London and Netley examinations, at the Army Medical School, Netley Hospital. Colonel M'Leod reported that twenty-six surgeons had proved themselves fitted to receive his Majesty's Commission. The Parkes Memorial Medal and M'Lean prize for clinical and ward work were presented to A. E. J. Lister; the Herbert prize, the prize in pathology, and the De Chaumont prize in hygienic to T. S. B. Williams; the Marshall Webb prize to S. H. L. Abbott; the Martin Memorial medal to E. Bisset; the first Montefiore prize and medal to E. A. Loch, and second Montefiore prize and medal in pathology to A. W. Overbeck-Wright, all of the Indian Medical Service.

A Scarcity of Cheap Doctors.

THE managers of the Tiverton Infirmary have had a trying experience in their endeavours to find a resident medical officer. In 1900 and 1901 they advertised for several weeks at a time for a house surgeon at £80 per annum, all found. To the first advertisement they received no application, to the second one from a lady, to the third three, all from ladies, and to the fourth seven, four from gentlemen and three from ladies. The committee appointed each gentleman in turn, and each gentleman in turn either declined to take up the appointment or agreed to do so and failed to carry out his agreement, except the last, who arrived, and was discharged the following day for gross misconduct. The committee, having then been without any house surgeon for some months, appointed the best qualified of the lady applicants, Miss E. McElney, who had since fulfilled the duties of the post to the entire satisfaction of the committee, including the hon. medical staff and the patients generally. The committee were informed that £200 per annum and all found failed to obtain gentlemen as house surgeons, and half that sum was more than the finances of the institution would warrant.

Post Vaccinal Death.

AN inquest was held at Horsey on the 31st ult. on the body of a man, age 60, a toll clerk in Smithfield Market, who had been vaccinated on January 15th. On the 24th he fell ill, and shortly after became comatose, dying on the 26th. At the autopsy meningitis with effusion was found, and this was attributed to septic mischief. The vaccination had run a normal course, and none of the other 106 persons vaccinated with the same lymph had had any trouble. The jury returned a verdict that death was due to septic meningitis following vaccination, adding that they would not state the origin of the septic condition, but that the vaccination was properly performed.

The late Surgeon-Major Metcalfe Johnson, J.P.

LANCASTER has lost a link with the past by the death of Dr. Metcalfe Johnson, at the ripe age of 78 years. Dr. Johnson was born at Wisbech in 1823, served his apprenticeship with Dr. Muriel, at Ely, became a student at Guy's Hospital in 1843, qualified in 1846, and at once settled in Lancaster, where for over half a century he has exerted a wide influence. He held various important public appointments, took much interest in scientific and literary studies, and was imbued with somewhat of the military spirit. With the soldiers he was very popular and familiarly known as "Old Iodine" on account of his fondness for painting them with this drug. Dr. Johnson's published writings include "The Monad's place in Nature," "Borderland," and "Hedonism." In 1872 he issued an "Invalid Cookery." He also took much interest in the study of the relation of crime to insanity and pauperism.

Dublin Death-rate.

THE annual death-rate in the Dublin registration area for the week ending Saturday, January 25th, 1902, represents an annual mortality of 21.7 in every 1,000 of the population. Tuberculous disease caused twenty-nine deaths. Diseases of the respiratory organs caused thirty-five deaths. Thirty-six of the persons registered were infants, of whom twenty-two were under twelve months' old. In six cases the deaths were "uncertified," there having been no medical attendant during the last illness.

Notices to Correspondents, Short Letters, &c.

CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

MATRON.—We are decidedly of the opinion that the hours of duty are too long, in view of the arduousness of the work.

EX-COLONIAL.—Apply to the Dean of the West London Post-Graduate College, Hammersmith, W., for a prospectus of the College.

DR. A. T.—Assuming the facts to be correct a suit for malpractice would be certain to fail.

A VERSATILE PHYSICIAN.

THE following (says the *N.Y. Medical Record*) is an advertisement published in Shakespeare's time:—"Wanted—for a family of invalids, a reliable and faithful man who is a competent physician, surgeon, and obstetrician; he must also take charge of the wine cellar and table service, and understand the cording of hemp, and construction of wigs. Every Sunday he will be expected to deliver a sermon, and, if necessary, conduct religious services. A liberal salary will be paid."

DR. E. A. (Budapest).—We have no means of ascertaining the detail you refer to in your first question. In reply to your second question, a practitioner who holds a resident hospital appointment requires to be qualified the same as if he were engaged in private practice. The practice of medicine is free in England, but a foreign graduate has no legal status, cannot sue for fees, sign certificates of death, &c. With regard to a treatise on surgery, we can recommend that by Rose and Carless (Baillière, Tindall and Cox), price 21s. net, or Walsham's "Surgery" (Churchill), price 15s. net.

Meetings of the Societies, College Lectures, &c.

LONDON.

WEDNESDAY, FEB. 5th.

OBSTETRICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8 p.m. Specimens will be shown by Drs. Amand Routh, William Duncan, Mr. Bland-Sutton, and others. Annual meeting. The President (Dr. Morrocks) will deliver the annual address.

THURSDAY, FEB. 6th.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m. Dr. W. Ewart: Scleroderma with Raynaud's Disease. Dr. Sidney P. Phillips: Epistaxis in Rheumatism.

NEUROLOGICAL SOCIETY OF LONDON (11, Chandos Street, Cavendish Square, W.).—8.30 p.m. Annual meeting. Mr. H. W. Page: Presidential Address on Concussion of the Brain in some of its Surgical Aspects.

ROENTGEN SOCIETY (20, Hanover Square, W.).—8.30 p.m. Mr. E. W. M. Shenton: On a System of Radiography.

FRIDAY, FEB. 7th.

LARYNGOLOGICAL SOCIETY OF LONDON (20, Hanover Square).—5 p.m. Cases and Specimens will be shown by Dr. Lambert Lack, Mr. Richard Lake, Dr. F. W. Bennett, Mr. Atwood Thorne, Dr. L. H. Pegler, Mr. Waggett, Dr. H. J. Davis, and Dr. Donelan.

SOCIETY OF ANESTHETISTS (20, Hanover Square, W.).—8.30 p.m. Clinical evening.

WEST KENT MEDICO-CHIRURGICAL SOCIETY (Royal Kent Dispensary, Greenwich Road, S.E.).—8.45 p.m. Dr. E. E. Scholefield: Some Cases of Feigned or Functional Disease.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY (West London Hospital, Hammersmith Road, W.).—8.30 p.m. Discussion on the Treatment of Inoperable Cancer. Mr. Alfred Cooper, Mr. Stanley Boyd, Mr. H. T. Butlin, and Mr. Henry Morris will take part in the discussion.

THURSDAY, FEB. 13th.

BRITISH GYNÆCOLOGICAL SOCIETY (20, Hanover Square, W.).—8 p.m. Specimens will be shown by Dr. F. W. Ramsay, Mr. R. O'Callaghan, and Dr. H. Macnaughton-Jones. The incoming President, Dr. Halliday Croom, will deliver his Inaugural Address.

DUBLIN.

THURSDAY, FEB. 6th.

DUBLIN UNIVERSITY BIOLOGICAL ASSOCIATION (Front Hall, Trinity College).—8.30 p.m.

ROYAL COLLEGE OF SURGEONS.—Council Meeting.

FRIDAY, FEB. 7th.

ROYAL ACADEMY OF MEDICINE IN IRELAND.—Section of Obstetrics.—Specimens.—The President: Uterus removed for Fibromyoma. Dr. Horne: Large Fibromyoma removed by Myomectomy. Dr. Alfred Smith: 1. An Ovarian Cystoma Strangulated by twisting of the pedicle. 2. A Solid Ovarian Tumour with Pyosalpinx. Dr. Purefoy: 1. Concurrent Uterine and Tubal Pregnancy. 2. Large Ovarian Multilocular Cyst removed soon after parturition. 3. Two Dermoid Ovarian Tumours removed from patient suffering from tuberculous peritonitis. 4. Small Ovarian Cyst. Papers.—Dr. Alfred Smith: Notes on a Laparotomy for an Ovarian Cystoma which had ruptured six hours before removal, with specimen. Dr. Kidd: Short Notes on a Case of Induction of Labour followed by Enucleation of Fibroid Tumour from Cervix. Dr. Purefoy: Report of the Rotunda Hospital for the year 1900-01. College of Physicians, 8.30 p.m.

MONDAY, FEB. 10th.

ROYAL COLLEGE OF PHYSICIANS.—Examination for Licence.
ROYAL COLLEGE OF SURGEONS.—Examination for License in Dietistry.
DUBLIN UNIVERSITY.—Final Medical Examination in Med. B.A.O. and M.A.O.

Appointments.

BELL, R. H., M.A., M.B., M.C. Cantab., Obstetric Tutor and Registrar to St. Thomas's Hospital, London.
BROWN, T. W. S., M.R.C.S., L.R.C.P. Lond., Certifying Surgeon under the Factory Acts for the Chatham District.
CHOLMELEY, W. F., F.R.C.S. Honorary Assistant Surgeon to the Wolverhampton General Hospital.
DICKMAN, H. G., M.B., M.S. Edin., Medical Officer of Health for the Urban District of Diss, Norfolk.
EDWARDS, G. M., M.B., B.S. Cantab., Certifying Surgeon under the Factory Acts for the Harrow District of Middlesex.
ELLIOT, S., M.D. Edin., Certifying Surgeon under the Factory Acts for the West District of Caithness.
FAIRBAIRN, J. S., M.B. Oxon., F.R.C.S. Eng., M.R.C.P. Lond., Assistant Obstetric Physician to St. Thomas's Hospital, London.
FISHER, CHARLES, M.B., B.S. Durh., M.B.C.S., L.R.C.P. Lond., House Physician to the City of London Hospital for Diseases of the Chest, Victoria Park, London.
FLETCHER, J. H., M.R.C.S., L.R.C.P. Lond., Medical Officer to the Ince Urban District Council.
GRAHAM, A. W., M.R.C.S., L.S.A., Medical Officer of Health for the District of Beaconfield and Dalrymple, Tasmania.
HARRIS, A. B., M.R.C.S., L.R.C.P. Lond., Medical Officer of Health for the Loughston Urban District.
HENSTED, B. H., M.R.C.S., L.R.C.P. Lond., Certifying Factory Surgeon for the Rural Districts of Whitechurch and Kingscote, Hants.
MACLENNAN, ALEX., M.B. and C.M., an Extra Honorary Surgeon to the Royal Hospital for Sick Children, London.
MORFITT, J. E. J., L.K.Q.C.P., L.R.C.S. Irel., Government Medical Officer and Vaccinator for Balranald.
PENFOLD, THOMAS C., M.B., M.S. Edin., Medical Officer of Health for the Hexham Rural District.

Vacancies.

Brecon Infirmary.—Resident House Surgeon, unmarried. Salary £100 per annum, with furnished apartments, board, attendance, fire, and gas. Applications to the Secretary, 6, Bulwark, Brecon, South Wales, by February 19th.
Chester County Asylum.—Third Assistant Medical Officer. Unmarried, and not more than 30 years of age. Salary £180 per annum, with board, lodging, and washing. Applications to Dr. Lawrence, County Asylum, Chester, by February 12th.
Durham County Asylum.—Junior Assistant Medical Officer. Salary £140, rising to £180 per annum, with board, laundry, and attendance. Applications to the Medical Superintendent, Durham County Asylum, Winterton, Ferryhill.
Kent County Asylum, Barming Heath, Maidstone.—Fourth Assistant Medical Officer and Pathologist, unmarried. Salary £175 per annum rising to £200, with furnished quarters, &c. Applications to Dr. F. P. Davies, Superintendent.
Lancashire County Asylum, Winwick.—Assistant Medical Officer. Salary commencing at £150 per annum, with furnished apartments, board, attendance, and washing. Applications to the Medical Superintendent. (See Advt.)
Rainhill County Asylum.—Assistant Medical Officer. Salary £150 per annum, with prospect of an annual rise of £25 to £200. Applications to the Medical Superintendent. (See Advt.)
Salisbury: Fisherton Asylum.—Assistant Medical Officer. Unmarried and not more than 30 years of age. Salary to commence at £150 per annum, with board, lodging, and washing. Applications to Dr. Finch, the Asylum, Salisbury.
Suffolk County Asylum.—Second Assistant Medical Officer. Salary commencing at £130 per annum, rising to £150, with board, lodging, laundry, and attendance. Applications to the Medical Superintendent, County Asylum, Melton, Suffolk. (See Advt.)
Wolverhampton General Hospital.—1. Assistant House Physician; 2. Assistant House Surgeon. Appointments for six months. Honorarium at the rate of £75 per annum, with board, lodging, washing. Applications to the House-Governor by February 10th.

Births.

COPEMAN.—On Jan. 20th, at the Parade, Cowes, I.W., the wife of Alfred Heathcote Copeman, M.A., M.D., M.R.C.S., L.R.C.P., D.L., of a daughter.

Marriages.

DAVIES—SCOTT.—On Jan. 32nd, at the Church of St. Michael, Teignmouth, S. Devon, S. H. Battray Davies, M.R.C.S., L.R.C.P. Lond., to Mary Douglas, daughter of Lieutenant-Colonel Scott.

SMYTH—SMYTH.—On Jan. 32nd, at Rutland Square Church, Dublin, James Smyth, M.B., Clapham Junction, London, son of J. Smyth, Esq., Limerick, to Marion Moore, daughter of M. Smyth, Esq., Kilkenny.

Deaths.

GWYNN.—On Jan. 27th, suddenly, on board the Nile steamer "Furitan," near Cairo, Edmund Gwynn, M.D., of Ashdown House, Rosslyn Hill, N.W., late Medical Officer of Health for Hampstead.

STOCKTON.—On Jan. 25th, at King's Sutton, near Banbury, Arnold Stockton, M.R.C.S., L.R.C.P., youngest son of the late James Stockton, aged 29.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

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No. 7.

Original Communications.

THE

DIAGNOSIS OF SCARLATINA. (a)

By JOHN MARSHALL DAY, M.D.,
Resident Medical Officer, Cork Street Fever Hospital.

THE diagnosis of scarlatina has now become a far more difficult matter than formerly, when the disease was of a severer and better marked type. From time to time cases are admitted to hospital in which the diagnosis is so very doubtful that a few remarks on the points on which to rely in coming to a decision may not be out of place.

The following may be related as a sample case: M. B., æt. 6, was admitted to Cork Street Fever Hospital suffering from whooping-cough. On the seventh day after her admission her temperature went up to 100°, she vomited, and her pulse was 132. There was redness on the pharynx, tonsils, and hard palate; there was a very slight browning of the flexures of the arms; no distinct rash could be observed on the body, except slight redness on the backs of the hands, the sides of the fingers, and at the flexures of the groins. The next day her temperature was 99°, pulse 128, and the child was apparently all right. The diagnosis then made was scarlatina simplex, but there was considerable doubt about the correctness of this opinion until it was confirmed by the onset of peeling on the sixteenth day, and on the twenty-second by distinct signs of nephritis, with blood and albumin in the urine.

The chief symptoms of scarlatina are vomiting, sore throat, elevation of temperature, frequent pulse, and rash.

1. Actual vomiting or a distinct feeling of nausea is nearly always present; in fact, I found this symptom prominent in over 90 per cent. of the cases admitted to Cork Street Fever Hospital. One must, however, discount it as a symptom in young people who are subject to attacks of nausea from various causes.

2. Children so seldom complain of sore throat that unless one follow the golden rule of always looking at the throat when examining a child, this symptom may be overlooked. One may find in severe cases that the patient swallows quite well, but the converse also holds good, and a simple relaxed throat is often accompanied by troublesome dysphagia. In examining the throat, get the child well wrapped up and facing a good light, when, if scarlatina be present, the red punctiform appearance on the pharynx, soft palate, tonsils and hard palate will be readily seen. The rash is not so distinctive on the inside of the cheeks as it is in the case of measles. In mild cases there is often a

peculiar dull, yellowish whiteness of the hard palate to be seen on the second day. I believe, however, that the rash on the hard palate is diagnostic, especially in cases of scarlatina *sine eruptione*.

3. At the commencement the temperature varies from 100° to 104°. It falls the next day, rising again in the evening, but not so high, and following this course generally becomes normal on the eighth to the tenth day. In mild cases it may become normal on the third day.

4. The pulse rate is more characteristic than the temperature, as even in the mildest case it is over 120, generally 140 to 160, and we find that, even after the temperature becomes normal, the pulse rate becomes higher than normal, for instance, a mild case of scarlatina, as M. G., æt. 6, on the third day temperature was 99°, pulse 108, and on the fourth day temperature was 98·6°, pulse 100.

5. The rash in scarlatina is never seen on the end of the nose, nor around the lips, i.e., in the circumoral zone. It is almost invariably out before the third day; I only once saw it delayed until the third day, and that was in the case of a child who was admitted to the hospital suffering from convulsions, but, after diligent packing the rash appeared and the convulsions ceased. It varies very much in degree; in the very mild cases there exists a fine punctiform rash on the tonsils, the hard and soft palates, and over the surface of the body where the skin is softest, such as the flexure aspect of the arms, the sides of the chest, the lowest part of the abdomen, the upper part of the thighs, and in the axilla. It can also be seen on the backs of the hands, the sides of the fingers, and on the dorsal aspect of the foot. When the elbow is flexed a browning along the folds of the skin is noted, and a similar condition is observed at Poupert's ligament, and also, but not so frequently, at the backs of the knees. This browning persists after the rash fades, and is present with red puncta on the lower limbs.

I shall now allude to a few other important points in relation to scarlatina before coming to the differential diagnoses.

Sweating is uncommon, but may be present in persons of rheumatic tendencies. The erythema often seen in such cases is generally of an evanescent nature, comes and goes, does not present the punctiform appearance, and is generally most intense on the chest.

The tongue in the early stages is coated, sometimes heavily, but later on the injected papillæ show through and it becomes stripped, and then the true "strawberry" tongue, with the prominent fungiform papillæ is well marked. One must especially distinguish cases where the tongue is covered with a slight fur, and the filiform papillæ are showing on the third or fourth day of the illness; a tongue with these appearances generally accompanies gastric catarrh.

When doubtful cases of scarlatina come under

(a) Read before the Royal Academy of Medicine in Ireland, Jan. 24th, 1902.

observation the course of examination I adopt is as follows:—First, the question is asked, Has the patient had scarlatina before? If the answer be in the affirmative, and the history of the attack be definite, I put scarlatina out of court, as I cannot call to mind definite, satisfactory, undoubted cases of a second attack of scarlatina accompanied by rash, although, of course, I admit one may have scarlatina *sine eruptione*, as a second attack. I then examine for (a) rash on the soft and hard palates, (b) browning of the flexures, (c) rash on the backs of the hands or the sides of the fingers, (d) stripping of the tongue, and (e) reddish spots, smaller and more acuminate than rose spots, on the lower limbs; these, with a history of vomiting or nausea, are, in my opinion, sufficient to justify a physician in mentioning scarlatina, and suggesting isolation.

Otorrhœa coming on without a definite cause is often the first symptom of scarlatina brought under one's notice, and when one meets such cases among children one should always remember scarlatina and look out for peeling. Such cases are, I believe, very infectious. I may pass by acute nephritis or dropsy as being a well-known sequela of scarlatina.

With regard to the important question of isolation, one must moreover remember that mild cases of scarlatina often do not show definite signs of peeling until three weeks after the onset of the rash, and then the peeling may take the form of a polishing of the tips of the fingers, a roughness at back of ears, a roughness of flexures of the joints and of the chest walls, with later on a stripping of the feet. The milder the case the longer it takes for desquamation to make its appearance. The desquamation in scarlatina is peculiar. It may commence on the sixth day, or be delayed until the eighteenth or twenty-first day. It is not a definite proof of scarlatina, but when one finds the tips of the fingers polished, and desquamation on the trunk and extremities which commenced in small pin-head points and has spread centrifugally, one may as a rule diagnose scarlatina.

I will now briefly consider the diseases with which scarlatina may be confounded, and will endeavour to put them in the order of frequency of mistaken diagnosis, viz.:—Rötheln, measles, septicæmia, urticaria, erythema, rheumatic fever, meningitis, enteric fever, and lastly, drug rashes.

Rubella or Rötheln.—Vomiting is not an initial symptom in this disease, and only an occasional coincidence. The rash is usually the first sign of the disease; it appears all over the face and body as reddish-brown spots, slightly raised, brighter than in measles, but not so bright as in scarlatina, or it simulates the rash of the latter, without its punctiform appearance or the browning of the flexures. In rötheln, as in scarlatina, the rash is present on the throat, similar in appearance to that on the trunk. The peeling of the tongue is absent. The glands in the post-sterno-mastoid and axillary areas are enlarged, and often also in the groins; still, this point is of no diagnostic value in dealing with children who are the subjects of chronic enlargement of the lymphatic glands.

In rötheln the temperature, as a rule, is only slightly elevated for the first twenty-four hours; still, I do not think much reliance can be placed on the character of temperature as a point in diagnosis. The pulse is not frequent as in scarlatina. The patient does not feel ill in proportion to the amount and colour of the rash. Slight peeling has been seen after the rash has disappeared, but it is not similar to that which I have described as characteristic of scarlatina. The illness may be regarded as at an end when the rash has disappeared.

Measles.—In measles there are the catarrhal symptoms, the appearance of the rash on the fourth day

on the face and upper parts of the body, and next day on the lower limbs; raised, reddish brown, crescentic spots, coalescing as the rash develops. The appearance of the rash on the buccal mucous membrane is typical. In some cases of scarlatina there may be a rash on the arms and chest very like measles, but, on further examination, one generally finds it to be quite characteristic on the lower part of the body and the lower limbs.

Septicæmia, or septo-pyæmia, may be ushered in with a rash which it is often impossible to distinguish from that of scarlatina. As a rule it is very intense on the arms and legs, and middle triangle of the body, is darker in colour, and does not present a punctiform appearance. Oftentimes one cannot distinguish the so-called scarlatina maligna from septicæmia.

Urticaria frequently presents a diffuse red rash over the body and limbs, but at places one can detect the characteristic wheals, while the rash is very itchy, rapidly comes and disappears, and often reappears.

Erythema is a very rare disease, and presents a sudden blush, confined mostly to the body, is not often seen on the legs or the arms, seldom on the hands, and is evanescent. There are no throat symptoms, and no constitutional disturbance.

Rheumatic Fever is a disease which may accompany scarlatina, or in which there may be a sore throat, sweating, reddish patches on the body and the arms, definite arthritis, or vague pains in the joints, as is especially the case when the disease occurs in childhood. The differential diagnosis in favour of rheumatic fever depends upon the absence of the circumoral and nasal white zone, of the rash on the hard palate, and upon the presence of stiffness of the muscles of the neck, and enlargement of the tonsils, and arthritis.

Meningitis.—I have seen cases of the malignant type of scarlatina mistaken for meningitis, and when one considers the extremely infectious nature of the former disease it behoves us to be very careful. In scarlatina there are great restlessness, semi-consciousness, a purple or dark red appearance of the throat, with slight swelling, great dryness of the tongue, cold, pinched extremities, with high internal temperature, and a dark brown or petechial rash in patches on the arms, chest, and groins. A history of sudden onset, frequent vomiting, the absence of retraction of the head, or of the abdomen, and peculiar odours off the breath, with the rash, &c., as above, makes the diagnosis easy if the two diseases be kept in mind.

Enteric Fever is often ushered in with vomiting and a sore throat, accompanied by a rash on the chest and abdomen, and sometimes on the arms. The diagnosis rests on the patient being more ill than one would expect from the character of the rash, on the appearances of the throat, on the temperature being very high, on there being a foul, faecal odour from the breath, and on the skin being moist and sweating. In a few days the abdomen becomes tympanitic, rose spots appear, and the diagnosis is confirmed. Still one must remember that there is a close relation between the two diseases, that they may be concurrent; that patients suffering from enteric fever are thereby rendered more liable to contract scarlatina, and, lastly, that in severe cases of scarlatina intestinal ulceration may be present, similar to that seen in enteric fever.

I remember an interesting fact which occurred some years ago in relation to these diseases. Enteric fever of a severe type broke out in a school near Dublin, and among the cases there was one girl, who, during the third week of her illness from enteric fever became covered with a red rash, chiefly confined to the trunk and thighs, and which very closely

simulated scarlatina; she peeled, but she did not convey scarlatina to any of the other patients in the ward. A year afterwards scarlatina broke out in the same school, and among those attacked this girl alone did not present a rash. She had scarlatina *sine eruptione*.

As regards the fourth disease (lately described by Dr. Clement Dukes), which we are accustomed to call r  theln with scarlatiniform rash. During the year 1897 there were in Dublin epidemics of r  theln, scarlatina, and measles concurrent, and although there was some difficulty at times in making a diagnosis, we were fortunate in not having an outbreak of r  theln in our scarlatina wards, and *vice versa*.

In that epidemic we treated the so-called two forms of the disease in the same wards, and I did not see any cross infection, although we detained the cases in hospital from seventeen to twenty-one days.

This so-called fourth disease is diagnosed from scarlatina by the absence of vomiting, the absence of rapid pulse, the occasional presence of enlarged glands, the presence of rash all over the face and body on the first day of the disease, and completely covering the body on the second day. It consists of pink spots, large but not so bright as scarlatina, with the absence of the brownish and the erythema seen in the latter disease, its rapid subsidence, and the absence of sequelae.

I may add that the disease is not always free from complications, as during the month of February, 1897, several children suffering from r  theln died from pneumonia and other complications.

I am of opinion that scarlatina, being a fixed disease, which changes its type slowly, is seldom, if ever, contracted twice. Measles is not so definite a disease as to severity of type, and may be contracted a second time.

R  theln, I believe, is more frequently contracted a second time, and the form of the disease may vary as regards the appearance of the rash.

In conclusion, I may lay down the following rules. Never attempt to diagnose disease from the character of a rash without seeing the whole of it; never attempt to make a diagnosis by artificial light, and, when in doubt, always act as if the more important disease were present, until its absence be certain.

PRELIMINARY REPORT ON "GAPES" OR "PIP" IN CHICKENS, AS DISTINGUISHED FROM DIPHTHERIA.

By FRAS. A. WINDER, B.A., M.B., B.Ch.

LATE in the year 1900 my attention was called to several papers appearing in the *British Medical Journal* on the subject of the "Connection between Epidemics of Diphtheria coincident with the Outbreak of Gapes among Chickens." Now this greatly surprised me, because ever since I was a child I had always believed—what any country person will tell you—that "gapes" or "pip" is caused by a small red worm which lodges in the chicken's windpipe; but as some members of our profession seemed to have some doubt on the subject, I thought it would be a profitable subject for investigation during the spring of this year, so I wrote round to all my country friends and relations to gain a supply of the needful materials.

From March to June, 1901 (the season of the year when this disease is prevalent), I dissected the bodies of ten chickens which were alleged to have died of this disease, as well as two which I had myself seen and examined while actually suffering from the "pip." The following are my notes on the subject:

When a chicken is seized with this disease it is

seen to "gape," that is, to stretch its neck and widely open its mouth, at the same time giving its head a shake as if desirous of expelling some foreign body which is obstructing its respiration. This gaping becomes more frequent. The chick becomes dyspnoic, unable to stand, refuses food, lies with its neck stretched out, and finally passes into a state of asphyxia, from which it never rallies, unless active therapeutic measures are undertaken.

Post-mortem all organs are found normal, except

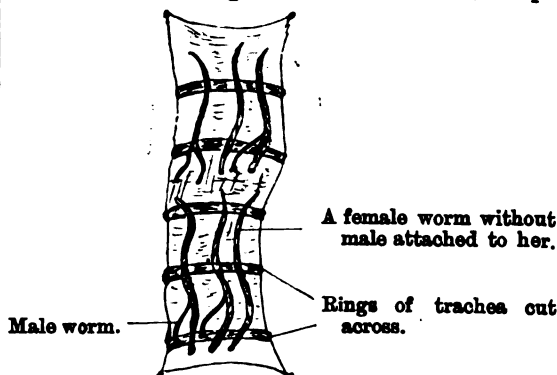


FIGURE I.

Section of trachea (chicken No. 6) laid open to show worms in position. From life, (enlarged.)

the trachea and sometimes the lungs, which are frequently, but not always the seat of severe active congestion.

I will now give an account of these changes as found in one of the chickens which, I observed during her illness and afterwards dissected on April 30th, 1901.

"Chicken No. 6.—Female, age one month. General condition good, fairly nourished, but a lack of subcutaneous fat evident. All the organs healthy and normal except the respiratory. *Trachea*: About midway between the larynx and bronchial bifurcation was a mass composed of the bodies of six large, round, reddish-pink coloured worms, averaging in length from one to one and a quarter inches. They were lying lengthways in the trachea, and surrounded by thick semi-transparent glairy mucus. Two of the worms were free, unattached to the tracheal wall, only held in place by mucus. The other four were firmly attached by their bifurcated extremities.

The *lungs* were engorged with blood, almost pneumonic.

The *worms* vary slightly in length, the longest being slightly under one and a-quarter inches, the shortest over half an inch long.

The body is pink in colour and has a peculiar twisted appearance due to the distended uterus which runs the whole length of the worm's body. One extremity is sharp and pointed (the tail) the other is knobbed. This is the head and is armed with a large round sucker containing six chitinous teeth, leading to the mouth, and thence to a dilated pharynx.

About one-fourth of the worm's length from the head is seen a well-marked depression, which is the lateral vagina, and attached to this is a long, slender process about one-fourth of an inch or less in length, giving the worm a bifurcated appearance. This is the male worm firmly attached by its penis to the vagina of the female, his oral extremity being fixed by a sucker to the wall of the trachea of the chicken.

The female worm, as far as I have observed, lies free in the trachea (being held in her place by the male worm and by the glairy mucus which surrounds her), and has her head pointing towards the bronchi.

Almost the only structure visible in her body with the low power of the microscope is the enormously dilated spiral ovary, or rather uterus, commencing at the lateral vagina and extending down to the tail of the worm. It is usually filled to overflowing with small oval eggs, which seem to me to be emitted from the mouth and only sometimes from the vagina (as there appears to be no anus or other outlet) as this latter is blocked with the male worm, and I fancy that after copulation is accomplished the male worm dies, and the eggs are then set free, as those females which have no males attached are the largest, and have better developed embryos in them. However, I have seen eggs coming from the mouths of female worms whose vaginæ were fully filled up by their persistent husbands.

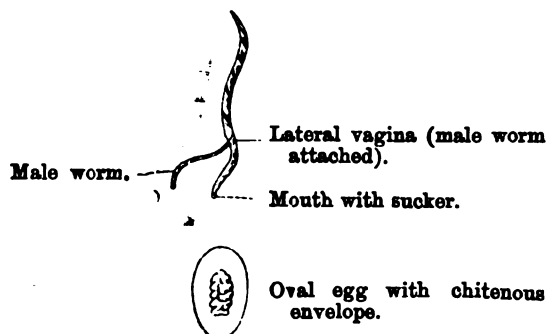


FIGURE II.

Female worm (enlarged) showing spiral uterus.

The eggs are to be counted in millions, and are oval and surrounded by a strong chitinous envelope.

The male worm is only one-sixth the size of the female, and rarely exceeds one-fourth of an inch in length. Both his extremities are knobbed, the head exhibiting a similar mouth with its sucker and chitinous teeth as the female. His head is firmly attached, being embedded in the tracheal mucous membrane, and requires a strong steady pull to detach it.

The other end is attached into the female vagina. I have never found a male worm free in the trachea.

These worms belong to the Nematoda, class strongylidæ, and are named by Cobbold—who gives a very brief account of them in his "Entozoa," page 84—*Sclerostoma Syngamus*.

Their life's history is unknown. The female worm lays her eggs by millions. These are probably coughed up by the chicken, or escape after its decease. Protected by their chitinous envelope, scattered by the wind, &c., they finally must enter some—so far unknown—host, in whose body necessary metamorphosis occurs. Chickens may be fed without danger either with the eggs of the worm or the worms themselves, and I myself only the other day devoured a cockerel who as a chicken had on three different occasions been fed on the worms and eggs without harm.

I hope next spring, when supplied with new material, to discover this "intermediate host," which is probably some insect—house fly?—or mollusc, and is in all probability picked up by the chicken on damp grass, as chickens confined in hen coops are less liable to contract pip, but are generally found to do so when they are allowed out after rain has fallen; in fact, country people say the disease is due to "damp feet."

Therefore, medical men may at once disabuse their minds that there is any similarity of cause between pip and diphtheria, except coincidence of time, and although I have made careful inquiries, I could not find any evidence to suppose that this worm is ever a parasite in a human subject.

NOTES ON THE ABDOMINAL AND PELVIC VISCERA IN ADVANCED PREGNANCY.

By J. G. MOORHEAD, M.D.,

Demonstrator of Anatomy, School of Physic, Trinity College

HAVING recently had an opportunity of dissecting the abdominal and pelvic viscera of a female subject, who was in the seventh month of gestation, I have thought it might prove of interest to bring before you to-night some of my notes.

I am more particularly led to do this because the subject was hardened by the injection of formalin. Although we have many accounts of the pregnant abdomen as observed in frozen sections, and in subjects prepared in the ordinary way, as far as I am aware no account has as yet been published of a case in which the viscera had been hardened *in situ* by formalin. The surface marking of the viscera is shown in the first photograph. In it it will be seen that the uterus extends well above the subcostal plane and is inclined to the right side, while the left ovary comes into relation with the anterior abdominal wall immediately above the inter-tuberculous plane and external to the left mid-Poupart plane. Lying just internal to the ovary is the left Fallopian tube. The upper markings represent the lower margin of the liver and of the stomach.

On opening the abdomen, the uterus is found to be not only inclined to the right, but also markedly rotated in its long axis, thus bringing the left ovary and Fallopian tube into the position I have described, while the right ovary and Fallopian tube lie posteriorly in contact with the cæcum. The upper margin of the uterus is at a point about ten inches above the symphysis pubis and is overlapped by the transverse colon and great omentum. The rest of the anterior surface was in contact with the parietes. Posteriorly it was moulded on the cæcum, right kidney, vertebral column, and the terminal part of the ileum. The peritoneum covering the uterus appeared to be of normal thickness. Traced down on the anterior wall it was reflected on to the back of the symphysis about half an inch above its upper margin, the point of reflection corresponding to the upper margin of the bladder. On either side the peritoneum was reflected on to the iliac fossa, this reflection corresponding to the base of the broad ligament. Posteriorly it is reflected on to the rectum at the level of the fifth sacral vertebra. It will be noticed that the posterior reflection is practically unchanged. Anteriorly it at first sight seems to be raised, but on consideration it will be seen that it still keeps its original relation to the uterus and only appears to be raised owing to the hypertrophy of that organ. The bladder does not hypertrophy and is thus left behind. As regards the broad ligaments, it was observed that the tubes lay in close contact with the uterus owing to the opening out of the layers of the ligament. Within the broad ligament the ovarian veins—particularly that on the left side—were found to be enormously dilated.

The greater part of the small intestine was found to the left of the uterus; a small amount extended, however, above the uterus and beneath the transverse meso-colon. The fossa left by the removal of the intestine is shown in one of the photographs.

Passing now to the pelvis we see that contrary to what might have been expected, the pelvic diaphragm is not in any way hypertrophied. Some additional support to the uterus appeared to be given by the obliterated hypogastric arteries. From

the upper and lower margin of these fibrous cords muscular fibres arose and passed on to the antero-lateral aspect of the uterus. These two supports, when viewed as a whole, presented the appearance of a hammock.

The bladder lay in relation to the lower portion of the uterus. It was triangular in shape and contained no urine. The apex was directed upwards, and lay behind the symphysis pubis; the base rested on the anterior wall of the vagina immediately in front of the place where the uterus pierced the anterior vaginal wall. The anterior aspect was convex from side to side and from above downwards, and the posterior aspect was concave and moulded upon the uterus. From the lower portion of the anterior aspect the urethra arose and passed downwards and forwards.

The intra-abdominal portion of the ureter presented the usual relations. That of the right side was obviously exposed to the pressure of the uterus. Crossing the external iliac artery the ureter proceeded downwards in front of the internal iliac artery and gradually passed to the inner side of that vessel, when it turned forwards lying about midway between the pelvic wall and the uterus; it was crossed by the uterine vein and artery, and then turning round the utero-vaginal junction, entered the bladder at each base angle. The right ureter enters the bladder at a point a little below and external to the point where the left ureter enters. The measurements were 26 mm. from the middle line on the left side, and 30 mm. on the right. The right entrance lay at a point 27 mm. below a line drawn from the upper margin of the symphysis to the upper margin of the great sciatic notch, and the left entrance 22 mm. below that line. These measurements give precision to the fact that the bladder shared in this obliquity and in the rotation of the uterus.

The vaginal plexus of veins which drains its blood into the internal iliac vein was enormously dilated. No enlargement of the bulb or clitoris was noticed.

The only other viscera that deserve notice are the kidneys. The upper margin of the right kidney extended to within half an inch of the last rib, and the lower margin to a point one inch above the iliac crest. It presented an upper facet in relation to the liver, and a lower facet in which the uterus rested. Over both facets the fatty capsule had completely disappeared.

The left kidney extended above to a point half an inch above the last rib, and below to a point an inch and a quarter above the iliac crest. Its relations and fatty capsule were normal.

It is thus seen that the right kidney was slightly displaced downwards. Inspection of the viscera seemed to favour the view that this was due to the anterior portion of the liver being hollowed out by the upward pressure of the uterus, and that its posterior part in consequence exerted an increased downward pressure on the kidney.

This displacement downwards, together with the atrophy of the fatty capsule may account for the greater frequency of movable kidney on this side.

Many of these facts agree with what has been previously recorded, while some few differ. I have purposely refrained from comparing my observations with those of others, as to do so would occupy too much of your time.

Burned to Death.

DR. DANFORD THOMAS held an inquest last week on the body of Dr. W. Grady, late of Dunnington Park Road, West End Lane, Hampstead, who was discovered in his room severely burned, and subsequently died at St. Mary's Hospital from shock consequent on the severe injuries received.

PINCE-NEZ IN OPHTHALMIC PRACTICE.

By ROBERT D. JOYCE, F.R.C.S.,

Ophthalmic Surgeon, Richmond Hospital.

WITHIN the last eighteen months a considerable number of persons wearing pince-nez have come under my notice complaining of epiphora or flowing of tears. In some cases two pairs of glasses were in use—pince-nez and ordinary spectacles—and only when the former were in use were the tears troublesome.

At first I supposed this to be due to the fact that, at least in some cases, the pince-nez frame did not sit quite straight on the face, thereby causing the wearer to see obliquely through the glasses. This would cause the lenses to act as cylinders which might produce a condition of irritation in the eyes—an asthenopia from wrong glasses in fact—associated with increased lachrymation.

However, on further investigation of the matter, I found that the trouble was caused by another condition altogether. This was, that the compressing force of the pince-nez dragged the tissues on either side of the nose to such an extent that the lower lid was actually pulled away out of position, and no longer lay up in close contact with the bulbar conjunctiva. The displacement of the lid with, of course, the inferior punctum, was small in amount, only about 0.2 or 0.3 mm., and thus easily escaped detection, all the more so as it has to be looked for while the glasses are on the patient's face. But even this small amount of eversion, this ectropion, is amply sufficient to cause the epiphora.

This is a very important matter, as such an eversion of the lid, present at first only when the pince-nez is actually on the face, will become permanent in a short time, and set going all the troubles associated with ectropion.

The surgeon, for the patient's sake as well as for his own protection, should guard against this by closely examining the pince-nez while on the patient's face, as this is a matter which the optician can hardly be expected to know much about. For if the epiphora is set up by wearing the glasses, the patient will very naturally conclude that the lenses are "wrong," and will thus associate the surgeon, rather than the optician, with the fault.

In a large proportion of cases, pince-nez will sit well on the face, and be a "good" fit as far as the optician is concerned; but in a certain number of these, they are really unsuitable and injurious for the above reason.

The surgeon should see the frame on the patient, if possible before the lenses are fitted into it, and also see that the spring is as weak as is compatible with steadiness. Some few cases will be noticed in which it is not possible to fit with pince-nez without causing this ectropion.

Paris Clinical Lectures.

TREATMENT OF CROUP.

By DR. RENAULT,

Professor at the Faculty of Medicine of Paris.

IN cases of so-called croup we must observe the same rules as for diphtheria, at any rate so far as concerns injections of serum. I may remind you that, as far as the serum itself is concerned, we need not trouble ourselves about the more or less clearness of the liquid, but we must always be careful to remark its odour, rejecting all serum with a pronounced disagreeable odour. In the case of children

you should make the injection in the flank, as there the cellular tissue is sufficiently lax to admit a large quantity of serum without causing undue pain. It is best to use the syringe of Roux or of Debove, which has the advantage of being easily sterilised. This syringe is furnished with a rubber tube which is of some importance, because if the child struggles and cannot be kept quiet, the tube being mobile, the needle once inserted under the skin remains fixed in position and you can proceed without hindrance. Before using it you will, of course, boil your instrument, but I would suggest that you should see that it works all right before the sterilising process, because it is annoying to find after all your trouble that the instrument does not work. These preliminary steps having been taken to give satisfaction, you next proceed to thoroughly cleanse the skin. For this purpose we employ a solution of perchloride of mercury, carbolic acid, or simply boiled water and soap.

The injection should be made slowly, so as not to distend too rapidly the cellular tissue. When terminated a piece of cotton-wool dipped in collodion and a bandage are all that is necessary.

A word as regards the quantity of serum to be injected. In the first place I would advise you to pay more attention to the opportune moment of the injection than to the quantity of the liquid you elect to use. It must be remembered that the various little accidents imputed to the serum are the same with small as with large quantities. Cases of death have been attributed to the serum, but in reality they were not due to this agent. You may, however, meet with cases in which, after the injection, the temperature has run up and the general condition of the patient has seemed to become worse, but after a few hours the temperature falls and the malady follows the usual course.

As regards the quantity of serum to be used, you should inject as many times as may be necessary to bring about an improvement in the symptoms: the temperature, the state of the pulse, the extent of the false membranes and the condition of the glands, &c. But in the case of croup a larger injection must be made than in that of ordinary diphtheria, so as to be sure that a sufficient dose has been given. If, for instance, you give ten c.c. in diphtheria, you can return a few hours later to see if the false membranes have diminished, and, if not, you can repeat the injection. You have, in fact, plenty of time before you. Whereas in croup there is immediate danger, asphyxia by laryngeal obstruction being imminent, consequently a large dose must be given forthwith. I recommend for a child under five years twenty grammes (3vj), and over that age thirty grammes (3j). In diphtheria you will only inject at the outset 10 to 20 grammes respectively. When you return to see the child you will repeat the injection, but at half the dose, and repeat it as many times as may be necessary.

If the attack of croup is not very acute, if there be no abdominal suction nor attacks of suffocation, nothing is required beyond the injections. But if those complications be present, the question of intubation or tracheotomy presents itself. Simple or intermittent abdominal retraction does not, however, render the use of the tube absolutely necessary. You must be guided by the condition of the little patient. If he is obviously exhausted by the labour of respiration, that is to say, if he is in a somnolent condition, if his pulse has become extremely rapid, if his face becomes a little cyanosed showing that the heart is failing, then you will have to act promptly and not delay, as otherwise the child may succumb before your next visit.

And now as to the choice of operation. Both in-

tubation and tracheotomy have their special advantages. Those of intubation are obviously that of not entailing a cutaneous wound followed by a cicatrix, which, in young girls at any rate, is unsightly. It has been urged that tracheotomy, moreover, is not a bloodless operation, but the two or three drachms of blood that a child loses during this operation can never be of much importance.

You must base your choice on the necessities of the after-treatment. In the case of tracheotomy a capable person must be put in charge to change the inner canula; as to the outer canula, you must change it yourself every twenty-four hours. With the tube, on the contrary, the instrument may get blocked suddenly or gradually, and in such case it must be withdrawn and reinserted, a manoeuvre which the medical attendant alone can carry out. The only reason which seems to militate in favour of the tube versus tracheotomy is the place where you have to perform the operation. If at the hospital you will probably give the preference to intubation, and in forty-eight hours you will remove it, the treatment being at an end; whereas after tracheotomy a fortnight or more may be necessary, and a tear remains. Be that as it may, one thing is certain: where the tube is employed you will have to keep the patient under close personal observation, either by yourself or your assistant; whereas in the other, any intelligent person can keep the canula free. The complications of diphtheria are of two kinds: paralysis of the fauces and myocarditis. They make their appearance usually towards the third week. Fortunately the former is not very serious, but the latter, or paralysis of the heart, is of greater significance, for in seven or eight days the child may recover or die.

The paralysis of the throat will get well without any treatment, but as the parents might attribute your abstaining from prescribing to ignorance, you will do well to order a few drops of tincture of nuxvomica. For the myocarditis you will keep the child in bed for at least three weeks, so as to secure rest for the heart. All emotion must be avoided and a milk diet prescribed, with counter irritation over the heart and stimulants given: syrup of ether, Hoffmann's anodyne, subcutaneous injections of caffeine, &c.

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF ANATOMY AND PHYSIOLOGY.

MEETING HELD AT THE ROYAL COLLEGE OF SURGEONS,
ON FRIDAY, JAN. 31st, 1902.

Professor CUNNINGHAM, the President of the Section,
in the Chair.

ON taking the chair, the PRESIDENT thanked the Section for his election. He then briefly reviewed the work done by its members during the nineteen years of its existence, work which reflected great credit on the Section both for thoroughness and originality. It seemed to him to have been marked by three great waves, which he would take the liberty of naming—the morphological wave, the cerebral wave, and the visceral wave. One of the first papers produced at the Section, and he thought the first printed, was that very excellent contribution of Mr. Abraham on the frequency with which the *musculus sternalis* was found in encephalous fetuses. The paper was the outcome of intimate knowledge of human and comparative anatomy and accurate observation. Throughout Europe it awakened interest, and by that single paper the Section at once became the centre of interest to all anatomists. Discussions throughout the world's medical schools took place on the subject, and the views of the Dublin school

were opposed strongly; but he was glad to say that the two papers of Eisler, of Berlin, and Wilson, of Melbourne, support the views put forward by Mr. Abraham in that room. The cerebral wave was created by the remarkably beautiful exhibition of cerebral photographs prepared by Professor Fraser. For their general usefulness and beauty of finish they have never been excelled. Professor Fraser has also been engaged on the study of the topography of the sinuses of the cranium, and his work in this direction has become a necessity, not alone to the anatomist, but also to the practical surgeon. Under his (Professor Fraser's) hands the cerebral wave had attained its highest point. The visceral wave included the splendid work done by Professor Symington, of Belfast, and that of Professors Fraser, Birmingham, and others. He hoped the Section would continue to do good work, and he thought the younger men might produce a collective investigation report. The production of such demanded hard work, constant work—the enthusiasm of youth.

Professor Symington having been called to the chair, Professor CUNNINGHAM read a paper on "The Inferior Parietal Lobule." It had become the practice of a considerable number of Continental anatomists to form an opinion of the sex, race, intelligence, and capability of the individual from an examination of the inferior portion of the parietal lobe of the cerebrum. He could not accept these views, although they were supported by a considerable amount of ability, and by the exhibition of a series of cerebral specimens of comparative anatomy and the cerebra of human beings—knaves, fools, and philosophers. (Here a number of screen pictures were shown.) A theory put forward and supported by Retzius, Guzman, Hausman and Euge could not be lightly thrust aside without consideration, and it is to be borne in mind that the inferior lobule is late in development in the human being, and may fairly be considered as engaged in the higher function of cerebration; withal he is driven to a diametrically opposite conclusion. In a certain series of brains specially prepared to show the development of this lobule from those of the foetus to those of advanced life, he cannot see in many of them that the higher intellectual powers have always been associated with a larger and more complex gyrated lobule. Professor Cunningham exhibited a series of screen pictures of cerebra in support of his views.

Prof. COFFEY said he considered Prof. Cunningham's demonstrations of the surface anatomy of the inferior parietal convolutions a most interesting supplement to Flechsig's work on the development of association fibres in the same area. How far such an area could be termed a place of intellectual operations in the brain depended very much upon the exact signification to be attached to the term intellectual. Intellect itself, he thought, was a question of capacities not necessarily associated with any area, but deriving the matter upon which it emanated, and through which it manifested its activities, from both the primary sense areas and the association centres alike. He thought that the slides shown bore out his view that these so-called intellectual areas in reality had to do with the conscious functions which were intermediate, so to speak, between primary sense representations in the brain and the higher psychical capacities. The latter had no place representation whatever.

Professor FRASER cannot look on the brain in the same way. The mere surface scratching on the outside of the sac conveys nothing to him. A smooth brain has got all its lobes. The brain of a fanatic is quite as complicated as that of a mathematician; and the man in the street may have a brain as complicated as the ablest.

Professor SYMINGTON was very glad to hear Professor Fraser's remarks, his statements conveyed a great deal of truth, they knew very little as yet of localisation of function. But he cannot go the whole way with Professor Fraser, the human brain has a differentiation of function which is not to be found in that of fishes. Like Professor Cunningham, he is doubtful of the localisation of special intellectual ability in the inferior

lobule of the parietal lobe. He is thankful to Professor Cunningham for having brought the matter forward, and with him he agrees that the better developed brain is possessed by the highly civilised.

Professor CUNNINGHAM thanked them for the interesting discussion his paper elicited, and he felt it due to Professor Fraser to say that with a great deal of what he said he fully agreed.

Dr. ALLWORTHY's paper on

CONGENITAL MALFORMATION OF THE HANDS.

was, in the absence of the author, read by the Secretary of the Section.

The photograph and radiograph taken by Dr. Allworthy are of a man's hands, *æt.* 30, who was a seven months' twin. All the bones of the middle finger are absent in the right hand. The first phalanx of the left index finger evidently developed across the palm of the hand, as shown in the radiograph, and its pressure wedged the bones of the second and third fingers into each other, so that they became united.

Professor COFFEY then read his paper.

MICROSCOPICAL PREPARATIONS OF CERTAIN "NERVE ENDINGS IN THE AUDITORY TRACT,"

with a series of microscopic preparations.

Professor Coffey demonstrated the three typical forms of endings of the cochlear nerve in the *pons cerebri*, calyces, tree-root endings and encapsulating fibres. The specimens were stained after the manner of Cajal, of Madrid, and Wehl, of Leipzig.

Professor FRASER did not think the dark staining satisfactory. One never felt certain that he was looking at nerve fibre, as the finer vessels simulated fibres. He preferred copper staining, it gave a clearer better view of the fibres, but it did not keep for more than forty-eight hours. The splitting of the fibres into ascending and descending fibres he had recognised and demonstrated as far back as 1886.

Professor CUNNINGHAM feared that few of them had worked much on nerve endings, and he congratulated Professor Coffey on his excellent paper and beautiful exhibits.

Professor BIRMINGHAM read a note on

STOMACH CHAMBER.

About two years ago, in a paper contributed to the *Journal of Anatomy* he introduced the terms "stomach chamber" and "stomach bed." For these he had to encounter a good deal of quizzing, but he thought the terms helpful and stuck to them. It was his object tonight to make plain to the Section that there is a "stomach chamber" and a "stomach bed," for this purpose he brought a specimen hardened *in situ* by formalin and gelatin. The anterior abdominal wall having been removed, the stomach which was distended and hardened, and had been cut free at both extremities was lifted out showing a distinct chamber, bounded superiorly by the diaphragm, and inferiorly by the small intestines, pancreas, upper extremity of the kidney, and transverse mesocolon. This chamber, the viscous fills when distended; when in a condition of contraction, a portion of the colon presses up in front of the viscous into the chamber. In the healthy male adult, he finds that the stomach projects downwards, at an angle of 45°, inwards and forwards. When distended its pyloric extremity tilts upwards, and its oesophageal opening is not directly on its lesser curvature, but opens on the anterior surface. Tight-lacing displaces the viscous and alters its relations. A contracted stomach may easily be mistaken for a portion of intestine.

Professor SYMINGTON quite agreed with Professor Birmingham that the stomach projects forwards and downwards, and that it does not in the adult hang vertically, as might be seen from his article on the stomach in "Quain's Anatomy." But he cannot see any advantage in the term "stomach bed" or "stomach chamber." He heartily congratulated Professor Birmingham on his demonstration.

Professor CUNNINGHAM agreed with Professor Birmingham that the titles "stomach bed" and "stomach chamber" were useful and helpful. The transverse

mesocolon does divide the abdominal cavity into a gastric and an intestinal region.

Dr. T. G. MOOREHEAD read notes on the abdominal and pelvic viscera in a case of advanced pregnancy.

The specimen was hardened *in situ* by the formalin process and photographed. The subject had reached the seventh month of pregnancy, and it was, probably, the first occasion of such a specimen being photographed for exhibition. The uterus extended well up into the abdomen and inclined to the right side, the left ovary came in contact with the anterior abdominal wall. The uterus was also rotated on its long axis, which brought the right ovary in contact with the cæcum. The upper margin of the uterus lies at a point two inches above the symphysis pubis, and is overlapped by the transverse colon and great omentum.

Professors Cunningham, Symington, Fraser, and Birmingham congratulated Dr. Moorhead on his unique and splendid specimen, and the excellence of his paper, which left nothing to be added to its fulness.

Professor FRASER exhibited the abdominal cavity of a female subject between 50 and 60 years of age, obtained in the dissecting room, in which the descending limb of the early umbilical loop had neither turned to the left nor adhered to the posterior abdominal wall. The colic or ascending limb, however, turned to the right passing across the front of the second portion of the duodenum and to its usual position in the right iliac fossa, and had adhered to the posterior abdominal wall along its whole length in the usual manner. This condition resulted in the duodenum lying wholly to the right side and being formed by only its first ascending and its second or descending portion, the transverse and terminal ascending as well as the duodeno-jejunal flexure being absent. The coils of the jejunum lay to the right and behind the mesenterium commune, being in this way concealed from view on turning up the first omentum and transverse colon. The coils of the ileum lay to the left and in the pelvic cavity. On turning the coils of the ileum upward, the finger could be placed on the origin of the superior mesenteric artery from the aorta which ran freely out in the mesenterium commune.

Owing to the lateness of the hour remaining papers were taken as read.

OBSTETRICAL SOCIETY OF LONDON.

MEETING HELD WEDNESDAY, FEBRUARY 5TH, 1902.

PETER HORROCKS, M.D., President, in the Chair.

SPECIMENS.

Dr. AMAND ROUTH showed (1) an ovarian dermoid removed by posterior colpotomy. He raised the question whether ligatures on the pedicle should be left long as in vaginal hysterectomy, and whether the peritoneal opening should be sutured. (2) A uterus removed by supra-vaginal hysterectomy at the end of 8½ months of pregnancy on account of a large fibroid tumour impacted and adherent in the pelvis.

The PRESIDENT said that for some years he had not used ligatures for vaginal hysterectomy, but forceps; he did not suture the peritoneal opening, but left in a plug of gauze. It was now, he thought, generally agreed that it was better not to close the vaginal vault. It did not seem to him advisable to remove a dermoid through the vagina if it required tapping; for dermoid contents were very irritating to the peritoneal cavity, much more so than the contents of ordinary ovarian tumours. He had not been able to demonstrate the presence of any micro-organism in dermoids, but had found the margins of the abdominal wound in a condition of intense irritation when they had been contaminated by dermoid contents.

Dr. CHAMPNEYS said that he was much opposed to the closing of the vaginal vault. Like the President, he had discarded the ligature in vaginal hysterectomy; and in the case of the removal of cysts by posterior colpotomy he had adopted the plan of avoiding the ligature and of placing forceps on the pedicle. There was then nothing left to come away, and the forceps made an excellent drain. He thought that Dr. Routh

had adopted the right treatment in his second case; it made all the difference whether a fibroid was attached to the anterior or the posterior wall of the uterus. If in the anterior wall it could often be pushed up, or even became spontaneously pulled up; but a relatively small fibroid in the posterior wall might cause considerable obstruction.

Dr. HERMAN thought it was disadvantageous to take away such a tumour as a dermoid through the vagina. One thing against it was that the pedicle had to be drawn down so tight that it was difficult to make sure that the ligature would not slip. He did not see the advantage of draining if the case was aseptic, nor did he see any drawback in the ligatures under these circumstances.

Dr. ROUTH, in reply, said that he thought that a forceps on the broad ligament in removing a cyst was rather unsurgical. With regard to tension on the pedicle while tying it, this could be minimised by the plan which he always adopted when possible, namely, by retroverting the uterus so that the ligature could then be applied with ease.

Mr. J. BLAND-SUTTON showed (1) a pregnant tube diagnosed before rupture; the main point of interest was the large size the tube had attained without giving way. (2) A specimen from a case of tubal abortion. The patient was æt. 32, and had had one child eleven years previously. Menstruation was regular till July 5th of last year, when she missed. Five days later she went for a bicycle ride, and had a sharp attack of collapse. From reading about the symptoms she came to the conclusion that she had a tubal pregnancy. Nevertheless she went for another ride, and had another attack of collapse. On seeing her, he came to the conclusion that her diagnosis was correct, and he operated. A quantity of free blood was found in the pelvis. In the ampulla of the tube was a large clot, which was not the mole. Fragments of placenta were, however, found entangled in a mass of clot hanging from the end of the tube.

Dr. HERMAN asked whether there was any special clinical history in the first case, for the layers of clot were of a different colour suggesting the occurrence of a succession of hæmorrhages.

Dr. LOCKYER asked whether it was not unusual to find such a large amniotic cavity as was present in the first case?

Dr. ROUTH asked whether Mr. Bland-Sutton could say why the amniotic cavity was always so much larger in the uterine than in the tubal mole; and also why a hydatid mole was never found in the tube?

Mr. BLAND-SUTTON, replying, said that he thought he remembered seeing a case recorded of a hydatid mole in a tube, and it was reported that the patient developed a deciduoma malignum in the tube later on. He had not seen a case himself. In reply to Dr. Herman's question, there was more pain in his first case than in almost any other case he had known; it might have been due to the repeated hæmorrhages. He did not know any reason for the smaller size of the amniotic cavity in tubal moles.

ANNUAL MEETING.

The Reports of the Treasurer, Honorary Librarian, and Chairman of the Board for the Examination of Midwives were read and adopted.

The PRESIDENT then delivered the Annual Address, in which he referred to the proposed alterations in the laws, and reviewed briefly the work of the previous year.

A vote of thanks to the President for his address was carried by acclamation.

The officers nominated by the Council for 1902 were pronounced duly elected as follows:—

President: Peter Horrocks, M.D. Vice-Presidents: John W. Byers, M.A., M.D. (Belfast); Edward Malins, M.D. (Birmingham); John Phillips, M.A., M.D.; *Herbert R. Spencer, M.D. Treasurer: *Francis Henry Champneys, M.A., M.D. Chairman of the Board for the examination of midwives: W. R. Dakin, M.D. Honorary Secretaries: Amand Routh, M.D.; *Montagu Handfield-Jones, M.D. Honorary librarian: *Robert Boxal

M.D. Other Members of Council:—*Comyns Berkeley, M.B., B.C.; Henry Briggs, M.B. (Liverpool); Thomas Vincent Dickenson, M.D.; Charles Owen Fowler, M.D.; *Charles Arthur Goulet; Walter Spencer Anderson Griffith, M.D.; *David Berry Hart, M.D. (Edinburgh); *Arthur Corrie Keep, M.D., C.M. Edin.; Arthur H. N. Lewers, M.D.; Thomas Robert Lombe, M.D. (Torquay); *William Rivers Pollock, M.B., B.C.; *Harry Campbell Pope, M.D.; *Edward Reynolds Ray; William London Reid M.D. (Glasgow); William Japp Sinclair, M.D. (Manchester); *Thomas George Stevens, M.D.; *Francis T. Taylor, M.B.; John William Taylor, F.R.C.S. (Birmingham). Those gentlemen to whose name an asterisk is prefixed were not on the Council, or did not fill the same office last year.

The following alterations in the laws were proposed by the Council and adopted by the meeting:—

Chap. I., Sec. 3.—Instead of "All medical men, possessing a qualification registrable in the United Kingdom, shall be eligible for election as ordinary Fellows of the Society," read "All medical practitioners possessing a qualification registrable in the United Kingdom shall be eligible for election as ordinary Fellows of the Society."

Chap. XVI., Sec. 7.—Instead of "All papers read before the Society shall be considered the property of the Society. If published elsewhere they shall not appear in the 'Transactions.' Papers rejected for the 'Transactions' shall be returned to the authors, and shall no longer be considered the property of the Society," read "All papers read before the Society shall be considered the property of the Society; but authors of papers accepted for reading before the Society are at liberty to publish them in any scientific periodical after they have been read, provided that acknowledgment of the fact of their having been read before the Society is made in such periodical."

LIVERPOOL MEDICAL INSTITUTION.

MEETING HELD JAN. 30TH, 1902.

MR. RUSHTON PARKER, President, in the Chair.

GALL-STONES WITH CHRONIC INTESTINAL OBSTRUCTION.—Dr. A. C. WILSON described a case in which many diagnoses had been given by various physicians in Liverpool and London. Eventually an exploratory operation revealed gall-stones in the gall-bladder and duct, which were removed, also a curious mass in the intestine which was not dealt with.

MR. R. W. MURRAY described the operation he had performed in Dr. Wilson's case. He believed the lump in the intestine to be an impacted gall-stone. In order to deal satisfactorily with this, he thought it would be necessary to short circuit the gut, and would not advise further operation unless the suffering of the patient became unbearable.

The President, Dr. Macfie Campbell, and Dr. Gill commented upon the case, and Dr. WILSON replied.

INTESTINAL ANASTOMOSIS.—MR. R. W. MURRAY exhibited a boy, *æt.* 13, upon whom he had operated for an artificial anus in connection with the small intestine, complicated with considerable prolapse of the gut. Three years previously the boy had been operated upon for intestinal obstruction, a portion of the small intestine, probably about three feet from the ileo-cæcal valve being brought to the surface and opened. Prolapse of the bowel resulted, and for three years all faecal matter escaped from this opening in the small intestine. When first seen by Mr. Murray in May last the child's condition was pitiable; he was wasted, anæmic and carried his prolapsed gut in a bag attached to his waist. In July Mr. Murray opened the abdomen, and attached the working end of the small bowel to the transverse colon, end to end. The large gut was much collapsed, and as it had been lying fallow for three years there was some doubt as to whether it would resume its function. The result, however, was very satisfactory, the bowels acting naturally forty-eight hours after the operation. The general health and comfort of the patient have greatly improved, although there is still a

portion of unused bowel prolapsing from the original wound.

THE PHYSICS OF THE MITRAL REGURGITANT MURMUR.—Dr. BRADSHAW said that hitherto no thoroughly satisfactory explanation was forthcoming of the fact that the murmur was heard most plainly at the apex of the left ventricle. He suggested that it was brought about in the following way:—The fluid vein in the left auricle set up sonorous vibrations in the still parts of the blood behind the mitral valve. The valve being a thin membrane capable of vibrating, transmitted these vibrations to the blood in the ventricle, which conducted them to the apex, the part nearest the chest wall. He was making experiments with models to ascertain how far this kind of transmission was possible, but so far he had not succeeded in exactly reproducing the conditions artificially, as the construction of such a model involved considerable mechanical difficulties.

Dr. Barr spoke, and Dr. BRADSHAW replied.

Dr. STOPFORD TAYLOR read a paper on the

TREATMENT OF CANCEROUS AFFECTIONS OF THE SKIN BY MEANS OF THE X-RAYS,

illustrating his remarks by lantern slides and patients. Case 1.—Rodent ulcer involving right side of nose, lachrymal canals and eyelids, in patient, *æt.* 82. Case 2.—Rodent ulcer on left cheek, implicating outer canthus and eyelids, in patient, *æt.* 64. Case 3.—Epithelioma or lupus erythematosus affecting the whole surface of the nose in patient, *æt.* 59. Microscopical confirmation of diagnosis. Treated by scraping, followed by X-ray applications. Case 4.—Large rodent of left side of scalp and pericranium in patient, *æt.* 78. The foregoing cases were of such a nature as to be beyond operative interference, or relief by any other known method. The treatment in the first three cases resulted in complete healing of the ulcerated surfaces, with the formation of the most perfect scar tissue, and disappearance of all traces of disease. In the fourth case as the pericranium was involved, only partial healing took place, but the wearying pain which usually attends rodent ulceration was much relieved. As a result of the treatment, Dr. Stopford Taylor arrived at the following conclusions: 1, That the rays were especially indicated in all inoperable cases of cancer of the skin; 2, that the best results were obtained when the disease was confined entirely to the soft part; 3, that owing to the complete relief of pain, and a superior cosmetic result obtained patients too readily assumed that they were well, and neglected to attend, and thence recurrence might occur from failure to complete treatment, and 4, that the use of X-rays was no obstacle, but a valuable aid to the other methods.

MR. ARTHUR WALKER thought the action of the X-rays on rodent ulcer was not due to their escharotic power, but to some influence which, as it were, turned the scale of growth in favour of the healthy tissues, thereby enabling them to destroy and absorb the malignant cells. In cases treated by the X-rays at the Northern Hospital he had noticed that the rolled edge remained in the skin after the ulcer had healed, and then gradually disappeared, and in one case in particular, of recurrence in which further operation was refused, the skin was never broken, but the new growth slowly became absorbed under the influence of the rays.

Dr. GULLAN congratulated Dr. Stopford Taylor on the cases, and noted especially the excellent supple character of the skin, and the splendid condition of the scar tissue.

The President, Drs. Alexander, Leslie Roberts, and Mr. Newbolt spoke, and Dr. STOPFORD TAYLOR replied.

NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

THE December and January meetings of this Society were, according to custom, held in Manchester, and the last meeting for 1901 was the occasion of a particularly interesting Presidential Address by Dr. GRIMSDALE, of Liverpool. His subject was—

PROGRESS IN SURGICAL METHODS,

and his treatment of it was of interest not only

to gynaecologists, but to all surgeons. Progress in surgical methods was regarded as having seen three stages or periods:—(1) The pre-antiseptic or open method period; (2) the antiseptic or drainage-tube period; and (3) the aseptic or period of complete closure. In the first period suppuration was thought inevitable, and wounds were left open. In the second suppuration was expected, and a vent was left for the exit of pus. In the third the presence of suppuration denotes failure; it is not expected, and wounds are completely closed. Dr. Grimsdale illustrated the first period by references to the work of Alanson at Liverpool, about 100 years ago, and he quoted some of that writer's "Observations on Hospital Management," which show the genius of the man and the difficulties which surrounded the surgeon of those days. Many of his suggested regulations might have been written to-day. Others are more primitive. For instance, "Let the nurse of each ward be liable to a fine if some of the windows of her ward are not kept open during a stated number of hours every day," and "Let the nurses see that every patient's hands and face are washed every morning, and their feet once a week." The main feature is the importance attached by Alanson to the part played by the air in spreading infection. We think less of the air and more of the hands—we think less of infection and more of contagion. This is really the chief difference between the work of the present and that of 100 years ago. In the next, or antiseptic stage, "wounds were douched and swilled with antiseptics, and sometimes filled up with iodoform. In the aseptic method there is nothing put into the wound to irritate it or to help it to heal; the object is to keep out all that is detrimental to healing." The advance from the second to the third stage is marked and measured by the ease of recovery after operations. Dr. Grimsdale now uses no antiseptics whatever during operations, and the dressings are sterile, not antiseptic. The skin of the patient and the hands of the operator are prepared with antiseptics which are then put aside. His results were displayed by two composite charts. One chart compares the mean pulse curve obtained by combining the pulse curves of forty patients who had abdominal sections performed under antiseptics with the combined pulse curve after forty sections performed without antiseptics. The "aseptic" curve shows a distinctly better and more even recovery than the "antiseptic" curve. The other chart deals with "aseptic" and "antiseptic" temperature curves from the same eighty patients, and also demonstrates a less febrile recovery in the cases in which no antiseptics were used. In making the composite charts, the records of the forty individual charts of each series were added together and divided by forty, to give the mean. There were two observations daily for three days before and a week after operation. Apart from these plain results, there was less pain, less flatulence, and greater general comfort in the aseptic than in the antiseptic series. It is to be hoped that Dr. Grimsdale's address may lead many to be content with cleaning their hands and boiling their instruments, and to refrain from irritating their wounds with antiseptic lotions and dressings. The Presidential Chair of the Society will be filled for the present year by that genial and popular Manchester member, Dr. Sam Buckley. The Secretaryship remains for the present at Leeds, in the efficient hands of Dr. E. O. Croft.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY. MEETING HELD JAN. 30TH, 1902.

The President, Dr. C. H. WILLEY, in the Chair.

DR. BURGESS showed a young woman with bifid uvula and greatly hypertrophied false cords. The true cords looked like folds of mucous membrane, and the voice was produced by the false cords. The patient's mother had a cleft palate.

Dr. BURGESS also read notes (1) of a case of ataxic paraplegia, due apparently to lead poisoning; (2) a severe case of transverse acute myelitis in which the legs were flaccid, the knee-jerks absent, and there was

complete loss of power and sensation for over a fortnight. The patient was able to walk out of the hospital two months after the onset of the illness.

Mr. PRY-SMITH showed a boy, *æt.* 14, on whom he had performed Peters's operation of extra-peritoneal transplantation of the ureters into the rectum, for congenital extroversion of the bladder. Rectal tolerance of urine had been soon established, and the boy's condition had been greatly improved during the four months that had elapsed since the operation.

Dr. PORTER showed specimen of cerebral tumour, and read notes of the case.

Dr. A. J. HALL read a paper on "The Varieties of the Ringworm Fungus, their Clinical, Cultural, and Microscopical Characteristics, with some Observations as to their Distribution in the Sheffield District." The paper was illustrated by numerous microscopical preparations, cultures, photographs, &c.

Lunacy Department.

LUNACY IN LANCASHIRE.

THE new asylum erected by the Lancashire Asylums Board at Winwick has now been formally opened, and the patients will be drafted there without delay at the rate of 100 per week. It will meet a badly felt want, for the accommodation both at Whittingham and Prestwich has been in a congested state, and it will relieve the pressure for accommodation which has unfortunately prevailed for some time. Winwick Asylum, which is chiefly intended for chronic cases, provides accommodation for 2,000 patients, 1,000 of each sex, and also accommodation for the necessary medical and ordinary staff. Ample provision has, therefore, been apparently made for the insane poor of Lancashire for some time to come. This new asylum has been erected on the pavilion system, the administrative block being in the centre and the different wards on each side connected by corridors. The site, formerly known as Winwick Park, cost £21,000. The total sum already expended, exclusive of furniture, reaches £382,955, but after the asylum has been completed and fully equipped, it is expected these figures will be increased to £400,000, or £200 per head, a fairly moderate sum. Ornamentation has been almost dispensed with; electric lighting has been installed throughout, and the necessary machinery is driven by electric motors. Such conditions now exist in many asylums, and this provides abundant proof of their efficiency. A church capable of seating a congregation of 800 has been built in the grounds and twelve cottages, and two lodges have also been erected. The Committee are to be congratulated on the satisfactory result of their labours, and they have wisely kept in view some essential points in the construction of an asylum, which are apt to be overlooked, *viz.*, efficiency and stability, coupled with economy.

SCARLET FEVER AT HEREFORD COUNTY ASYLUM.

THE medical superintendent has furnished a Hereford Times reporter with a detailed account of a serious outbreak of scarlet fever at Burghill Asylum. In describing the outbreak, the origin of which they have unfortunately failed to trace, he says several cases of sore throat occurred, and subsequently, symptoms of scarlatina developed. Ten nurses and three female patients have in all been affected, but a great number of sore throats of an infectious character have been prevalent among the patients for the last two months, and these he considers, as probably being technically mild cases of scarlet fever. It is satisfactory to learn no deaths have resulted. One mild case of typhoid also cropped up, but happily it did not spread. The entire absence of means of isolation, the only protection in such cases, is a most regrettable fact and must have seriously handicapped the officials in contending with the disease. The committee have had under their consideration many times, the necessity of providing an isolation hospital, but notwithstanding, this most important matter has always been put aside, other pressing questions receiving attention. The folly of delay has surely now been clearly brought

home to them and we hope that definite steps will be immediately, if not already taken, to provide a separate hospital, without which an asylum cannot be considered complete.

ASYLUM REPORTS (continued).

FIFE AND KINROSS DISTRICT.

This is a very full report, and there are evidences of able and enthusiastic management. The admissions numbered 122—11 per cent. less than last year—and of these 39.3 per cent. recovered. Six female private patients were in residence, but no males of this class are received. In twenty cases the cause of insanity was assigned to intemperance in alcohol. The death-rate was 7.8 per cent. on the average number resident. Death in ten instances was due to forms of tuberculous disease. Unfortunately, one suicide occurred, but accidents will happen despite the amount of care exercised. The farm account shows the satisfactory surplus of £528. The average rate of board during the year was £27, and the cost of maintenance £26 8s. 9d. There is a call for extension of the accommodation, and the Board are wisely considering the question. The arrangement of supplying the necessary butcher meat direct from the farm has been found quite practicable, while the supply, on the whole, is better. A man who had been in the asylum for many years, and who had not been visited by strangers or apparently exposed in any way to infection, developed measles. The occurrence of a solitary case of measles is certainly a strange and interesting episode. Dr. Turnbull says the system of providing houses for members of the staff is of great advantage in promoting its stability, and in retaining the services of experienced and trustworthy attendants. Verily these are sage remarks, exactly expressing our sentiments, and we have often advocated the adoption of that system. An interesting and novel feature in this report is a table illustrating the weight on admission and discharge, form of insanity, age, and length of residence of those recovered. The Commissioners' reports are very satisfactory. The doors on the female side, with one exception, were all found to be unlocked, and on the male side the same freedom prevailed, with the exception of some parts of the main building.

ATB DISTRICT.

The number admitted during the year was 134, 105 discharged, and 53 died, leaving 219 males and 260 females in residence. Among the admissions was a girl suffering from typhoid fever. The recovery and death-rates were both high—53.3 and 10.9 per cent. respectively. The changes in the staff of attendants continue somewhat numerous. Dr. Skæe says, "It is difficult to obtain attendants but much more difficult to retain them. The trouble is with the under attendants; they come and go pretty much as they like." This is a very unsatisfactory and regrettable state of affairs, and counteractive methods should be adopted without delay, as the recovery and comfort of the patients are at stake, and new men ever appearing on the scene must be a great source of anxiety to all concerned. The conditions of the service should be improved as much as possible, and we can add our recommendations to that of the Commissioners, that if suitable cottages were erected to enable the men to marry and settle down, a trustworthy and efficient male staff would be secured. The out-door occupation of the patients requires more attention, only a very small percentage of the men being thus employed. The Commissioners who report that the asylum throughout was found in excellent order, rightly recommend the installation of electric light, which the Board should favourably consider, if they want to keep abreast of the times. There is, strange to say, no table showing the probable cause of insanity. Phthisis as a cause of death appears in eleven cases—20 per cent.

GOVAN DISTRICT.

The changes in the population have been excessive; 240 admissions, 207 discharges, and 75 deaths. The recovery rate is satisfactory, 44.5 per cent., but the death-rate, 16.6 per cent. on the average daily number

resident, is exceptionally high; in fact, it is the highest we have yet had to record. Of the causes of insanity, 19 per cent. are attributed to drink. We are pleased to note the employment of the patients receives careful attention. The Commissioners' reports are very satisfactory. At a recent meeting the Council resolved to take into consideration the question of providing an observation ward for the treatment of cases arising through the abuse of alcohol. It was explained that such a ward would save many from the stigma of having been committed to a lunatic asylum.

DUNDEE ROYAL.

Various legacies have been intimated to the Institution during the year. The working account shows a deficiency of £856. 125 patients have been admitted, 77 discharged, and 38 died. The advanced age of many of the patients admitted is remarkable, 12 being over 67 years. The proportion of recoveries is 34.4 per cent., while that of the deaths, calculated on the total number under treatment, is 7.1 per cent. The chief event of the year was the erection and completion of a new private asylum. The changes in the staff continue greater than are desirable. Drink was the probable cause of insanity in 32 cases. There are no Commissioners' reports appended. We would like to see this rectified in future.

MURRAY'S ROYAL (PERTH).

The statement of accounts shows a surplus of £334, and the farm account also shows a surplus of £198. The total number of cases under treatment was 171; 40 were admitted, 29 discharged, and 10 died. The recovery rate is rather low, 35 per cent. on the admissions and the percentage of deaths is 7.5. The changes in the nursing staff have been more numerous than usual, and the difficulty of obtaining suitable men has been greater than for many years past. Great attention appears to be devoted to the training of attendants, not only in the special work of the cure of the insane, but also in such important work as housekeeping and cookery. An endeavour is also made to provide as many as possible of the nurses with a course of training in a general hospital in addition to their asylum experience. It is quite apparent that Dr. Urquhart endeavours by every means to promote the recovery, happiness, and comfort of all the patients. A distinctive feature of this institution is that only private patients are admitted. Owing to the increase in the number resident, and pending the erection of two new villas, the admission of patients depends upon the vacancies occurring from time to time.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, February 9th, 1902.

THE NEW LAW ON PUBLIC HEALTH.

THE Senate has just passed without modification the Bill sent up from the Lower House on the regulation of general sanitary measures relating to the Public Health. The following are the principal provisions of the Bill which will soon become law:—

Art. 1. In every commune the Mayor is required, with a view of protecting the public health to determine the precautions to be taken to prevent or cause to cease transmissible diseases, especially the disinfection or destruction of objects used by the patients or of any object in general that might serve as a vehicle to contagion. To insure the salubrity of houses and their dependencies, especially as regards the service of water supply and sewage.

3. In case of urgency (epidemics or any other imminent danger to the public health) the prefect can order the immediate execution of the measures prescribed by Art. 1.

4. The list of diseases to which the dispositions of

the present law will apply will be drawn up, within the six months after the promulgation of the present law, by a decree of the President of the Republic, rendered conformably to the advice of the Académie de Médecine.

5. The notification to the public authorities of every case of disease mentioned in the above article is obligatory for every doctor or midwife who recognises its existence.

6. Vaccination is obligatory within the first year, and re-vaccination in the course of the eleventh and twenty-first year.

The parents or guardians are responsible for the execution of the above measure.

7. Disinfection is obligatory for every case of disease affected by Art. 4 and the method of disinfection must be approved by the Minister of the Interior, on the advice of the Public Sanitary Committee.

9. When during three consecutive years the number of deaths in a commune exceeds the average mortality of France, the Prefect is held to institute a special inquiry as to the sanitary conditions of the commune, and, if necessary, to appoint measures to remove as far as possible the cause of the excessive mortality, paying particular attention to the supply of good water.

12. When a house in towns of 20,000 or more inhabitants is found dangerous for the health of the occupants or the neighbours, the Mayor or the Prefect will invite the Local Sanitary Committee to give its opinion as to the necessity of forbidding the occupation of a part or of the whole of the house until the conditions of insalubrity have disappeared, and as to the nature of the work to arrive at that end.

14. If the occupants refuse to quit the house they will be liable to a fine, and the Court can order their expulsion at their own cost.

20. Each department will be divided up into sanitary districts, and each of these latter provided with a sanitary committee. The sanitary board of each department will be composed of from ten to fifteen members, comprising three doctors, one chemist, one engineer, one architect, and one veterinary surgeon.

30. Any person or persons who will put any obstacle to the accomplishing of the duties of the Mayor or of the Sanitary Commission will be liable to a fine of from £4 to £20.

34. The present law will not enter into effect until a year after its promulgation.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Feb. 8th, 1902.

THE RESULTS OF GASTRO-ENTEROSTOMY.

We are fairly well acquainted with the immediate results of this operation, but not so well with the later history of cases operated on.

Dr. O. Kaisen, of Breslau, has made an attempt to supply information on the point in an article in the *D. Zeit. f. Chir.*, 61/3 and 4.

Forty-four cases operated on by Kocher, of Bern, before the end of 1899 afford the material for the investigation. Of the cases operated on 15 were for non-malignant disease, and in the remaining 33 the disease was of a cancerous nature. In the first class of cases

anterior gastro-enterostomy was performed in 7 cases the posterior operation in 5, and in 3 the Roux (the Y method) operation was performed. In 10 cases the results were satisfactory, 3 patients complained later of trouble only indirectly connected with the stomach affection; and in two no improvement took place. Of these two a grave continuing anæmia led to a suspicion that the disease was malignant, the other suffered from chronic adhesive peritonitis that caused further disturbances.

In all the cases ending favourably, the parts were alleviated and the condition as to nutrition improved rapidly. The dilatation only rarely underwent any essential improvement, but independently of this, the functional power of the stomach increased.

Bile was frequently observed in the contents of the stomach after the operation, whatever method was employed. Decomposition of the contents however, was only observed twice. One case improved after washing out the stomach, and the other was one of adhesive peritonitis.

In the 33 cancerous cases, the anterior operation was performed 24 times and the posterior 19. Twelve, or 36.3 per cent. died from the operation. The remainder had an existence of from 1 to 12 months with an average duration of 3.6 month.

Decomposed stomach contents were observed 7 times after operation; 5 of these patients died of it; the remaining 2 improved after washing out.

The cause of the complication was probably regurgitation of material from the intestines into the stomach. The mode of operation had no influence on the occurrence or non-occurrence of this backward flow.

In four cases in which rapidity of operation was called for, Murphy's button was used. In three cases it passed away downwards, and in one it was the cause of perforative peritonitis.

On comparing the probable size and mobility of the tumour, as observed before operation, with the condition actually met with at the operation, it was remarkable how untrustworthy such conclusions drawn before operation were, and how frequently tumours were taken to be smaller and more movable than they really were.

Free hydrochloric acid was found in the stomach contents in cases of carcinoma; in two of these the malignant disease was situated on an old ulcer, and in one the disease was probably a primary carcinoma of the pancreas that had extended into the stomach.

At the Medical Society Hr. A. Baginsky held forth on

CHRONIC PERITONITIS

in which recovery had taken place. He reminded his hearers of the cases of probable tuberculous peritonitis that offered no prospect of recovery without operation, but which, as a matter of fact, really did recover later on without surgical interference. The diagnosis of tuberculous peritonitis was certain only after microscopical examination or after successful animal inoculation. In the three cases shown the diagnosis was as clear as clinical observation could make it.

The first case was that of a girl admitted in November, 1900, with a history of a four months' illness and loss of appetite. There were abdominal pains, and the abdomen had steadily increased in circumference. The child had a temperature up to 39°, pleuritic exudation and a good deal of fluid in the abdomen, and was very

ill. Under soft soap rubbing all the symptoms gradually disappeared, the condition improved, and in six weeks she was in a condition to be discharged, greatly improved. She was now well nourished, and there was nothing the matter with the abdomen.

In the second case the diagnosis of tuberculous peritonitis was better supported. In this a child with a temperature of 39° had an abdominal exudation. The soft-soap treatment had a great and visible effect. The fever receded, and the more the fluid was absorbed the plainer were nodules to be felt in the abdomen. These also gradually improved, and the abdomen was now quite clear and the child in good health.

The third case was that of a child suffering from typhoid fever, in the course of which the vomiting was remarkably severe. At the end of three weeks the fever subsided, but suddenly the temperature went up for a short time to 41° C. High fever now came on, and an exudation formed in the abdominal cavity. Here also under the soap inunction both exudation and fever subsided.

He would not go so far as to reject operation in tuberculous peritonitis, but he would certainly exhaust all the methods of internal treatment before operating. For him the most active method of treatment was a continued rubbing with soft or karrel soap (*Schmierseife*).

Hr. Cassel would operate in cases of great prostration after long-continued illness.

Hr. Lassar spoke favourably of the good results he had obtained with soft soap in the treatment of epididymitis with effusion into the surrounding parts. Equal parts of iodide of potassium and green soap were applied to the scrotum, and left on whilst a bath was taken, otherwise the scrotum could not bear it. In struma, not too pronounced, the mixture seemed to be of service.

Hr. Ewald observed that chronic peritonitis was sometimes recovered from whatever treatment employed.

Hr. Senator thought the most effective treatment was rubbing with soft soap. Latterly he had added iodoform vaseline or lard, as otherwise the skin would be irritated too much. The better feeding of a hospital was certainly not the factor that brought about spontaneous recovery, as children of the better classes recovered under the soft soap treatment, although as regarded their feeding nothing more could be wished for.

Hr. Baginsky rubbed in very little pure soft soap, but so thoroughly that it all disappeared, and there was no great irritation of the skin.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Feb. 8th, 1902.

GASTRO-ENTERO-ANASTOMOSIS RETROCOLICA.

At the Gesellschaft der Aerzte, Forok demonstrated a pathological preparation which showed how successfully a gastro-entero-anastomosis retrocolica can be performed, although in the present case the patient survived the operation only eighteen hours. The patient, a female, æt. 53, had suffered from pain in the gastric region for a year and a half, but it was not until January, 1901, that great pain with emaciation and vomiting set in, for which she was admitted to

hospital. She had had two children, and during the gravid state had osteomalacia on both occasions, and in consequence of this the chest was much deformed. In the pyloric region a large, hard, immovable swelling was present.

Laparotomy confirmed the diagnosis of pyloric cancer. The organ was bound round with adhesions which, with the deformity, increased the difficulty of the operation, which was performed after Kocher's method, with a few modifications, viz., the stitching of the bowel into the posterior part of the stomach in such a position that the bile should not pass towards the stomach beyond the orifice of the bowel. The preparation showed how successfully this can be done by simply making a fold in the stomach wall to act as a valve. The whole of the pyloric end of the stomach was carcinomatous.

INTRACRANIAL COMPLICATIONS IN MIDDLE EAR DISEASE.

Frey brought two patients before the Society in whom discharges from the ears had led to very serious complications. The first was a hair dresser, æt. 25, who had suffered from otorrhoea of the left ear from childhood, which became aggravated in February, 1901. A few weeks later the patient complained of headache, vertigo, vomiting, with stiff neck, and later delirium, and high fever followed. Pulse 84. Soon after this he became excited, laughing, speaking loud, and afterwards met with difficulty in finding a word to express himself.

It was decided to open up the middle ear on the left side, when it was found full of granulations and cholesteatomata. After trepanning the tegmen tympani, a patch of dark reddish dura, about the size of a shilling, was observed in the temporal fossa. An incision there was followed by prolapse of the temporal lobe, which seems to have been punctured. Along with it came a large quantity of foul-smelling pus. The prolapsed brain was removed and a tampon of iodoform gauze applied. On the fourth day after the operation the temperature was normal, but a further prolapse took place which was also removed. Fourteen days later the patient was still restless with aphasia and para-aphasic phenomena. In three weeks the disturbances were still more accentuated, the patient being quite unable to multiply numbers. Three months afterwards the wound was quite healed up, and the hearing restored to five metres. The patient appears now to be in fairly good health.

In the second case, a labourer, æt. 26, was suddenly attacked with severe symptoms of meningitis after trepanning of the mastoid—vertigo, vomiting, pain in the head, &c., but no fever. There was throbbing in the left side of the head, which was hyperæsthetic, as well as the whole left side of the body.

An operation was at once performed to relieve tension, but although the temporal lobe and cerebellum were punctured in seven or eight different places no abscess could be discovered. Shortly after this the symptoms were repeated, with right facial paralysis, stiffness of neck, and sensory aphasia. Again, the temporal lobe was punctured with a negative result. On the following day a large quantity of pus made its appearance from an extra-dural abscess, apparently in the temporal region. After this the patient made a perfect recovery.

Both cases point to the fact that clinical symptoms alone are not sufficient testimony of the

abscess or of its site. From these experiences also we find that repeated puncture of the brain does no harm to the cerebral structure. We also learn that otitic abscess of the brain can be easily dealt with through the middle ear.

Schiff thought otitic surgery would be better guided if surgeons could differentiate between a cerebral abscess pure and simple and purulent meningitis. Many cases were not interfered with owing to the presence of meningitis, which was inoperable, while purulent otitis is at once benefited. Puncture in the lumbar region is another method of diagnosing whether it is purulent or lymphoid. A clear fluid without coagula in the puncture opening is against the diagnosis of meningitis and in favour of the existence of abscess.

Hammerschloy thought that otitis with purulent meningitis was absolutely incurable, although a few cases certainly had been drained of the purulent matter and cured. But as a rule it was difficult with their present knowledge to discriminate between these cases, and it was almost criminal to lay meningitis open in mistake for an abscess. In reference to lumbar puncture as a means of differential diagnosis he thought the time for operating was long past before the diagnosis could be determined.

Schiff dissented from the view that the possible existence of meningitis counter-indicated operation for abscess. Many cases of meningitis did very well after operation.

Redlich referred to various other complications in the brain which might lead to a wrong diagnosis, such as meningitis serosa, curable encephalitis, or tuberculous meningitis. There was no doubt that lumbar puncture was an excellent means of diagnosis when purulent exudation was present; still there was a certain amount of danger even with this operation, as a tumour of the brain has been known to cause sudden death after lumbar puncture. The absence of fever or a sub-normal temperature is the evidence of an abscess, as meningitis and encephalitis are usually associated with rise of temperature.

Brewer thought that tuberculous meningitis with otitis was not uncommon but misleading. He has seen both sides of the head operated on, and in both with negative results. The lumbar puncture was the best diagnostic agent.

The Operating Theatres.

ST. PETER'S HOSPITAL.

CASE OF NEPHRO-LITHOTOMY, ILLUSTRATING SOME OF THE DIFFICULTIES OF THE OPERATION.—Mr. SWINFORD EDWARDS operated on a young man, æt. about 20, who had suffered with pain in the right renal region for the past three or four years. There were no marked symptoms in the urine, although it was said to have been blood-stained on one occasion. An X-ray photograph showed nothing. A cystoscopy revealed a right ureteral orifice, which was somewhat prominent and gaping. As the renal colic from which the patient suffered was rendering him quite unfit for work, and as the appearance of the right ureter rather favoured the suspicion of renal calculus, Mr. Edwards determined to explore through the usual lumbar incision. The muscles in the flank having been divided, what was taken to be the false capsule of the kidney was incised, but it was found that

this was really the peritoneum which was, of course, at once closed by suture. Mr. Edwards now dissected farther back, in order to get at the kidney, but was again unfortunate in opening the peritoneum and that portion of it which lies immediately over the liver; this last, indeed, was momentarily mistaken for the kidney. This second rent was again accurately adjusted, and Mr. Edwards endeavoured to ascertain the position of the kidney by careful bimanual manipulation, when it was found that the kidney was lying in the right iliac fossa; in other words, as he remarked, the patient was suffering with marked ptosis of that organ. The false capsule of the kidney was now successfully opened, and the organ, having been freed from its capsule, was carefully palpated. Mr. Edwards failed, however, to feel a stone until after several attempts; he then discovered two flattish and small stones which lay in the pelvis under cover of the renal substance. These stones were removed through the posterior aspect of the pelvis, and the kidney, which had been pulled up into the wound for this manoeuvre, was allowed to fall back. A couple of large drainage tubes were passed down into the opening in the pelvis, and the wound was about to be closed in the ordinary manner when it was noticed that more bleeding was going on than usual, therefore, Mr. Edwards passed his hand again into the wound and partially again delivered the kidney, he then carefully examined the neighbourhood of the pelvic wound, two small capsular vessels were found bleeding; these were ligatured. In doing this the electric forehead lamp was found of great service, as the kidney could not be entirely delivered out of the wound. Mr. Edwards thought what he had done for the arrest of the hæmorrhage was sounder surgery than trusting to gauze plugging. He said the first difficulties encountered in the operation were due to the abnormal position of the kidney which, perhaps, many might have supposed could have been discovered by a careful examination before the operation, but the right side of the patient's abdomen was so tender that he held the part perfectly rigid, thereby precluding accurate diagnosis; this fact was overlooked when the patient was under the influence of the anæsthetic and before commencing the operation. The next point was when once the kidney had been exposed to distinguish the presence of the calculi. Had palpation failed, he said, he was about to incise the kidney through its external border, and through the incision pass his finger into the pelvis. The other point was the bleeding that followed the incision into the capsule, especially if it be borne in mind that the pelvis was opened by the finger nail scratching process, hæmorrhage being usual when the finger-nail only is used; he thought when this happened the best plan is to bring the injured part as near the surface as possible, and pick up any bleeding points.

A week after operation the patient was progressing favourably.

Killed on the Railway.

A few days since Dr. Weir, the Medical Officer appointed *pro tem.* by the Tottenham District Council, was found on the line of the District Railway in London with his legs broken and other injuries about the head and body. The discovery was made through a railway carriage door being found open on its arrival at a station. He was at once conveyed to Guy's Hospital, where he succumbed to his injuries next day.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 12, 1902.

SCHOOL BOARDS AND VACCINATION.

THE London School Board is, on the whole, an excellent, if somewhat extravagant, body. Since the time of its creation it has gathered a good deal of the wisdom that is learnt from experience, and has shown a considerable amount of adaptability to the fresh responsibilities that have been thrust upon its shoulders by the force of public opinion. For many years past we have continually urged in the columns of THE MEDICAL PRESS AND CIRCULAR the need of efficient medical control of the juvenile population entrusted to the care of the Board. The scholars are congregated together in the various schools at an age at which they are peculiarly prone both to convey and to acquire communicable diseases. There can be no reasonable doubt, to quote an instance in point, that the great wave of diphtheria that of recent years has swept over, not only the Metropolis, but also the length and breadth of the United Kingdom, has been due in a great measure to the development of the Board School system. Indeed, the situation with regard to the spread of infection has been formally recognised in the appointment by the London Board of a medical officer whose chief recommendation is a practical acquaintance with school diseases. The movement thus inaugurated is still in its infancy, but it is to be hoped that ere long the Board School population of London will be under systematic medical control. At the present juncture, when London is in the grip of a raging epidemic of small-pox, the question of the medical control of the schools becomes a matter of vital importance to the community. Moreover, when we consider the enormous daily stream of travellers to and from every part of the United Kingdom, there seems to be no remote improbability that the invasion of the Metropolis to-day may to-morrow be that of any other town or hamlet in the British Islands. The attitude of the London School Board with

regard to vaccination, therefore, has a peculiar interest that may fairly be regarded as national. From that point of view last week's proceedings at a meeting of that body are not altogether reassuring. A prominent member, who proposed in future to admit only vaccinated children, was ruled out of order, presumably on the ground that such a step would be *ultra vires*. He then substituted a motion to present a petition to the Government for an alteration of the law, so as to allow School Boards to admit only vaccinated children. In supporting that proposition he very properly pointed out that every other public body was doing something to combat the outbreak of small-pox. He urged the Board also to help in the matter, as it was concerned with the health as well as the education of those who attended the schools. His seconder aptly remarked that unvaccinated children were excluded from the foundation schools belonging to the City of London. On the other side, it was contended that the question of vaccination was one for the sanitary authorities and not for the School Board. Further, that the schools had been remarkably free, and that by far the greater number of cases had occurred among adults. One reverend gentleman said that to turn away children who had not been vaccinated from their schools would be the cruellest possible thing. In our opinion there would, however, be a worse one—namely, to allow small-pox to enter a crowded school with an absolute certainty that, let us say, something like two-thirds of the unvaccinated children who took the disease would die. The result of the discussion was that the motion was thrown out by a large majority. The inevitable conclusion is that one of our greatest London public bodies is under the sway of anti-vaccinationist principles. Unfortunate as such a situation would be at any time, under present circumstances it becomes fraught with dangers of the gravest kind. So far as it is possible to judge, the epidemic has simply shown enough of its power to warn us of the tempest that is yet to come. Does the London School Board propose to sit apart under the unsatisfying plea of *non possumus*? Should small-pox invade the schools, the public will certainly demand some more solid justification of their conduct from the body whom they have elected to administer the Board School system in its entirety, both from the educational and the sanitary points of view. If the Board refuse to take efficient action it is possible that higher authorities will have to take the matter in hand. It will be curious to note the action of the Government should the London outbreak assume panic proportions. Mr. Balfour's retrograde Vaccination Acts have created the "conscientious objector," and have set back the hands of the clock, in defiance of the deliberately expressed convictions of the medical profession. If anything could justify London and provincial School Boards in disclaiming any responsibility in the exclusion of unvaccinated

children from their schools, it would be the views of Mr. Balfour's Government as duly recorded in the statute law of the land. The far-reaching nature of the disastrous principle adopted therein may be traced in last week's sitting of the London School Board. Were not the results heavy with disaster and death it would be a matter of simple philosophic interest to note how hard Nemesis has followed on the heels of the statesmanship that has pandered to the follies of a noisy and mentally ill-balanced knot of faddists.

THE OBSTETRICAL SOCIETY OF LONDON.

In these early days of the new century the Obstetrical Society of London has felt its pulse, and has discovered such qualities of vigour and elasticity as betoken an entire absence of arterial or cardiac senility, and demonstrate that in spite of its years it retains the fire and energy of youth. How far this is the result of the transfusion of new blood into the Council and how much is due to an originally robust constitution, it were difficult to determine, nor is such diagnostic precision necessary. We are concerned with symptomatology rather than with etiology, and may therefore say at once that the clinical condition of this Society, as indicated by its action at the annual meeting on the 5th inst. is exceedingly satisfactory to its friends. As will be seen from the report of that meeting which we publish in another column, two important alterations in the laws were suggested by the Council and adopted by the Society. The first has reference to the recognition of the eligibility of medical women to the Fellowship of the Society. When the Society was founded, the law, as the President in his Annual Address pointed out, stated that "all medical practitioners possessing a qualification registrable in the United Kingdom shall be eligible for election as ordinary Fellows of the Society." This was before the invasion of the mysteries of the Temple of *Æsculapius* by womankind. When one woman after another surmounted the barriers of prejudice and exclusiveness that closed that Temple's portals, the Fathers of the Society felt that their own particular shrine must, at all events, be safeguarded, although an outside observer would doubtless have thought that it was of all shrines the one to which women might most fairly crave access. So the opening words of the law which we have just quoted were altered, so as to read "All medical *men*," &c., the alteration being italicised to emphasise the sex restriction. Under the influence of a broader and more catholic spirit, the word "*men*" has now been changed back to "practitioners"; and consequently there is now no official obstacle to applications by medical women for admission to the Fellowship of the Society. We, of course, realise that they may still fail to pass the ordeal of the ballot; but we trust that when the first application is made the suitability of the candidate will be judged by precisely the same standards as determine the election of men, and that not a single black-ball will be the result of the sex element. In the meantime we cor-

dially congratulate the Obstetrical Society of London on its advance along the path—we will not say of chivalry, for we do not so regard it, but of fair play and emancipation from prejudice. The day is long past when the question whether women ought to become members of the medical profession can be considered as other than a mere academic discussion; they *are* members of the profession, and not a few of them have so justified their admission that the medical profession would be poorer for their absence. All that they have asked is a fair field and no favour; and this we must grant them under the penalty of being branded as a jealous, intolerant and small-minded profession. The second alteration proposed by the Council of the Society and adopted by its members is one of far less momentous import, but it is an additional mark of progress. It is now decreed that "authors of papers accepted for reading before the Society are at liberty to publish them in any scientific periodical after they have been read, provided that acknowledgment of the fact of their having been read before the Society is made in such periodical." Clearly this innovation cannot be productive of other than good. Many valuable papers are read before this Society which fail to receive the notice they deserve as long as they are published only in the Society's "*Transactions*," because these are necessarily accessible to comparatively few, whilst in the weekly and other medical journals authors can address a much wider circle of readers. On the other hand, the publication of such papers in the general medical press is not in the least likely to interfere with the Society's "*Transactions*." There will thus be a treble gain: to the medical public, because it will be made acquainted with good work otherwise hidden from it; to authors of papers, who will meet with a greater share of the recognition to which good work is entitled; and to the Society itself, because authors will be more encouraged to bring their work before the Society when they feel that they are at the same time addressing a much larger audience through the medium of the Press. In this, as well as in the opening of its doors to medical women, the Obstetrical Society of London is to be congratulated on its progressive spirit.

TEA INTOXICATION.

TEA has for good or evil become the food auxiliary of the Empire. On its introduction into England there were no end of disputes on its good and bad qualities, and the discussion was carried on with all the bitterness of a theological dispute. At length the leaf won its way, ousting all rivals, and discussion came to an end when Johnson confessed that he was "a hardened and shameless tea-drinker, who has for many years diluted his meals with only the infusion of this fascinating plant; whose kettle has scarcely time to cool; who with tea amuses the evenings, with tea solaces the midnights, and with tea welcomes the mornings." But it was not always so with the lexi-

cographer; in his boyhood days he knew not the taste of the "fascinating plant," and when his reputation was made other beverages washed down his meals. As a food auxiliary tea finds favour with Munson, whose opinion is certainly entitled to careful consideration as our greatest authority on dietetics. He cites the case of Arctic explorers, hunters, and trappers in the Canadian North-West, and of the troops under Lord Wolseley in the Ashantee Campaign during their celebrated march on Kumasi. It is, of course, well known that tea forms the beverage of Russian travellers in Siberia. But these cases do not answer the question, Does the habitual use of good black tea injure the health of the ordinary citizen? We think the question may be answered in the negative. But if asked of the children of the citizen and the workers that by continuous industry either of head or hands just manage to live, we fear that the answer must be in the affirmative. For children commencing school life to begin the day with a powerful cerebral stimulant, one that begets a habit, is wrong. It unduly stimulates the boy's brain, is not unfrequently the cause of sleeplessness, and gives a disinclination for wholesome food. The more studious the child the greater the mischief it works, and in one case at least we have known it to be followed by fatal results, and in many cases by incurable dyspepsia. For the poor who by unceasing toil just manage to avoid being submerged the make-shift dinner of tea and bread day after day is but a prolonging of the agony of a brave soul in a worn-out body, whose every nerve thrills with pain of insufficient nourishment. Of such a character was the patient Dr. Gordon exhibited before the Neurological Society of Philadelphia, who exhibited the symptoms of combined sclerosis and symptoms of functional disturbance. The frequent and imperative micturition and constipation which are so usual in tea intoxication were well marked. From time to time she had fainting fits and some fits that might be described as epileptoid, still the cerebral symptoms were not as well marked as in many of the cases on record, to wit: that of Dr. Slayter, whose sleeplessness, nervousness, and repeated twistings of the muscles of the face and extremities were followed by violent delirium, a pulse of 110, a very dry tongue, suffused eyes, no marked rise of temperature, tremulous hands and arms, and all the marked symptoms of delirium tremens. The evil of using tea as a substitute for food is, we believe, best combated by providing cheap dinners where it may be possible for the poor to secure nitrogenous food, wholesome in quality and sufficient in quantity to satisfy an ordinary man, and thus give him, once a day at least, a nutritious meal, and thus escape the horrors of tea intoxication with all its attendant suffering.

MR. ROBERT ARTHUR YOUNG, M.D., B.Sc.Lond., M.B.C.P.Lond., has been appointed Assistant Physician to the Middlesex Hospital.

Notes on Current Topics.

The Pith of Army Reform.

PROFESSOR CLIFFORD ALLBUTT, in the *Times* of February 3rd, has made a most valuable contribution to the subject of army medical reform. As medical officers are precluded from public controversy, he has adopted the sensible step of publishing the essential substance of a private letter sent to him by an army medical officer of ability and experience. The writer says that an increase of pay is not vital to the question, and that men of his rank do not lie under any social disadvantage. He altogether condemns the proposed examination ladder, on the ground that the tutelage of youth should in later life be replaced by personal character and initiative. He points out the futile waste of energy involved in keeping case books that are never read, and that are not filled up because of their scientific value, but because a patient receives a pint of milk or other extra. His suggested case-book for the medical officer would include cases of interest, surgical operations done, professional experiences, sanitary and bacteriological experiences, epidemics, campaigns, medico-legal matters, and the needs of field, barrack, and hospital organisation generally. In a word, he would make the individual officer think for himself instead of eternally agreeing with his seniors "For fourteen years," writes this candid critic, "I never met a senior officer worthy of the rank of P.M.O.; they were all men of the same stamp, men of no backbone; men who never supported their own officers; men who thought all they had to do was to agree with the G.O.C. and get some decoration; men who would say without a blush, 'I know you are right, but the general won't approve, so you must do so and so.' All this comes with a refreshing vigour from the heart of the disorganised camp. It is exactly the sort of evidence that should be laid before a Court of Inquiry, and is precisely the kind that it is impossible to get. The smooth tales of officers high up in the service are mere sprinklings of rose-water. Nor are the recommendations for fresh schools, fresh examiners, and fresh inspectors to be regarded as absolutely without bias, inasmuch as the commissioners of inquiry themselves would be among the first to share in the scramble.

Small-pox in London.

THE outbreak of small-pox in London is steadily increasing, a stereotyped remark that we fear will have to be made every succeeding week for several months to come. At the present ratio of increase the time may be near at hand when the question of adequate hospital accommodation will force itself upon the public and the Asylums Board with very disagreeable urgency. As yet there are no obvious signs of panic, although it is amusing to notice the change of front in various newspapers that have hitherto always showed a strong anti-vaccinationist leaning. On Monday, February 3rd, there were 75 fresh cases notified; on the 4th, 32; on the 5th, 37;

on the 6th, 27; on the 7th, 26; on the 8th, 32; and on the 10th, 45. At midnight on Saturday last there were 1,101 cases under treatment at the various Asylums Board hospitals. The Asylums Committee during the week have taken the important step of forbidding visits to patients at the London asylums, except in urgent cases of sickness. A similar precaution has been taken by many other public and private medical institutions. Its necessity has been shown by the outbreak in the Mile End Poor-law Infirmary, whence over sixty-seven patients have been removed suffering from small-pox. That number includes seven nurses, and in view of the pronounced anti-vaccinationist view of the Mile End Guardians it will be of interest to learn what steps, if any, had been taken to ensure that the nursing and administrative staff were protected against the disease by vaccination and re-vaccination. For unvaccinated officials to administer a public hospital of to-day would be nothing short of a scandal, and every death occurring under such a state of affairs would be little short of criminal. The Mile End Guardians, it may be noted, are organising public vaccination stations and voting sums of money for purposes of vaccination in a panic-stricken haste that is ludicrous in view of their former unbelief. At Lloyd's, the underwriters are freely insuring against the risks of contracting the disease. All classes of patients are said to be insuring themselves from £100 up to £7,000, but the average sum is £500, for which a premium of 2s. 6d. for vaccinated and 3s. 4d. for unvaccinated persons is charged. In badly-infected areas the rate is higher, and no medical certificate is required unless in the case of a claim. It has been officially stated on behalf of the Local Government Board in the House of Commons that the total number of cases in the present metropolitan outbreak was 2,656 up to January 25th. There is no prospect that the Government will introduce a Re-vaccination Bill during the present Session. Such a step would indeed be reaction itself coming from the parents of the "conscientious objector."

Prosecution for Non-notification of Small-pox.

THE charge brought against a London medical man for breach of the Notification Act, a case to which we alluded in our last issue, has ended in the dismissal of the summons. The facts are of interest to all who are likely to be brought into contact with small-pox—and who is not so liable when the Metropolis of the United Kingdom is in the grip of a great and rapidly increasing epidemic? From the evidence tendered in the police-court it appeared that when the defendant first visited the patient the latter was suffering from an erythematous rash upon the body, and the definite diagnosis was formed for the time being. Next day the rash had become general, and its character had altered so that the medical attendant formed the opinion that the disease was purpura hæmorrhagica. A second medical opinion was suggested, but declined on the

score of expense. The patient afterwards died and a girl with whom the medical attendant was acquainted shortly afterwards developed small-pox. Dr. Washbourne, who speaks as an expert in these matters, deposed that he had no doubt deceased suffered from the hæmorrhagic form of small-pox, which it was exceedingly difficult to distinguish from purpura hæmorrhagica. The summons was then dismissed. This case should be a warning to all medical practitioners to make themselves thoroughly acquainted with the known facts of small-pox and be on the look-out for typical and rare forms. There must always be a margin of error in human affairs, but the sum total of mistaken diagnosis that has come to light in the course of the present outbreak appears to have exceeded somewhat reasonable dimensions. It is far safer to err on the right side, and regard every doubtful case as small-pox, until proved to be otherwise.

Euthanasia.

THE current number of the *Spectator* contains an interesting correspondence on this subject. It is said the late Mr. Alfred Nobel offered to create at his own expense at Milan and Rome establishments where anybody who desired it could be painlessly suffocated by a gas he had found suitable. Sharp distinction must be made between suicide and natural euthanasia. For the latter the hygienist and medical man labour. A lust of death is morbid, and any encouragement must be stoutly resisted. Medical men recognise that for the public as well as for the profession there is only one sound principle—life must be held to be absolutely sacred, except when it has to be relinquished as a penalty for crime. Efforts to relieve suffering and render death painless are legitimate, but if euthanasia is to be achieved by means of a suicide club society and science must have none of it.

A Lunacy Maintenance Trial.

LAST week Mr. Justice Bigham and a special jury decided an action brought by Dr. Murchison, the well-known proprietor of Wyke House Asylum, London, to recover fees due to him for maintenance by a lady who had been under medical care in his establishment. The defendant denied that she was lawfully detained there, and counterclaimed for false imprisonment. From evidence tendered there could not be the shadow of a doubt that the unfortunate lady in question suffered from acute mania and a host of delusions during her stay at Wyke House. It is therefore difficult to believe that under such circumstances any person of experience in law matters could not have foreseen the inevitable result of resisting a claim for maintenance such as that brought by the plaintiff. In other words, the unfortunate defendant has been badly advised in attempting to establish a counterclaim for false imprisonment. It is likely that every lunatic under restraint since the world began has declared himself unjustly detained—that is to say, supposing him equipped with sufficient coherence to make any intelligible statements

During the course of the trial many indirect charges were made against the good faith of the proprietors of private lunatic asylums, and it was insinuated that their patients were retained after recovery from mercenary views. On a calm survey of the Murchison trial, it seems fair to retort that the defence of an indefensible action has put large sums of money into the pockets of the legal profession at the expense of an unfortunate client whose mind is obviously not of a stable character.

Dr. Bynoe and the General Medical Council.

THE lines of Dr. Bynoe have indeed fallen in unpleasant places. As most of our readers probably know, he was convicted of forgery in 1892, and was sentenced at the Central Criminal Court to nine years' penal servitude, a term which he has served in full. His defence was an *alibi*, which was upset by the statements of a Bank of England clerk, who swore that on a certain day a batch of notes was presented by a customer in one bundle after luncheon. That statement has since been admitted by the witness in question to have been incorrect, and as a matter of fact the Bank now admits the notes to have been cashed between the hours of eleven and one and three and four. Either time is covered perfectly by Dr. Bynoe's *alibi*, which accounts absolutely for his whereabouts at the hours mentioned. Under these circumstances the jury who tried the case addressed a memorial to the Home Secretary with regard to this "miscarriage of justice." Dr. Bynoe was offered remission of the remainder of his sentence upon conditions which he thought fit to decline. His name was struck off the *Register* by the General Medical Council, and as the Bank of England declined to submit to the Council a statement of the original error on the part of the clerk, Dr. Bynoe has recently brought against the Bank an action which has been dismissed by the Court of Appeal on a purely technical ground. The General Medical Council might well waive any technical objections to the restoration of Dr. Bynoe's name to the *Register*. As an innocent and deeply injured man he is entitled to that amount of reparation from the governing body of the medical world. It would be well to set on foot a movement whereby members of the medical profession might express their sympathy with one of their brethren in the most terrible and undeserved calamity that has marred his lifetime.

The Army Medical Officer as Sanitarian.

Now that the breakdown of the Army medical system beneath the strain of active service has awakened the national vigilance, it is to be hoped that Parliament will permit no half measures of reform such as the Government proposals in the case of the army generally. First and foremost, it will be necessary to form a clear idea of the real position of the army medical officer. Some time ago THE MEDICAL PRESS AND CIRCULAR advanced the proposition that he was above all things a sanitarian, a view that has since become widely adopted. A further suggestion that it would be well to engage the services

of some experienced medical officer of health from this country has been carried out by the appointment of at least one such civilian official in connection with the concentration camps at the Cape. A correspondent of the *Spectator* writes combating the view that the real analogy of an army medical officer is with the medical officer of health. He asserts that the army doctor has nothing to do with sanitary law, and that food and water supply are managed by other departments. No stronger argument could be advanced as to the radical defects of a system that takes away from medical control the agencies that every year destroy a vast number of lives in the British Army. Take the deaths among the troops from a preventable disease like enteric fever in a single year, and it will be at once evident that the present system, whether administered by army surgeons or "by other departments," is a complete and lamentable failure. To control food and water and drainage from a sanitary point of view is to control enteric fever.

The Diagnostic Value of Umbilico-Mammillary Measurements.

MEASUREMENTS of the distances separating the umbilicus from the nipples show a remarkable degree of uniformity as between the two sides of the body, and in certain morbid conditions these measurements may prove of service in demonstrating the existence of visceral hypertrophy or effusion situated in the upper part of the abdomen or lower part of the chest. The measurement is increased on the left side, for instance, in splenomegaly and pericarditis with effusion. It is increased on the corresponding side in pleurisy with effusion and pneumothorax, and the difference between the two measurements is in direct proportion to the amount of the effusion. In chronic pleurisy of old standing, on the other hand, the retraction of the chest wall determines a diminution, and the same holds good in respect of pericarditis which has been followed by adhesions.

The Diminution of Alcoholism.

THE temperance question rightly viewed is essentially one of personal and public health. The widespread abuse of alcoholic drinks is little less than a national calamity. The necessity for immediate measures for the stay of the spread of alcoholism is recognised by all interested in the physical efficiency of our people. Medical men and hygienists generally will therefore support the Home Secretary's proposals, which, when carried into law, may be expected to assist in the arrest of intemperance. Mr. Ritchie proposes to make it possible that when a person is found drunk and incapable in the public streets, he or she may be apprehended and charged, and if in charge of a child under seven be liable to a penalty of forty shillings or a month's imprisonment. It is also very rightly proposed that habitual drunkenness shall be a legitimate ground for separation. Publicans are to be notified of habitual drunkards. Grocers and others having off-licenses are to be placed, as regards the granting of their

licenses, under the absolute control of the justices. All clubs are to be registered, and where frequent drunkenness occurs in connection with club premises it is to be within the power of the police or other person to make a representation to the Court of Summary Jurisdiction, and if the case be proved they may order the removal of the name of the offending club from the register, in which case, if the club continues to act as a club, it would be liable to penalties. All this is well from the medical and sanitary standpoint, and deserving of full support.

The Use of Strychnine.

SOME time after the trial of Palmer, the Rugeley poisoner, strychnine came into general use as a therapeutic agent. The masterful description of its action by the Attorney-General, Sir A. Cockburn, made the alkaloid known throughout the land. As a therapeutic agent it has grown in favour until it has become the most used of all the tonic remedies. It finds a place in a large number of proprietary medicines—pills and mixtures. Its great and valuable properties are abused, both by the medical profession and the public generally. We in no way desire to depreciate its value as a simple bitter, or as a respiratory and cardiac tonic; but we do wish to draw the attention of the members of the medical profession to its abuse. We think that its prolonged use is fraught with evil. It is an excellent whip to a flagging heart, to be used at a crisis, but its continued use is harmful. Hare drew attention years ago to the rapid running pulse and great nervous irritation that follows from its too prolonged use in fevers. We are of opinion that its use in the treatment of delirium tremens, for which it has been strongly recommended, is not unattended with danger, particularly so when the patient is a female. Alcoholics can take very large doses of the alkaloid, but unless it is given in toxic doses it seems to produce none of its physiological effects. In full doses it, in such cases, not unfrequently produces a veritable ataxia, without contractures, as in Don Gonzalez Alvarez's case, and it occasionally causes a distressing and painful trismus.

The Conscientious Objector!

At the meeting of the Liverpool City Council last week Mr. Muirhead moved that the Council petition the Government for a repeal of the Conscientious Objector Clause of the Vaccination Act. Although all members present were in favour of such a petition, the matter was referred to the Medical Officer of Health in order that he might search out the weak points of the Act. Well done Liverpool and Mr. Muirhead! Of all the silly and weak clauses ever introduced into a Bill by a weak Government, the Conscientious Objector Clause was surely the silliest and weakest. A man might just as well claim exemption from having his child educated because he had a conscientious objection to education, and if he made his claim good he would have run one-half the risk of injuring other people as the law allows him to do

in the matter of vaccination. The State's interest in the child is greater than that of the parents, and it ought to insist on every member being protected from disease. If a father is fool enough or stupid enough to have a conscientious objection, that is no reason why the State should be fool enough or stupid enough to encourage him in his folly or stupidity.

The Biological Method of Identifying Semen.

SOME time since we described a novel method of identifying the source of blood stains based upon the fact that the serum of animals which had received injections of the blood of another animal determined turbidity of the serum of that animal when added thereto *in vitro*, enabling the medico-legalist confidently to affirm the source of a particular blood-stain. It appears from some researches made by Dr. Farnum, of Chicago, that a similar reaction takes place when semen is experimented with instead of blood. He found, in fact, that the serum of animals injected with the semen or testicular juice of a particular animal gave rise to a precipitate when added to a filtrate of the latter, while without effect on the similar preparations of other animals. Thus the serum of rabbits which had been injected with the testicular emulsion of a dog rendered turbid the filtered semen or testicular juice of another dog, no such effect being produced on human semen or the testicular juice of the bull. The reaction is a very sensitive one, inasmuch as not only is it available in respect of old-standing seminal stains, but even with the filtrate of dried and macerated semen left for thirty-eight hours on filtering paper or textile fabrics. Seminal stains over a month old gave a well-marked reaction, so that the medico-legal value of the reaction promises to be considerable.

The Life History of the Echinococcus.

THE life history of this interesting but pathologically terrible parasite has been carefully studied, and has been very fully described. Hitherto, however, the transformation of the scolex into hydatid cysts has been regarded as a retrograde pathological transformation of the little heads, it being assumed that these new productions undergo destruction, or at any rate became sterile. It would appear from the researches of Dr. Devé, of Paris, that these new cysts may, in their turn, become fertile, so that the cystic transformation of the scolex merely represents one phase of a progressive evolution. It follows that the life history of the echinococcus comprises two distinct cycles. Apart from the classic cycle, which comprises the passage of the parasite through the bodies of two successive hosts, there is, so to speak, a smaller phase, to which Dr. Devé gives the name of the para-echinococcal cycle, which runs its course within the same host, and may be perpetuated almost indefinitely, presenting this peculiarity—that at the termination of each evolution the scolex cycle, the parasite, when circumstances are favourable, may revert to its normal evolutionary cycle.

Disruption of Victoria University.

STRONG efforts are being made to draw attention to the proposed disintegration of the great Federal University of the North. A circular has been issued showing that such a step will seriously affect both the cause of higher education and the interests of the present graduates, and will materially depreciate the value of the degrees for which they have given time and money. The abolition of a great and successful University is without precedent in English history. The interests of nearly 2,000 graduates demand careful consideration and due protection. Unfortunately, the University Court appears to have pledged itself to the policy of disruption. It now behoves graduates to offer concerted opposition. The substitution of a wide-based, well-established, honoured Federal University for three small single college Universities, with the accompanying disadvantages of competition, variation in standards, and restrictions arising from local prejudice, is little less than disastrous to University training in this country. Meetings of graduates have been held in Leeds and at Manchester to protest against the suggested change, and a committee has been formed to carry on a vigorous campaign in the interests of the University, both in and out of Convocation. The ambition of Liverpool, strengthened by its youthful enthusiasm and ignorance of the traditions of University life, is insisting on a University of its own, but it behoves the University authorities and the Privy Council to see that such a contention should not be allowed to dislocate and set back for many years University life in our great northern centres. In the interests of higher education the matter is deserving of the most serious consideration.

Instruction in Anæsthetics.

At the last quarterly *comitia* of the Royal College of Physicians of London an important resolution was agreed to bearing on the compulsory instruction of candidates in the administration of anæsthetics. It was decided that all candidates passing the second examination, or an examination at a university in lieu thereof, on and after May 1st next will be required, before entering for the final examination, to furnish a certificate of having received at a recognised medical school and hospital instruction in the administration of anæsthetics to the satisfaction of his teachers. This is an example which ought to be followed without delay by all examining bodies.

Kahler's Disease.

AMONG the very rare maladies which are but occasionally met with is that to which has been given the name of Kahler's Disease, and of which only sixteen cases have been reported. The last instance was recently published by Donetti, and the chief symptoms were emaciation, weakness, grave anæmic pains, softening, fracture of the bones, and deformities. Heteroalbumose was found in the urine, sometimes preceding, sometimes following the period of pain and deformity. Post-mortem the ribs, sternum, and vertebral bodies have been

found to be affected by a sarcoma-like new growth, which first destroys the marrow and then invades the bone tissue. Lesions of liver, kidneys, and spleen have also been found. It is believed that, the bone marrow being unable to continue its functions, a special substance, albumin, is formed, which causes a true toxæmia and circulates in the blood.

The Noisome Tube.

COMPLAINT is rife as to the foul condition of the air in the tube of the Central London Railway. Unfortunately there are very adequate grounds for such lamentation, chemical analysis having shown marked impurity of the atmosphere therein. Drowsiness, headache and even nausea are common consequences. The air involved is becoming positively toxic in its action and unless a way of renewing the air of these railway burrows is quickly found the health of travellers will be more or less seriously affected. Efficient ventilation must be insisted on. It will be well that provisions for such be insisted upon in respect of all future "tubes." Considering the immense number of persons making use of this cheap and speedy means of locomotion the subject is one of pressing hygienic importance. We trust that the directors will not hesitate to take steps at once to improve the atmospheric conditions of a line which is rightly popular and is an unquestionable boon to the citizens of the metropolis.

A Novel Treatment for Tuberculous Peritonitis.

TUBERCULOUS peritonitis is a somewhat obscure affection in that it does not follow any definite lines of evolution and sometimes subsides, either spontaneously or after merely opening the abdomen, under circumstances which leave its behaviour a mystery. It is precisely in diseases of this uncertain prognosis that the largest number of remedies and modes of treatment are credited with curative effects for reasons which are too manifest to require demonstration. Dr. Baginsky showed at a recent meeting of the Berlin Medical Society three girls who had recovered from tuberculous peritonitis under treatment, which consisted in daily frictions with soft soap. Under the influence of the massage the exudation underwent absorption, the temperature returned to normal, and the general health improved. Dr. Baginsky does not pretend that all cases of the disease are likely to prove amenable to this treatment, but in view of the results which he has obtained he suggests that no case should be surgically dealt with until a fair trial has been given to this or some similar mild form of treatment.

THE Hunterian Oration will be delivered by Dr. Arthur Davies, at the London Institution, Finsbury Circus, E.C., to-day, February 12th, at 8-30 p.m. The subject of the Oration will be "Organotherapy—Ancient and Modern." Members of the profession will be welcomed.

Fatal Circumcision.

THE occasional death of infants from hæmorrhage after the ritual operation of circumcision performed by Jewish ministers is a circumstance which can be approached without touching on any religious question, and it is assuredly a catastrophe which calls for something more than mild remonstrance by the coroner. At an inquest held at the London Hospital last week on an infant who had succumbed to hæmorrhage of this kind it was given in evidence that the "Mohel," as the official is called, disadvised medical assistance being called in, with the result that, in spite of tardily-summoned aid, the infant died. Of course it may be, although nothing in the evidence suggested it, that the child was a "bleeder," in which event the unfortunate operator would be entitled to pity in lieu of blame. What the public have a right to require, whatever may be the cause of the hæmorrhage, is that there shall have been no delay in obtaining skilled assistance.

The Appointment of Extern Examiners in the Royal University of Ireland.

WE learn that the appointment of extern examiners in the Royal University of Ireland has been postponed. The cause of the postponement is generally believed to be the result of some informality at the last election of the Senate, whereby five of the former members of the Senate temporarily ceased to be members in consequence of not having been re-elected at the proper time. On this account the appointment of extern examiners has been postponed until the full Senate is elected. It will be remembered that the proposed appointment of these examiners had already given rise to some comment in the medical journals, owing to the fact that a difference of opinion prevailed amongst the members of the Senate as to what exactly was meant by an extern examiner. The definition of this term finally decided upon by the Senate was a gentleman who was not connected in any official capacity with the Queen's Colleges or with the Catholic University School of Medicine. The alternative definition was, we understand, one which would have the effect of excluding Irishmen from these appointments.

A Coroner on Unauthorised Post-mortem Examinations.

THE dicta of Mr. Wynne Baxter, the East London Coroner, at an inquest held at Stepney last week raises the question of the right of medical men to make post-mortem examinations in doubtful cases. In this instance a man who had been discharged from the National Hospital for the Paralysed and Epileptic five months previously with spinal sclerosis, died without having been subsequently seen by a medical man. The doctor who was called in at the last moment naturally refused a certificate of death, whereupon the relatives applied to the hospital medical officer, who, having made a post-mortem examination, certified to the cause of death. To this course the coroner took strong exception,

observing that such proceedings were "as irregular as they could be." To this view we respectfully demur. The man was known to be suffering from an incurable disease, and all that was necessary was to make sure that death was due to this and not to any intercurrent cause. By clearing up this point the certifying practitioner virtually dispensed the coroner from the trouble and expense of holding an inquest, but for reasons best known to himself the latter decided to hold his inquiry all the same, with the result of obtaining a verdict of "death from natural causes," though the jury requested him to call the attention of the hospital authorities to the circumstances. We maintain that, with the consent of the relatives, a medical man has a perfect right to make a post-mortem examination provided, of course, that there is no reason to suspect the operation of other than natural causes.

The Arrest of "American Specialists."

WE learn from a local paper that, on Thursday last, the Galway police arrested three persons, George Lilian, Madame Emily Lilian, and Mabel Lilian, who have been posing in the western capital of Ireland as the "Great American Specialists." They advertised themselves as "The Lilian American Herbal Company," and Madame Lilian, "the American lady specialist, treated diseases in the American system by the use of herbs, barks, and saps of trees." They are reported to have done a good business, but unfortunately this has now been interfered with by the unkind action of the police. The "specialists" await trial at Ennis, at which place the warrant for their arrest was issued.

The Disabilities of Colonial Practitioners.

A BILL has been introduced into Parliament having for object to place medical practitioners who have obtained their licence to practise at one or other of the Colonial schools of medicine on the same footing as their British *confreres*, so far as concerns their admissibility to the naval, military, and civil Services of the Crown. The Bill is hardly likely to make much progress, *inter alia* because it is open to the Colonial medical schools to obtain recognition of their degrees and licences in this country under the provisions of the *Medical Act* (1886) on conforming with the conditions therein specified.

The Vacant Physicianship at Sir P. Dun's Hospital.

IN consequence of Professor W. H. Thompson, the newly appointed King's Professor in the School of Physic in Dublin University, declining to take up the associated clinical duties at Sir P. Dun's Hospital, a locum tenens will be appointed for him by the Royal College of Physicians at the next monthly meeting on March 7th. As Professor Thompson at no time intended to take up these clinical duties, the appointment of a locum tenens has been expected. The names of several probable candidates have been mentioned, notably that of Dr.

H. C. Drury, who has been Assistant Physician to the hospital for a considerable number of years.

Death of Mr. Martindale.

THE death is announced of that eminent pharmacist, Mr. Martindale, of London, whose name is a household word with the medical profession as the author of that invaluable publication, the "Extra Pharmacopoeia." More than thirty years ago he held the post of Pharmacist and Lecturer in *Materia Medica* to University College Hospital. He, however, relinquished this post to go into business, in which he achieved well-merited success. For many years he occupied a prominent position in connection with the Pharmaceutical Society, for which he was an examiner for ten years, and of which he ultimately became President. He rendered signal service to pharmacy, and his genial, unassuming manners made him a general favourite.

The Manchester Brass Band.

THE Editor of our versatile contemporary, *The Practitioner*, with ruthless hand, has drawn aside the veil which has to some extent fortunately hidden from public view the acrimonious discussions regarding the arrangements for the forthcoming visit of the British Medical Association to Cottonopolis. The Manchester School of would-be medical reformers have constituted themselves into a "brass band," which fails to maintain harmonious concert with those gifted in the use of the bagpipes. The story is not edifying, but Mr. Malcolm Morris ventures to think it "points a wholesome moral." We hope that anti-midwife bores will cease from troubling, and that gynæcological patriots will be at rest under the apologetic sway of the Council of the Association, and that the discussion of medical matters in their scientific aspects at the annual picnic will not be endangered by the intrusion of the fads and fancies of well-meaning but fanatical "reformers."

Conan Doyle, Medical Practitioner and Patriot.

THE medical profession is not willing to forget that Dr. Conan Doyle is "a qualified practitioner," and the nation recognises and honours in him a specially qualified patriotism which cannot permit slander to pass unanswered. Dr. Doyle's able pamphlet, "The War in South Africa, its Cause and Conduct," has already been translated, or is in process of translation, into German, French, Danish, Swedish, Dutch, Italian, Spanish, Russian, Hungarian, Portuguese, and Welsh. We venture to think that Dr. Doyle's work will have a larger circulation than any medical monograph he "might have" written.

H.R.H. the Prince of Wales, F.R.S.

HIS MAJESTY THE KING has repeatedly evinced his deep interest and keen sympathy with medical research, and as F.R.C.P. and F.R.C.S. has made manifest his desire to support the highest traditions of the profession. It is particularly pleasing to find the Heir Apparent following in the footsteps of his

father, the King, and testifying to his interest in the advancement of science by becoming a Fellow of the Royal Society. The Prince of Wales, on his admission, declared: "I can assure you of my hearty sympathy with that scientific study and research which now, more than ever, has become so important and essential in our national life."

SOME people imagine that the most recondite problems in bacterial pathology can be cleared up by researches extending over two or three months. To all such be it known, on the authority of the President of the Local Government Board, that the Commission appointed to carry out researches in respect of Professor Koch's view of the non-communicability of bovine and human tuberculosis is not likely to report for a considerable time, in fact, not for two or three years at the earliest. If at the expiration of that period they are able to arrive at trustworthy conclusions the time will have been well employed.

THE attempt to call in question the powers of the General Medical Council did not meet with much success in Parliament last week, when Mr. Macnamara endeavoured to challenge the Council's recent decision in respect of Dr. Rendall, of Yarmouth. Mr. Jesse Collings declined to discuss the particular case, on the ground that it was still to some extent *sub judice*, adding that the Council's powers were clearly laid down in the *Medical Acts*.

THE Royal College of Physicians of Ireland has approved of the adoption in Ireland of Dr. Tatham's list of causes of death, which was drawn up for the Registrar-General for England.

PERSONAL.

DR. JOHN SHIVES has been called to the Bar at the Middle Temple.

DR. THEODORE SHENNAN has been appointed Pathologist to the Edinburgh Royal Infirmary.

PROFESSOR ERNST VON BERGMANN has had conferred upon him the title of Privy Councillor.

DR. LANCASTER, one of the oldest practitioners in Leicester, has recently died.

MR. H. T. WARING has been appointed Assistant-Surgeon to St. Bartholomew's Hospital.

DR. THOMAS G. RODDICK has been elected Dean of the Faculty of Medicine of McGill University, Montreal.

PROFESSOR VIRCHOW is reported to be slowly improving, but his strength is subject to much fluctuation.

DR. KELYNACK is giving a short course of lectures on "Tumours of the Kidney" at the Medical Graduates College and Polyclinic on Feb. 14th, 21st, and 28th, at 5.15 p.m.

DR. JAMES WHEATLEY, of Blackburn, has been appointed Medical Officer of Health for Shropshire, *vice* Dr. Porter, who resigned in order to take a similar post at Johannesburg.

DR. T. J. MACLAGAN is to take the chair at the Annual Dinner of the Edinburgh University Club, which will take place at the Criterion Restaurant, this (Wednesday) evening, at 7.15.

DR. ARTHUR LATHAM and Dr. Nachbar have prepared the English edition of Professor R. von Limbeck's work on "The Pathology of the Blood," which is to be issued shortly by the New Sydenham Society.

DR. W. T. EDWARDS was entertained by a large number of medical friends last week, to celebrate the jubilee of his connection with the Cardiff Infirmary. Dr. Edwards qualified as long ago as 1844.

MR. C. B. BALL, F.R.C.S., Regius Professor of Surgery in the University of Dublin, has been re-elected by the Council of the Royal College of Surgeons in Ireland as their representative on the General Medical Council for another term of one year.

HIS EXCELLENCY MONSIEUR PAUL CAMBON, the French Ambassador, supported by the Right Hon. Sir Joseph Dimsdale, M.P., Lord Mayor, and the Sheriffs of London, will preside at the thirty-fourth anniversary dinner of the French Hospital and Dispensary, on Saturday, April 26th, at the Hotel Cecil.

It is often uttered as a reproach that medical men hold aloof from local affairs and fail in their duty to the community. No such reproach could justly be hurled at Dr. Kingsbury, of Blackpool, for we note that he is a member of the town council, and sits on no less than thirteen committees, in fact; his omnipresence has on more than one occasion given umbrage to one or more of his fellow members.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

EDINBURGH TOWN COUNCIL AND THE USHER INSTITUTE OF PUBLIC HEALTH.

REPRESENTATIVES of the University recently met the Public Health Committee to confer regarding a proposal made by the former party as to the bacteriological work of the city being carried on in the new Usher Institute under the supervision of the Professor of Public Health, and in rooms specially set apart for the purpose. This work the University are willing and anxious to undertake for certain stated charges. The subject is to be further considered at a later meeting of the Public Health Committee, and meanwhile no decision has been come to. This question of the town's bacteriological work has been, so to speak, "in the air" for some time back, and the present state of matters is not entirely satisfactory. For many years the College of Physicians has been doing all sorts of reporting work gratuitously in the Laboratory for all medical practitioners, whether they reside in Edinburgh or not, and whether they are connected with the College or not. This reporting, begun in a very small way when the Laboratory was first instituted, and not limited to mere bacteriological examinations, but including as it does reports on tumours, &c., analysis of urines, examinations of blood and the like, has been more and more taken advantage of by the profession, and has grown to a dimension much beyond what was originally contemplated. It has doubly hampered the work of the laboratory by diverting funds intended to be utilised for the prosecution of research, and by unduly occupying the time of the laboratory assistants. With recent advantages in bacteriological diagnosis, especially the recognition of the diphtheria organism and the evident

typhoid reaction, the number of reports has increased to considerably over a thousand in the year, and it was accordingly felt that the time had come when the College might approach the Town with the view of getting some assistance in the carrying out of this work. Accordingly, about a year ago, it was arranged that specimens suspected of containing tubercle or diphtheria bacilli, and blood for the Widal test should be transmitted to the laboratory through the town, which was to pay the laboratory a small fee for each examination. At the same time all other reporting was to continue as before; and the same assistance as formerly was given to practitioners in the county who could not, of course, be recognised by the Public Health Authorities. This arrangement has worked to the satisfaction of all concerned. Extra assistance has been obtained in the Laboratory and a serious drain on the College funds has been lessened. The Town Council has now three courses open: it may continue as at present; it may transfer the work to the University; it may undertake it in a laboratory of its own in the new Fever Hospital. To many it must seem that the last course is the best, but until that hospital is opened it is scarcely practicable. There is, of course, no doubt that it would be a great advantage to the University to have the work done in its school of public health, both from an educational and a financial point of view, and it may reasonably be argued that a research laboratory has other and better objects than mere routine repertory work; but, be that as it may, it will be a little hard on the College of Physicians if, after having inaugurated and for so many years successfully carried on a work of great importance to the community at large, and in so doing having educated the practitioners of the town to use exact and scientific methods of diagnosis, another body steps in to reap the fruit which it has sown.

Literature.

MORRIS ON SURGICAL DISEASES OF THE KIDNEY AND URETER. (a)

It is difficult to write in too laudatory manner of the second volume of Mr. Henry Morris' latest work. If possible the interest excited by its perusal is even greater than that felt during the reading of the previous volume. This is probably largely due to the fact that the second volume is principally concerned with the surgery of the ureter. Mr. Morris points out that since the year 1894 about one hundred papers have been published on the subject of the surgery of the ureter, whereas in the five years previous to that date less than half-a-dozen had appeared.

Serious warning is given of the dangers attending a too devout worship of the methods of diagnosis by the use of the X-rays. "It is important that the surgery of the kidney should not be influenced by photography." The warning is at present just, but it is probable that radiography will advance in the future to a greater degree of accuracy, and will prove a much more trustworthy guide in renal diagnosis. The chapter on "Paraneuric or Perineuric Solid Tumours" is divided into two principal parts, the first is concerned with adrenal tumours, the second with tumours of the connective tissue type. No subject in his book do we think Mr. Morris has treated in a more masterly way. It is an extremely difficult one, both from a surgical and pathological point of view. These difficulties are thoroughly well recognised as such and discussed. The chapters on Renal Calculus are exhaustive, and contain a great many references to, and citations from, the works of others. Mr. Morris' own extensive experience in this branch of the subject is used in an admirable manner. The method adopted in considering the symptoms of renal calculus is excellent. "There are numerous morbid conditions other

(a) "Surgical Diseases of the Kidney and Ureter." By Henry Morris, M.A., M.B.Lond., F.R.C.S., Senior Surgeon to the Middlesex Hospital, &c. Vol. II. London, Paris, New York, and Melbourne: Cassell & Co., Limited. 1901.

than renal calculus which cause typical renal colic. Conversely, there are many cases in which the symptoms due to renal or ureteral calculus are not referred to the kidney or ureter at all, but to some other organ."

"Unsuspected calculi group themselves into three classes: (a) Calculi which cause no symptoms. (b) Calculi which cause symptoms that are not referred to the kidney or ureter. (c) Calculi which cause high temperature but indefinite (if any) renal or urinary symptoms." Could the difficulties of the subject be more forcibly illustrated?

Considerable stress is laid on the significance to be attached to unilateral rigidity of the abdominal muscles as indicative of the side on which the kidney is affected.

Mr. Morris has "never known pressure over a calculus kidney give rise to pain over the opposite kidney; and certainly not to pain only on the side not under examination, as Guyon and Albarran have observed."

Candid confession of mistakes the author has made, and the lessons to be learned from them adds greatly to the value of the book. Exploration of the kidney for stone by the needle is condemned.

It is not now considered necessary, or, indeed, advisable to avoid making incision directly into the expanded upper end of the ureter. It has been found that the operation wounds here heal readily if careful apposition of the edges be secured by sutures. No hesitation should be felt in making this incision in certain cases for the purpose of exploring the ureter with a sound. Abnormalities of development, injuries, and surgical diseases of the ureter are exhaustively dealt with. Almost every page contains reference to points of the highest practical importance. The manner in which these points, many of them still *sub judice*, are brought forward and discussed conveys a lesson in lucid exposition and close reasoning. In a review, necessarily brief compared to the importance of the book and its subject, it is impossible to give illustration of the characteristics of the work which place it on the highest level. The second part of volume II. contains twenty chapters, and about 400 pages dealing with the surgery of the ureter. Operating surgeons should not only have it on their shelves for reference, but should carefully read it—in connection with general abdominal surgery, gynecological operations, as well as renal surgery. Surprises are not unfrequently met with in the ureter; it is essential that the operator shall have well defined ideas carefully thought out beforehand, if he is to be in the best position to deal with such when they arise.

THE END OF AN EPOCH (a)

THIS is a very good example of what may be termed the imaginative scientific novel. A young bacteriologist is thrown into the society of a wicked German bacteriologist who has succeeded in cultivating a new kind of pathogenic organism, the *bacillus paradoxus*, a hybrid of the most deadly species of disease-producing germs. The wicked bacteriologist had just succeeded in preparing an immunising substance, the physiological effects whereof he had tried on his young and docile pupil, but had neglected to give or leave any details as to the method of preparation. At or about this date his stock of the *bacillus paradoxus* is accidentally scattered broadcast among a Derby Day crowd, and in the course of a few days the country is virtually depopulated by an epidemic of absolutely unprecedented virulence, only a few persons surviving to tell the tale, our author being one of them. The story is well worked out, considering the difficulty inherent to the popular treatment of such a topic and the adventures of our hero and author before, during and after the epoch-ending outbreak are described in a way which does credit to his imagination. Whether the public, profoundly ignorant of the elements of bacteriological science, will understand enough about it to follow the story is open to question, and if they do, we must be prepared for the development of a suspicion of, if not indeed, hostile feeling towards, adepts in a science so potentially destructive of the human race. Novelists

heretofore have not availed themselves to any extent of the marvellous possibilities which are presented by bacteriology, possibly, because they have feared to make themselves ridiculous, but we can look forward with confidence to the day when the generalisation of such knowledge, in the elements thereof, will enable authors to utilise the test tube and syringe, with effects as dramatic as those of the revolver and the poisoned bowl.

SIR H. THOMPSON ON MODERN CREMATION. (a)

THE fact that the volume before us is the fourth edition relieves the reviewer from the necessity of a detailed exposition or criticism of its contents. The greater portion has long been the common property of the scientific—we might have said of the intelligent—public. The earnestness of the now venerable author is well shown in the care with which he has prepared the present issue. We have, as in the last edition, six chapters and an appendix. In the three first chapters, which are historical, we have in the present volume statistics showing the progress of cremation in Europe and America to the end of the year 1900. The third chapter contains the details of a movement initiated by the Council of the Cremation Society in 1893 for the purpose of memorialising the Government on the imperfect method of death certification followed in this country. "The Council stated that it was defective in ascertaining even the fact of death; and untrustworthy in determining its cause, while many cases of death escaped certification altogether. The Home Secretary of the day, Mr. Asquith, convinced of the need of an inquiry, granted one by a Special Committee of the House of Commons, which fully admitted the allegations made, and recommended the remedies proposed by the society. Unhappily no action resulted, and this flagrant blot on the conduct of the social arrangements still exists.

The author still presents "the original argument," by which it is contended that cremation becomes in time a sanitary necessity in every closely populated locality. He here republishes, with some abbreviations, his earliest writings on the subject, "which appeared twenty-five years ago, as the facts then adduced and the conclusions drawn from them remain unchanged since that date."

PALMER ON MASSAGE. (b)

THESE lessons are written for students of massage, and are eminently practical. They contain such information in the letter-press and the illustrations as women require who purpose taking up the duties of a masseuse. Commencing with an historical sketch of her art, a sketch which, if necessary for a book of this nature, might be greatly improved in future editions, the authoress passes to consider the different systems and parts of the body, in the description of which she gives the elements of anatomy with sufficient fulness to make the subject intelligent to students, and in this part of the work the illustrations are both numerous and good. They illustrate the parts and the method of massage suitable for each, and cannot but be helpful to readers.

Massage of special regions is next considered, and the treatment of stiff joints, fractures, sciatica, varicose veins, and so forth, fully dealt with.

After these chapters follows a valuable one on the massage of children, and the work concludes with a good glossary and full index. We have pointed out the only defect in the book, the historical introduction, all else meets with our warm approval, and the authoress deserves the thanks of the profession for placing so very practical a text-book in the hands of student masseuses.

(a) "Modern Cremation. Cremation: its History and Practice to the Present Date." By Sir H. Thompson, Bart., F.R.C.S., M.B. Lond., &c., President of the Cremation Society of England since its foundation in 1874. Fourth edition, revised and enlarged. London: Smith, Elder, and Co. 1901.

(b) "Lessons on Massage." By Margaret D. Palmer, Masseuse and Manager of the Massage Department of the London Hospital; Member of the Council of the Incorporated Society of Trained Masseuses. London: Baillière, Tindall and Cox. 1901. Price 7s. 6d.

(a) "The End of an Epoch." By A. Lincoln Green. London: William Blackwood and Sons. 1901.

Obituary.

THOMAS WHITE, L.R.C.S.I., L.R.C.P.I.,
AND L.M.

We regret to announce the unexpected death of Mr. Thomas White, of Gardiner's Place, Dublin, who was a member of the staff of the Children's Hospital, Temple Street. Mr. White was formerly senior house surgeon of Jervis Street Hospital, and on the call for civil surgeons for the front volunteered for service. He was in South Africa for nearly two years, and distinguished himself by his devotion to duty. He was present at the death-bed of the late Sir William Stokes, by whom his undoubted abilities were appreciated. Later in the campaign he was stationed in Pretoria, and from that city he was sent under a white flag into General Delarey's camp to attend patients who had been suddenly taken ill, and for whom medical assistance had been requested from the British military authorities. He returned to Ireland at the end of last year, and was appointed to the staff of the Children's Hospital, Temple Street. Mr. White last attended to his duties on February 3rd. Later in the same day he was suddenly seized with illness, and died on the 5th inst. We offer our sincere sympathy to his relatives in the sad trouble which has fallen to their lot.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

QUACK AND CRIMINAL ADVERTISEMENTS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—To have the *Times* on one's side in an attack upon any evil or abuse is almost alone a guarantee of ultimate victory. You will have certainly the leading journal with you in your endeavour to arouse in newspaper proprietors and journalists a sense of their responsibilities to the public in the matter of the rampant quackery of the present day; and there need be no doubt that if you will persevere in the enterprise started in your excellent leader of to-day (Feb. 5), you will in the end compel many journalists—if only from shame—to follow the example displayed by their great contemporary. The *Times* has for many years acknowledged and tried to act upon the fact that there exists little difficulty in recognising the infamous rogues, whether unqualified practitioners falsely pretending to be legally qualified or concocters and vendors of nostrums and panaceas, who devote themselves to making money by the plunder of suffering humanity. The *Times* gives ample proof of its right motives in this matter, not only by occasional editorial utterances but by denying admission, at cost of vast pecuniary sacrifice, to the advertisements of many notorious quacks whose announcements find a place in all other newspapers. If the editors or proprietors of great journals like the *Standard*, the *Daily Telegraph*, and the *Daily News* are, as must be supposed, ignorant of the nature of the traffic they are abetting when they publish fraudulent quack advertisements, it is certainly their duty to inquire. These papers yield their owners princely incomes, they assume editorially the functions of censors of morals and guardians of the welfare of the people, they ought not for pay to stoop to aid, however indirectly, the cowardly wretches who live and flourish by preying upon the victims of nervousness and disease. If leading wealthy London journals show so bad an example, it cannot be wondered at that many others, more open to temptation, not only admit freely fraudulent advertisements of every class, but show themselves willing to sell their endorsement in the form of an editorial puff to any pretender who comes prepared, money in hand, to pay for it. Another class of papers, of which the *Echo* and the *Weekly Times* and *Echo* are perhaps the most conspicuous examples, devote themselves to the persistent disparagement of science, and of scientific medicine and surgery, and its practitioners. They destroy the confi-

dence of their simple-minded readers in medical men and their art, and prevent numbers of poor sufferers from availing themselves of treatment by which they might find relief or cure. The editors of such papers are quite within their rights in expressing views honestly held regarding the science and art of medicine; but in doing so they seem under a special obligation to keep their columns free from the advertisements of the army of cynical scoundrelism which lives by preying upon weak and ignorant invalids. It must be borne in mind that a large section of simple people look upon the appearance of an advertisement in a respectable newspaper as a voucher for the *bona fides* of the advertiser. This is more particularly the case when the paper is one which professes to devote itself especially to the exposure of humbug and fraud, or is the organ of some religious denomination. It would at present be difficult to name a single paper of either of these varieties which does not constantly insert numbers of advertisements that, to the eye of any man of the world, display the words fraud and falsehood plainly inscribed upon their faces.

I am, Sir, yours truly,

HENRY SEWILL.

Cavendish Square, February 5, 1902.

"SUPERFETATION."

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I quite agree with Dr. Robert Hugh Hodgson's suggestion, regarding the usefulness of a discussion on superfetation, and at the same time I cannot see that by changing the term into "delayed development" we are clearing up the pathology of this anomaly.

I am, Sir, yours truly,

M. C. O'GORMAN, L.R.C.S.I.

[We cannot print any more letters on this subject.—ED.]

An American Quack at Birkenhead.

THE impunity with which unqualified persons are allowed to practise medicine in this country was demonstrated at an inquest held a few days since at Birkenhead on an old woman who died while being attended by one Pleavin, who claimed to be a medical graduate of Buffalo, Ohio. He admitted that he had never been in America though he claimed to have been passed an examination. He stated further that he had practised for twenty years, and had had patients "in all classes of society." He added that his certificates of death had been accepted during the past twelve years without question, a fact, if fact it be, which reflects anything but credit upon the local registrars. The jury returned a verdict of death from natural causes without passing any censure on the quack whose certificates, it may be hoped, will in future be received less readily than appears to have been the case hitherto.

Harvard Medical School.

MR. J. D. ROCKEFELLER proposes to give 1,000,000 dols. for the furtherance of the medical school at Harvard University, provided that other friends of the University raise about 500,000 dols. for the same object. It is stated that there is but little doubt that the condition will be speedily complied with.

Medical Sickness and Accident Society.

THE usual monthly meeting of the Committee of the Medical Sickness, Annuity and Life Assurance Society was held on 31st ult., at 429, Strand, London, W.C. In the absence of Dr. de Havilland Hall, the chair was taken by Dr. Major Greenwood, and there were also present Dr. J. B. Ball, Mr. H. P. Symonds, Mr. J. Brinsley James, Dr. Walter Smith, Dr. J. W. Hunt, Dr. Frederick S. Palmer, Dr. Alfred S. Gubb, and Dr. W. Knowsley Sibley. The Committee was principally engaged in examining special reports which are required once a year on the cases of members who appear to be permanently incapacitated. About a score of these reports were presented, and there is reason to fear that in most cases the members will never be able to resume professional work, and will continue to draw half sickness pay, usually 100 guineas a year, until they die. The accounts showed a gratifying

increase in the number of new entrants into the society, and a solid increase in the funds, which now amount to over £150,000. Prospectuses and all particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33 Chancery Lane, London, W.C.

Two Scales of Fees.

A CURIOUS action has just been tried at Rothesay, N.B., in which Dr. J. B. Lawson sought to recover from the executors of a deceased lady patient the sum of £66 12s. for professional services. The curious point was that he had previously rendered an account in which his visits were charged at 1s. or 1s. 6d. each, whereas, on discovering that his late patient had been a person of means, he claimed to be entitled to charge 4s. per visit. In the result the Sheriff allowed the visits at the rate of 2s. 6d. each, disallowing all visits not vouched for by the plaintiff's visiting-book, so that judgment was given for £24, less the costs of the defendants.

A Wealthy Practitioner.

THE estate of the late Dr. Thomas Kidley, of Sheffield, has been valued at close upon £512,000, an amount which, it may safely be asserted, was not achieved in the practice of medicine. It is a matter for regret that not a single legacy appears to have been made to any charitable institution, medical or otherwise.

Neurological Society of London.

On February 6th, 1902, the following gentlemen were elected officers for the year:—President: Herbert William Page, M.A., M.C., F.R.C.S. Vice-Presidents: J. N. Langley, M.A., D.Sc., F.R.S.; S. J. Sharkey, M.A., M.D., F.R.C.P. Council: J. B. Lawford, F.R.C.S.; D. B. Lees, M.D., F.R.C.P.; C. Mercier, M.D., M.R.C.P.; W. Julius Mickle, M.D., F.R.C.P.; F. W. Mott, M.D., F.R.C.P., F.R.S.; J. S. Risien Russell, M.D., F.R.C.P.; James Taylor, M.D., F.R.C.P.; William Thorburn, B.Sc., B.S., F.R.C.S.; A. de Watterville, M.A., M.D., B.Sc.; W. Hale White, M.D., F.R.C.P. Treasurer: Charles E. Beevor, M.D., F.R.C.P. Editor of *Brain* (*ex-officio*): R. Percy Smith, M.D., F.R.C.P. Secretaries: W. S. Colman, M.D., F.R.C.P.; Henry Head, M.D., F.R.C.P., F.R.S.

The Dublin Sanitary Association.

THE Council of the Dublin Sanitary Association met on February 6th. The prevalence of small-pox in some of the English and Scotch towns, a daily communication with Dublin having been under discussion, the following resolution was unanimously adopted:—"That, as Dublin is at present threatened with an invasion of small-pox from London, Liverpool, Swansea, and Glasgow, and as mild cases are often mistaken for chicken-pox, the Council call upon the sanitary authorities of the city and adjoining districts to add chicken-pox to the schedule of notifiable diseases for the next six months."

Belfast Hospital for Sick Children.

THE twenty-ninth annual meeting of the subscribers of this hospital was held last week in Queen Street, the Lord Mayor presiding. The annual report stated that during the year 1901, 684 children were treated in the wards of the hospital, an increase over last year of 111. Of these 404 were medical, 269 surgical, and 11 eye and ear cases. Twenty eight deaths occurred, 22 in the medical and 6 in the surgical wards. Two hundred and seventy-two operations were performed. In the out-patient department 5,855 new cases were treated. Of these 3,002 were medical, 1,153 surgical, 1,071 eye and ear cases, and 629 dental. The total number of attendances of out-patients was 14,942, and 213 operations were performed; 187 children were treated in the Convalescent Home. The average expenditure per patient per day is 7½d. and the average number of beds occupied is 44, as against 8d. and 42½ last year. The total average cost per bed occupied is £44 10s., which sum is inclusive of the expenditure in the extern department. There has been a movement during the year to have an extension built to the hospital to accommodate twelve more beds, the cost of which would be about £200, but as this would entail an annual expenditure of £150 at least in addition to the present outlay, it was considered that the state of the finances did not warrant it, and the ques-

tion has been postponed for the time being, with the hope of obtaining more supporters and donations in the near future towards this much-felt want. The adoption of the report was moved and seconded, and the meeting shortly after adjourned.

Royal University of Ireland.

THE following Examiners were appointed for the year 1902 at a meeting of the Senate on February 7th:—Medicine: James A. Lindsay, M.D., Joseph F. O'Carroll, M.D.; Ophthalmology: Arthur W. Sandford, M.D., Louis Werner, M.B.; Midwifery: John W. Byers, M.D., Alfred J. Smith, M.B.; Medical Jurisprudence, &c.: Charles Y. Pearson, M.D., Antony Roche, M.R.C.P.I.; Materia Medica: Martin Dempsey, M.D., William Whitla, M.D.; Physiology: William H. Thompson, M.D.; Pathology: Edmond J. McWeeney, M.D., James Lorrain Smith, M.D.; Sanitary Science: Sir Charles A. Cameron, C.B., M.D.

Pass Lists.

Royal College of Physicians, Edinburgh: Royal College of Surgeons, Edinburgh; and Faculty of Physicians and Surgeons of Glasgow.

THE quarterly examinations of the above Board in Edinburgh were concluded on the 1st inst., with the following results:—

First Examination, Four Years' Course.—Of three candidates entered the following two passed: J. Q. Donald and D. Burrows.

First Examination, Five Years' Course.—Of eighteen candidates entered the following six passed: J. W. Pell, M. T. Naidu, J. L. Power, A. McMillan, Major Moody, and W. R. Miller; and seven passed in Physics, seven in Elementary Biology, and three in Chemistry.

Second Examination, Four Years' Course.—Of nine candidates entered the following six passed: J. Q. Donald, H. L. Jones, D. Burrows, W. Gerrard, J. O. Warwick, and E. H. Hunter; and one passed in Physiology and one in Materia Medica.

Second Examination, Five Years' Course.—Of twenty-six candidates entered the following twelve passed: M. S. Naidu, J. D. Kennedy, T. Owens (with distinction), T. F. Murphy, N. D. Sweetnam, W. H. Woodger, D. E. A. Buchanan, D. C. McCabe-Dallas, D. A. Hastings, J. Wylie, T. Archdeacon, and J. E. Purcell; and one passed in Anatomy.

Third Examination, Five Years' Course.—Of twenty-four candidates entered the following seven passed: D. Contractor, H. F. Everett, C. V. E. Naidu, J. G. Heathcote, H. Day (with distinction), J. Walker, and E. G. Taylor; and two passed in Pathology and five in Materia Medica.

Final Examination.—Of sixty-nine candidates entered the following thirty-three passed and were admitted, L.R.C.P.E., L.R.C.S.E. and L.F.P. and S.G.:—E. E. Turner, T. Huston, E. H. Kenny, W. E. Graves, W. McFarlane, H. B. Connell, J. E. George, E. Taylor, W. Barclay, S. A. Sittampalam, S. Rivers, G. E. Soltan, J. H. O'Sullivan, H. Aspinall, L. E. Staynes, R. G. Campbell, P. F. Manchester, M. Johnston, E. W. Kemp, E. Chisholm, C. L. Mandl, G. J. Harman, K. D. Contractor, (with honours); W. Hunter, C. E. Marshall, S. Ram Kapoor, D. E. Rees, G. Goldfoot, C. V. H. Naidu, K. Bonnar, J. J. McNicholl, W. Beck, R. Murphy; and fifteen passed in Medicine and Therapeutics; seven in Midwifery, and eight in Medical Jurisprudence.

Conjoint Examination in Ireland.

THE following candidates have passed the final examination of the Royal College of Physicians and Royal College of Surgeons:—J. F. Allen, V. F. Connor, P. N. Creagh, S. H. Curry, Miss Haidee Aleen Driver, A. Ellenbogen, W. N. Eustace, A. Tydd Mulhall, J. J. McInerney, C. J. O'Connell, C. R. M. Pattison, S. Potter, R. H. Ross, J. C. Ryan, J. P. Ryan, W. Scott, and S. A. Tucker.

Royal Colleges of Physicians and Surgeons of Ireland.

THE following gentlemen have passed the examination for the Diploma in Public Health of the Royal Colleges:—Thomas Hennessy, F.R.C.S.I., and David Mansfield Saunders, M.D., Major R. A.M.C.

Notices to Correspondents, Short Letters, &c.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

VACCINATION IN EXCELSIS.

It is perhaps a healthy sign when the lay public exhibit an equal enthusiasm for a prophylactic measure as do the antivaccinationists for its abolition. An amusing instance of this was shown at the annual meeting of the largest milk-supplying company in the metropolis a few days ago. When the chairman of Messrs. Welford and Sons, Limited, expressed a desire to receive suggestions from shareholders present, one enthusiastic believer in vaccination demanded that everyone connected with the company should submit himself to inoculation in order to reassure the public that the milk supply was not contaminated. The chairman gravely assured his questioner amidst much laughter, that he and each of his co-directors had already gone through the process, and that it would be extended throughout the staff to the cowboys.

G. T. TRUSCOTT (Trinidad).—(1) It would be well to have an examination of the blood made by a competent man. It is possible that the whole question of diagnosis would be thereby settled off-hand. (2) The fundus of the eyes had better be examined, as papillitis would indicate changes going on in the brain, and would strengthen the view that the seizure was of a true epileptiform character. At the same time kidney disease should be carefully excluded. (3) Temporary blindness occurs now and then—rarely in infants—independently of any optic nerve or fundus changes. It is an interesting phenomenon, but its exact causation has not been yet determined. The most probable explanation appears to be that there is some cortical or visual centre disturbance.

WESTON-SUPER-MARE. Statistics, as it is stated, "can be made to prove anything" although no doubt in the particular case mentioned every care is taken to ensure their correctness.

ANTITOXIN.—There is not any British degree of "Ph.D."; if our correspondent desires to acquire it he will have to apply to one or other of the German Universities which confer it. We have no knowledge of the conditions under which it can be obtained.

Meetings of the Societies, College Lectures, &c.

LONDON.

WEDNESDAY, FEB. 12th.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.)—4 p.m. Mr. J. Cantlie: Clinique. (Surgical.)

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m. Mr. C. P. White: The General Pathology of Tumours. (Erasmus Wilson Lecture.)

THURSDAY, FEB. 13th.

BRITISH GYNÆCOLOGICAL SOCIETY (20, Hanover Square, W.).—8 p.m. Specimens will be shown by Dr. F. W. Ramsay, Mr. R. O'Callaghan, and Dr. H. Macnaughton-Jones. Dr. H. Croom (incoming President): Inaugural Address.

FRIDAY, FEB. 14th.

CLINICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8.30 p.m. Papers:—Mr. G. Barling: Seventy-four Cases of Appendicitis with Localised Surgery, with special reference to the treatment of the appendix in such cases. Mr. F. C. Wallis: The Treatment of Intra-peritoneal Abscess of the Appendix, illustrated by cases.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m. Mr. C. P. White: The General Pathology of Tumours. (Erasmus Wilson Lecture.)

DUBLIN.

FRIDAY, FEB. 14th.

ROYAL ACADEMY OF MEDICINE IN IRELAND.—Section of State Medicine. 8.30 p.m. at the Royal College of Physicians. Agenda:—1. President's Address. 2. Case of Lead Poisoning. 3. H. Gray Croly: On the Disposal of Surgical Dressings, &c. 4. E. J. McWeeney: Concluding Remarks on the Milk of Tuberculous Cows.

MONDAY, FEB. 17th.

ROYAL COLLEGE OF SURGEONS.—Examination for Fellowship commences.

Appointments.

CANE, HOWARD, M.D., L.R.C.P.Lond., M.R.C.S., Medical Officer to the Staff at the Crossness Outfall Works.

DONALD, W., M.D.Aberd., Certifying Surgeon under the Factory Acts for the Banff District.

FIRTH, J. LACY, M.D., M.S.Lond., F.R.C.S.Eng., Surgeon to the Bristol General Hospital.

HAMILTON, J. STIRLING, B.A.Cantab., House Physician to St. Bartholomew's Hospital.

HULBERT, H. L. P., M.A.Cantab., House Physician to St. Bartholomew's Hospital.

KERR, JAMES, M.D.Cantab., Medical Officer to the School Board for London.

LITTLE, A. J., L.R.C.P.Irel., L.S.A., Medical Officer of the Uxbridge Union.

MATURIN, H., M.R.C.S., L.S.A., Medical Officer of Health for the Hartley Wintrey Rural District, Hampshire.

NICHOLSON, BALFOUR STEWART, M.B., M.S.Glas., Medical Officer of the Parish of Clackmannan.

PINKER, H. G., M.R.C.S., L.R.C.P., Intern Midwifery Assistant at St. Bartholomew's Hospital.

SHENNAH, THEODORE, M.D.Edin., F.R.C.S. Edin., Superintendent Pathologist to the Edinburgh Royal Infirmary.

THOMAS, A. E., M.B.Lond., House Physician to St. Bartholomew's Hospital.

URWICK, R. H., M.A., M.B., B.C.Cantab., House Physician to St. Bartholomew's Hospital.

WEIR, H. H., B.A.Cantab., House Physician to St. Bartholomew's Hospital.

Vacancies.

Ashton-under-Lyne, District Infirmary.—House Surgeon. Salary £120 a year, with board and lodging. Applications immediately to William Bottomley, 120 Stamford Street, Ashton-under-Lyne.

Clogher Union.—Medical Officer for the Workhouse. Salary £100 per annum. Immediate application to Thomas Turner, Clerk of Union. (See Advt.)

County of Caithness.—Medical Officer of Health.—Salary £250, and £50 for travelling and other expenses. Applications to James Brims, County Clerk, Thurso.

Durham County Hospital.—House Surgeon. Salary £100 a year and board and lodging. Applications immediately to W. E. Wilson, Secretary, 68A Sadder Street, Durham.

Durham County Asylum.—Junior Assistant Medical Officer. Salary £140, with board, laundry, and attendance. Applications to the Medical Superintendent, Durham County Asylum, Winterton, Ferryhill.

Edenderry Union.—Medical Officer. Salary £120 per annum, and £25 per annum as Medical Officer of Health. Immediate application to T. Humphrey F. Dor, Clerk of Union. (See Advt.)

Fisherton Asylum.—Assistant Medical Officer. Salary £150 per annum, with board, lodging, and washing. Applications to Dr. Finch, the Asylum, Salisbury.

Galway Hospital.—Resident Medical Officer and Compounder of Medicine. Salary £30 per annum. Applications to S. J. Leonard, Clerk to the Hospital. (See Advt.)

Kent and Canterbury Hospital.—House Surgeon. Salary £100 a year with board and lodging. Applications immediately to A. J. Lancaster, Secretary.

Royal City of Dublin Hospital.—Resident Medical Officer. Immediate application to G. Jameson Johnston, Hon. Sec.

South Africa—Cape Copper Co., Ltd.—Qualified Assistant to act as Dispenser and Assistant Chief Medical Officer. Salary £180 per annum. Address, by letter only, Secretary, Cape Copper Co., Ltd., 9 Queen Street Place, E.C. (See Advt.)

Stockport Infirmary.—House Surgeon. Salary £100 per annum, with residence, board, and laundry. Applications immediately to the Secretary.

Suffolk County Asylum.—Second Assistant Medical Officer. Salary commencing at £130 per annum, with board, lodging, laundry, and attendance. Applications to the Medical Superintendent, County Asylum, Melton, Suffolk.

Warneford Hospital.—House Surgeon. Salary £100 per annum, with board, washing, and apartments. Applications to the Secretary.

Births.

BENNETT.—On the 30th ult., at 22 Broad Street, Birmingham, the wife of W. Edward Bennett, F.R.C.S.Eng., of a daughter.
FRERE.—On Feb. 6th, the wife of A. Hasbury Frere, M.B., of The Nunnery, Diss, Norfolk, of a son.

Marriages.

POPE—ROPER.—On Dec. 12th, at Kroonstad, O.R.C., Francis Pope, M.R.C.S., L.R.C.P., of Birmingham, to Nancy, third daughter of C. E. Roper, of Blisworth, Northamptonshire.

TATE—SIMPSON.—On Feb. 5th, at the Parish Church, Loversall, by the Rev James C. Ross, George Temple Tate, M.D., elder son of the late George Ralph Tate, M.D., A.M.S., to Janet, younger daughter of William Simpson, Esq., of Loversall, Doncaster.

Deaths.

BEAMAN.—On the 6th inst., at Bridge House, Setch, King's Lynn, Joseph Harrison Leonard Beaman, M.A., M.D., I.M.S., 28th Bombay Pioneers, aged 29.

BLATHERWICK.—On Feb. 6th, at his residence, 4 Queen's Mead Road, Bromley, Kent, Deputy Surgeon-General Thomas Blatherwick, in his 79th year.

COPPIN.—On Jan. 31st, at 181 High Street, Plumstead, Mornay Coppin, M.R.C.S., in his 90th year.

DAVEY.—On Feb. 5th, at 18 Granville Place, Portman Square, W., Francis A. Davey, M.R.C.S.E., L.S.A., late of Barkway, Royston, Herts., and third son of the late William Davey, of Welton Lodge, Lyncombe, Bath.

LANKESTER.—On Jan. 30th, at Salisbury Road, Leicester, Henry Lankester, M.R.C.S., L.S.A., J.P., aged 76.

SLAUGHTER.—On Feb. 3rd, at Woodlands, Horeham Road, Sussex, Charles Henry Slaughter, Esq., Inspector-General of Hospitals and Fleets, Royal Navy, second son of the late Dr. T. G. Slaughter, of Farningham, Kent, in his 68th year.

STOWERS.—On Feb. 3rd, at Clapham Road, S.W., well Stowers, M.R.C.S., in his 87th year.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXIV.

WEDNESDAY, FEBRUARY 19, 1902.

No. 8.

Original Communications.

A CASE OF SCLERODERMIA ASSOCIATED WITH RAYNAUD'S DISEASE. WITH SPECIAL REFERENCE TO TREATMENT. (a)

By WILLIAM EWART, M.D. Cantab., F.R.C.P.,
Senior Physician to St. George's Hospital, and to the Belgrave
Hospital for Children.

THE special group of cases of diffuse sclerodermia of which this patient is a good representative, is of interest, as it presents prodromata which are almost as remarkable as the disease itself, and which we cannot afford to overlook in connection with ætiology. The beginnings of sclerodermia are insidious, and the variety of its alleged determining causes is such as to make us doubt whether any of them are true causes. But in some cases the occurrence of well marked symptoms of Raynaud's disease carries with it a definite suggestion as to ætiology. Vidal (b) long ago propounded the view that the earliest beginning was a vasomotor disturbance, at first functional, but ultimately leading to obliterative periarteritis.

If we admit varieties in the type of the disease we may also imagine different modes of origin for it. E. Jeanselme (c) makes a distinction between cases of acute development and those more slowly and widely spreading. The latter he regards as hardly capable of recovery. He believes that obliterative endoperiarteritis is the starting-point of the cutaneous sclerosis. F. X. Dercum (d) recognises (1) an oedematous form, (2) an indurative form, and (3) a form without infiltration. Possibly, however, the varieties described may be rather differences in degree of severity, in stages of development, or in duration, than differences in kind. On that supposition the vasomotor phenomena, when they are seen, even assuming them to be merely correlated rather than causal factors, indicate a strongly nervous bias in the mechanism of the disease, and the group in question might be the means of identifying this mechanism as a trophoneurosis.

All modern writers call attention to cases of this kind. Sir Thomas Barlow (e) refers to instances in which Raynaud's symptoms were the precursors of sclerodermia. But in Dr. Finlayson's case, which he quotes, the patient suffered from symmetrical gangrene at a late stage of his sclerodermia, as though the usual order had been reversed.

Possibly here, as in many previous instances, the original milder symptoms of Raynaud's disease may have been overlooked. Many years ago, a young woman was under my treatment for unexplained attacks of local oedema and faintings. She ultimately developed sclerodermia, for which she was again for long periods an inmate in the hospital, and she finally recovered. The same sequence was observed in the following case, a brief account of which may prove of interest.

Case.—M. G. H. (a), married (three miscarriages, but no children), was admitted into St. George's Hospital on January 2nd, 1902 ("Med. Reg.," No. 4, 1902), complaining of tightness of the skin and of coldness of the extremities, vomiting, and other symptoms. No facts of importance were elicited in the family history. Her own clinical record was one of some constitutional delicacy but of few acute seizures. Her habits are temperate, and there was no evidence of syphilis. At the age of eighteen she suffered for five months from anæmia and flatulent dyspepsia which were relieved by the extraction of several bad teeth. She had quinsy seven years ago, but no other serious illness. Six years ago she began to suffer from coldness and blueness of the fingers and toes, chiefly during the winter, and her digestion again gave way, and has remained unsatisfactory. The circulation in the extremities became gradually worse, the blueness of the fingers occurring in the summer as well as in the winter during the last two years. For this condition, and for an attack of menorrhagia which Dr. Stabb traced to a threatened or incomplete abortion, she was an in-patient under Dr. Lee Dickinson from November 29th to December 13th, 1900 (St. George's Hospital "Med. Reg.," No. 1,796, 1902). She was then found to be suffering from Raynaud's disease, and in addition Dr. Lee Dickinson detected early indications of sclerodermia. The notes also make mention of pain in the right wrist, and of pain under the left nipple. The symptoms showed some improvement during her stay in the hospital, where she was treated with strychnine and other tonics.

Since then, but chiefly during the last six months, there has been a progressive deterioration. Six months ago the vomiting and retching to which she had occasionally been subject became much worse, and she first noticed an uncomfortable tightness of the skin. During a short stay at Eastbourne she became a little stronger, but the skin did not improve, and has since become worse. She remained liable to flatulency and to attacks of pain below the heart, with faintness, and with vomiting of fine white froth. On three occasions the retching brought up about a teaspoonful of blood.

At the time of her present admission, in addition to these symptoms, the "tightness" which she had

(a) For the history of this case I am indebted to Dr. Stokes, Medical Registrar.

(a) Read before the Harveian Society of London, on Feb. 6th, 1902.

(b) Ball "Dict. Encycl. des Sciences." Art. Sclérodémie. 1875.
(c) "Manuel de Médecine." By Debove and Hachard. Vol. iv. 1894.

(d) "Twentieth Century System of Medicine," Vol. xi.
(e) Clifford Allbutt's "System of Medicine," Vol. vi.

noticed for the last six months, but which had greatly increased during the last three months, was such that she could not use her fingers, which were stiffened in a slightly flexed position, and the wrists were also stiff, and in a less degree also the shoulders. The movements of the lips were impeded. Owing to the stiffness of the skin of the back she could not stoop so as to reach her feet. She states that she has been forgetful and "slow" lately.

On examination she is thin, and presents the characteristic pinched sclerodermial features; the skin of the face is drawn, dry, and branny, but not absolutely pale; the nose sharp, the lips stiff and tightly drawn, exposing part of the upper incisors; the upper lids also heavy and stiff, but they meet the lower lids; but the palpebral aperture, like that of the mouth, appears to be slightly shortened. The hair, which has been falling a good deal, is dry and rather harsh, but fairly thick. The skin of the back is somewhat inelastic, but shows no other marked change. On several of her fingers are cicatrices of old ulcerations. These always began gradually, and were difficult and slow to heal. The fingers are pointed, the skin of the phalanges thick, shiny and hard, and cannot be pinched up, and this condition extends in slighter degree up the wrists, which cannot be flexed, particularly the left. The fingers, which are partly bent, cannot be completely extended, neither can they be flexed into the palm. The skin of the hands and that of the cheeks, nose, and lips is typically sclerodermic, but that of the back, of which she complained so much, is not obviously hardened. The feet are cold, the toes bluish, but free from ulcerations or cicatrices. The only necrotic ulcer—and this is now healing—is on the edge of the right thumb. She states that the left leg often swells but there is no swelling now, and no oedema elsewhere. The neck is thin. The thyroid isthmus can only just be felt.

The chest is spare; the mammae rather flattened with prominent nipples. The tightness is felt by her chiefly on the left side between the shoulder-joint and the left mamma.

The organs are found to be apparently healthy. There is no cardiac murmur. The apex beats in the nipple line. Respiration quick. Pulse small, about 80 per minute. Temperature slightly subnormal. Urine normal. The knee-jerks are markedly exaggerated, the plantar reflexes active.

The progress of the patient under treatment has been one of steady improvement, the details of which will be gathered from the following observations.

REMARKS ON THE CLINICAL AND THERAPEUTICAL ASPECTS OF THE CASE.

To sum up the case, it is not obvious why the patient should have lapsed from her former standard of health, but the special history of the symptoms is fortunately nearly complete. The genuineness of the case as one of Raynaud's disease was fully tested at the date of her first admission under Dr. Lee Dickinson. At that time local syncope was a feature, in addition to local asphyxia. When readmitted under my care, further evidence was afforded by the daily attacks of local asphyxia in the fingers and toes, by the small necrotic ulceration, which has now healed to a scar, on the ball of the right thumb, and by the minute scars left on all the finger tips by previous ulcers of a similar kind.

As regards the cutaneous condition, although she dates the onset of the stiffness to six months ago, the earlier beginning of it had not escaped Dr. Lees Dickinson's observation. He noted so far back as December, 1900, the characteristic sharpness of the features, the bridling of the lips, and the slightly bent attitude of the fingers, and although others

could not then agree with him in recognising scleroderma, the correctness of his diagnosis has since then been proved. The husband had noticed even earlier changes. Four years ago the facial expression began to alter and the face became "much smaller." Thus the case is no less genuine as one of scleroderma. As she appears to-day she still displays many of the features of that affection, although they are quickly vanishing. The mouth, which on admission was incapable of much movement and the lips unable to meet, is now equal to proper articulation and to the movements of smiling and of whistling, and the line of teeth is no longer exposed. The fingers which could not be flexed are now readily closed and extended, and the wrists are much less stiff. The feet have likewise improved. Little change had fortunately occurred in the trunk, except a stiffness and tightness felt at the back of the shoulders and down the front of the left axilla. The breasts are still rather flat, and the nipple made prominent, but in every part the skin is gaining in suppleness and mobility, and there is no fresh extension of the scleroderma.

Lastly, the genuineness of the third pathological element in the case is sufficiently declared by the severity of the recurrent gastric attacks. The dyspepsia and the malnutrition arising from it might indeed be regarded as the chief ætiological factors, but it is also possible to conceive that the stomach as well as the heart may have suffered secondarily. In this respect also the amendment has been most marked and rapid.

I may now be allowed to briefly review those peculiarities of the case which present a practical bearing upon treatment and ætiology.

1. The liability to *local asphyxia* need not be again insisted upon.

2. *The malnutrition.*—The wasting of the muscles in this disease may be to a great extent explained by disuse. But the loss of fat which is one of its known features may be regarded as proof of an alteration in the metabolism, inasmuch as rest often breeds fat and rarely wastes it. The patient presented on admission this peculiarity and the mal-nutrition in this direction led me to inquire into the state of the thyroid gland.

3. *The thyroid* has in some cases been reported as atrophied. In this patient it is certainly unduly small, though it may just be felt. This peculiarity has much importance as a suggestion in the direction of ætiology and of treatment.

4. The question as to *rheumatism* or any other toxæmia should always be investigated. Rheumatism is mentioned in some reported cases, and endocarditis, which may have been rheumatic, in others. In the present case there is no history of any rheumatic attack. But there was partial fixation of both wrists, chiefly the left, where some teno-synovitic crackling was obtained, and some adhesions had to be broken down before free movement was restored.

5. *Pigmentation*, or loss of pigment, which are often observed, were not present here. There was neither pigmentation nor leucoderma.

6. *Disturbances of the nervous system*—cerebral, spinal, or sympathetic—have not been prominent in this patient. There were no mental symptoms, nor hysteria, nor any obvious failure in nerve conduction. The knee-jerks were markedly exaggerated.

7. *The visceral functions* were not, however, absolutely perfect in connection with sympathetic innervation. Dyspepsia may well be expected in one partly paralysed in the lips and jaws, and the occurrence of pain felt at the region of the heart and associated with flatulency may be at least partly referred to a nervous origin.

8. A special feature which may be more frequent

than hitherto suspected, was the tendency to cardiac depression and syncope. During the interval between her two attacks, pain at the heart and flatulence were a frequent complaint; but she has only once suffered in that manner since her admission. I have regarded this symptom as pseudo-anginal, and this view is not negatived, but perhaps supported by the fact that the pain has usually been relieved by a discharge of flatus. The occurrence of some degree of cardiopathy in sclerodermia of the Raynaud type is after all nothing more than may be expected where the vascular system is so unduly sensitive, and where the peripheral vascular resistance is demonstrably increased. The precise nature of this cardiac reaction I will not venture to discuss. It may be toxic or vasomotor and may affect the nutrient vessels of the heart or its constituent muscles and nerves. Another important point in symptomatology is that in this case the attacks of peripheral asphyxia were apt to occur soon after meals. This suggested another etiological mechanism for the vasomotor change, that of visceral irritation.

THE TREATMENT OF THE CASE.

The treatment was planned according to the leading features which have just been mentioned, and largely as it will be seen on the lines of hygiene rather than of medication.

The nutritional indication was the first to receive attention, and, as a foundation for further treatment, rest in bed and an easily digestible liberal diet were ordered. Subsequently the patient was allowed six ounces of port wine daily.

Next to feeding the patient most importance attaching to a protection of the peripheral circulation, I had intended to keep the hands and wrists immersed in warm oil; but in the absence of suitable hand baths I caused the hands to be oiled freely and covered with protecting gloves, and each hand to be kept night and day enclosed in a bag containing a hot water bottle surrounded with cotton wool. This had the effect of breaking through the habit of the recurrence of the cyanosis each morning, much to the patient's comfort. The oil used was a mixture of equal parts of almond oil and olive oil with 5 per cent. of oil of eucalyptus.

To influence the thickening and stiffness of the skin, passive movement and massage with oil were applied at intervals to the arms and hands and to the upper part of the chest and back.

On January 4th, thinking that diaphoretics and peripheral vaso-relaxants might help the skin, a mixture was ordered to be taken every four hours containing Liq. trinit. Mj, Haust. am. acet., ad 3j, and the use of thyroid extract which she had taken for two days since admission was discontinued. The skin, as stated, had hitherto been dry and rather harsh. On January 7th Sp. æther. nit., 3j was added to the dose, and special skin massage was applied to the hands and feet. On January 8th the patient was encouraged to practise for herself movements of the fingers. On this date a decided improvement in the conditions of the skin, in its sensation, and in its mobility were apparent. On the 9th, the nitroglycerine having been well borne hitherto, the dose was increased to 1½.

A further instalment of treatment was now begun specially intended to remedy the deficiency of subcutaneous fat; 2 ozs. of olive oil and ½ oz. whisky were ordered to be taken every night, in spite of the patient's objection that she could not swallow any oil. The dose had to be reduced on the 11th to ½ oz. of oil with a drachm of whisky, and this she was able to keep down, and persevered with regularly. She is now taking 1 oz. of oil and ½ oz. of whisky. On January 14th a 4-grain Pill Hyd. c. Rh. was ordered

every other night to facilitate the digestion of the oil.

The improvement now went on at a great rate, and I turned more special attention to the hygiene of the muscular system, and taught the patient the respiratory exercises suited to bed-ridden cases. The dose of the Liquor trinit. was raised to 2 minims, but had to be reduced again on the 17th to the previous amount owing to headache. It may be mentioned that on the 14th, the weather being rather colder, some cyanosis was experienced again, and there was some faintness while she was sitting up. The catamenia began this day and lasted for three days.

On January 9th sweating had been observed for the first time over the epigastrium and back, and the next day she felt much better, with less stiffness in the fingers, but still some cyanosis.

January 12th was the first day when no cyanosis occurred.

Throughout this period the improvement had been steady and relatively rapidly.

On January 29th the following note was made:— "She had been getting up every afternoon since the 17th. She is now much better, and can stoop quite easily. She can raise her arms above her head. The lips are kept habitually closed. She can smile and whistle. The skin of the feet feels much more comfortable to the patient, indeed, quite loose; the improvement in this direction is the more noteworthy as no local treatment, except a hot-water bottle and massage, was applied to the feet. The fingers have lost a great deal of the hard, waxy, leathery appearance, and it is possible to lift the skin to a certain extent even off the phalanges. The fingers can now be freely flexed and the fists doubled; and it has become possible to dispense with the continuous local application of warmth. There is, however, some remaining stiffness of the wrists, particularly of the left. This can be overcome by forcible, passive movement, but not without the feeling and sound of breaking down fine adhesions. There is also up the back of the wrist, along the sheath of the extensor tendons, a very perceptible crackling, as of teno-synovitis, on movement. After these manipulations, which had to be repeated, the mobility of the wrist has gradually improved. The patient's face has lost some of its sharpness, and presents a more oval outline. A deposition of fat is also noticeable in almost every part of the body, except, however, the breasts."

REMARKS ON THE PATHOLOGICAL ÆTIOLOGY OF SCLERODERMIA.

The treatment had been based on the hope that the affection might be, at any rate in this case, an essentially functional one; its results so far seem to justify that view. On the other hand, in other cases definite structural changes have been described. Whether it be that diffuse sclerodermia is not always one and the same, or that at times a greater intensity or a longer duration of the affection may be apt to damage the tissues, instances of the following lesions have been recorded in addition to obliterative arteritis (a), viz., an increase in the elastic network, a hypertrophy of the smooth muscular fibres, a cell proliferation within the adipose tissue, a pigmentary infiltration, some increase in the fibrils of the connective tissue, but little or no change in the nerve fibrils or their sheaths.

It is noteworthy in connection with these changes that the disease is not one belonging to the degenerative stage of life. Rarely witnessed before ten, it usually occurs between the ages of twenty and forty (Dercum). Neither the blood nor the urine have

(a) cf. Jeannelme loc. cit. cf. also Lewin and Heller "Die Sclerodermie." Berlin, 1895.

been found materially altered. Although the latter has been described as lessened in amount, the kidney as well as the other viscera are probably free from any marked structural changes.

Whilst recording these findings it is right to add that some of the changes may in part be secondary to the mechanical interference with the circulation. For instance, the proliferation of the connective tissue cells may be analogous to that which takes place in the pseudo-elephantiasis of inveterate lymphatic or simple venous cedemas. In the same way adhesions may ultimately, as in this case, form in or around a joint which was originally fixed by cutaneous stiffness.

Among the possible primary structural lesions special mention should be made of the alleged atrophy of the thyroid. The profound alterations in the circulation witnessed in some forms of thyroid disease might be used as an argument in favour of a thyroid origin of scleroderma. Rapidity of pulse and cardiac palpitations (*Dercum*) have sometimes been noted, and scleroderma has been known to occur in the course of Graves' disease. At the same time we should not lose sight of the possibility that the thyroid and its functions may be involved secondarily; and until further evidence has been obtained from trustworthy observations made at an early stage of the disease the thyroid origin of scleroderma must be regarded as a mere theory. According to that theory it has been suggested that scleroderma might arise from some fault in the supply or from some modification in the composition of the collagen of the skin analogous to the alteration in the mucin in myxœdema; or the induration might perhaps be regarded as a stiff myxœdema from dehydrations of mucin in the ischæmic areas. Whilst these are mere speculations, it is probable that the lymphatic circulation is much impeded in the parts affected.

It is obviously premature to draw any general conclusions, but the conjunction of Raynaud's disease with scleroderma is an important fact which should cause us to look for some broader ætiology capable of explaining both the vascular and the cutaneous phenomena. The present case lends colour to the view that Raynaud's disease, as well as scleroderma, are essentially functional rather than structural. The patient's improvement under treatment seems to prove that the obliterative arthritis of Friedländer was not present in this case, and that if it should occur in other cases this may be a complication or a late development rather than an early mechanism.

As regards *prognosis*, the rapid improvement in this case supports the view borne out by the later history of some other chronic cases that the disease may be recovered from. I am inclined to think that it ought to be recovered from if our treatment were adequate. This is also borne out by the fact that the early case to which I referred ultimately recovered. The disease in itself, putting aside its cardiac complications, has nothing of a fatal tendency except in the malnutrition due to mechanical interference with many of the functions and in the resulting depression of vitality. It is not to be wondered that the liability to fatal pulmonary and renal complications should be considerable; but if these and other complications can be avoided recovery may eventually occur even in aggravated cases and after a prolonged duration.

ACCORDING to our all-knowing contemporary, the *World*, "All the Cabinet have been vaccinated. Lord Londonderry and Lord Ashbourne are both nursing their arms, and among others Lord Roberts has suffered much." Would that the example of "vaccination in high life" might dissipate all conscientious objections in the lower ranks of society.

THE TREATMENT OF PLEURAL EFFUSIONS. (a)

By ARNOLD CHAPLIN, M.D., M.B.C.P.,

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THIS question of the treatment of effusion is of especial interest and importance to the practical physician, inasmuch as it is met with frequently in practice, and because, if properly treated, there are few diseases which bring the physician more credit. Before our great clinical master, Trousseau, explained the conditions which necessitated the evacuation of fluid in the chest, pleural effusion was regarded as a most grave disease which might easily compromise the safety of the patient. At that time a fierce controversy was waged over the question as to whether it was right to tap a chest containing serous fluid under any conditions. Collapse of the lung, pneumothorax, empyema, and syncope were asserted to be the almost certain results of such a proceeding. But Trousseau, and those with him, paid no heed to such warnings, they continued to tap effusions, with such good results that under certain conditions the practice became established on a firm foundation, and the controversy which the method evoked is now only of academic interest. The advantage of tapping an effusion was so manifest, under certain conditions, that for many years the tendency was to tap any effusion almost regardless of the presence or absence of the indications for tapping; and I am not sure that, even at the present time, effusions that would get well admirably without the trocar, are not aided or retarded by tapping. Perhaps the simplicity, the ease, and the safety of the operation all lend themselves to the natural impatience of human nature, and determine us to expedite matters instead of awaiting Nature's own good time.

For the purpose of discussing the treatment of this disease I propose to classify pleural effusion under two heads, namely, simple pleural effusion and pleural effusion complicated with some other conditions of chest disease. By the simple form of pleural effusion I understand that resulting from an attack of pleurisy in an otherwise healthy person, independent of any disease of the lung, often rightly or wrongly attributed to catching a cold or chill. As to the question of this effusion being tuberculous or not, I do not think the scope of this paper offers facilities for its discussion, and indeed, for purposes of actual treatment, it does not matter. This simple pleurisy runs for the most part a perfectly definite and normal course. The effusion goes on increasing for a time, then remains stationary, and eventually becomes absorbed, leaving nothing but adhesions, and to all intents and purposes the patient is as well as before. It has often been said that simple pleural effusion is a disease which lasts about six weeks, and I do not know that the amount of the effusion alters in any great degree the duration of the disease. Another point of interest in simple pleural effusion is that it has frequently been noticed to have a particular affection for the left pleural cavity. Indeed, in my own practice so often have I observed this that I have grown to regard left-sided effusions as more likely to be independent of any serious lung condition than right-sided ones. With these few remarks as to the clinical history of simple pleural effusion we may, I think, pass to the consideration of its treatment. It will, perhaps, be most convenient to first discuss the treatment of simple pleural effusion by means of drugs. The catalogue of drugs used to allay the inflammation and promote the absorption of the effusion is a lengthy one, and it is difficult to find any common agreement as to their use. We may enumerate such drugs as acetate of ammonia, nitrate of potash, squills, digitalis, acid tartrate of potash, and juniper and scoprium, among those employed to promote excretion by the kidneys and skin; iodide of potash and iodide of iron among those given to promote absorption; arsenic, iron, quinine, and mercury as tonics and alteratives. Again, as local applications, iodine and blisters

(a) Read before the Harveian Society, January 22nd, 1902.

are frequently prescribed. Strapping is also used by many to keep that side of the chest quiet, and so arrest pain. With regard to these drugs, given in order to promote excretion by the kidneys and skin, it is difficult to say that they have ever exerted any appreciable effect in lessening the amount of the pleural fluid. Iodide of potash and the syrup of iodide of iron have, on the other hand, been frequently spoken of as being of great use when the fluid has been stationary for some time, and when there has been evidence of its having become thick and inspissated. As common practice I have treated limited pleural effusions with either iodide of iron or iodide of potash combined with quinine, and experience seems to show that resolution of the fluid is hastened by the exhibition of such drugs, when compared with the time taken for similar effusions to resolve without any drug treatment. With regard to the local application of iodine and blisters, all are agreed as to their efficacy in relieving pain and uncomfortable sensations, and some claim that they largely assist in promoting the absorption of the fluid. It must be confessed, however, that the way in which they do this is by no means clear. The treatment by rest and diet is of great importance in pleural effusion; all are agreed as to their value. The patient should be kept rigidly in bed and as much as possible on his back, all sudden movements, such as sitting up in bed should be guarded against, for not a few cases are on record where fatal syncope has resulted from suddenly sitting up in bed, though it is right to state that in most of the cases given, the pleural effusion was large and of rapid onset. The practice of giving low diet and a reduced quantity of fluid is to be commended, and is usually followed. During the inflammatory stage of the attack, much discomfort may be avoided by strapping the chest. But this must not be persevered in too long, for when the fluid is ripe for absorption, free movements of the chest are of the utmost importance in promoting the resolution of the fluid. By such simple methods very many pleural effusions will get well, and leave no trace or at most some thickening of the pleura and adhesions. In many instances, however, this expectant form of treatment does not have the desired result, and in spite of everything we can do the effusion increases or remains stationary. We are then face to face with the large question of tapping, and it is to this question of tapping that I would particularly draw your attention. Let us for the purpose of discussion, divide the practice of tapping in simple pleural effusions, into two parts, namely, *When to tap* and *How to tap*.

1. *When to tap*.—The rule used to be laid down and very generally followed, that unless there was evidence of pressure in the pleural cavity, causing dyspnoea, rapid and weak pulse, and considerable displacement of the heart, tapping was unnecessary. By following this rule many cases of simple pleural effusion, of large extent, but giving no signs of causing distress, nor showing any tendency to become absorbed, were left week after week, until the disease became one of months rather than weeks. Practice then went to the other extreme, and many were in the habit of tapping almost any collection of fluid in the chest, giving no time to Nature to effect the cure. Under these circumstances, no wonder that observers were unable to see any real benefit from tapping. Then, again, some confusion as to the results of tapping has arisen, owing to the fact that it is not made clear that there are two distinct ends to be obtained. When a patient has his pleural cavity full of fluid, and is in great danger from the pressure exerted, tapping is resorted to to relieve a dangerous condition. When, on the other hand, a pleural effusion shows no signs of being absorbed, tapping becomes a means towards curing the patient of his trouble. Therefore, I would lay it down that tapping the chest is indicated: (1) When dangerous symptoms arise from the pressure of the fluid. (2) When Nature gives no sign of removing the fluid by the means at her disposal. Under any other condition I hold tapping to be useless, and only calculated to bring a much prized method into contempt. To make this clearer, let us suppose that one has to deal with a case of pleural effusion in which one side of the chest is two-thirds full of

fluid. The patient has no distress, the disease is but a few days old. The pleural cavity is evacuated by means of the trocar, and with what result? The condition of the patient is in no wise improved. The temperature continues its irregular hectic course and in a few days the chest is again as full as ever. In this instance the tapping has been resorted to while the inflammatory process was still going on. Had there been, however, severe distress and dyspnoea the tapping would have given immediate relief, and if the chest again filled up causing distress the same process might be again repeated, always with the assurance that the injurious symptoms for which it was performed would be relieved. Similarly, there can be no good purpose served by tapping an effusion which is showing signs of being absorbed, but when after some time the effusion is just as much as ever, judicious tapping will hasten recovery considerably. By some it is claimed that if tapping has to be done at all it curtails the duration of the disease. To this doctrine I am unable to subscribe, unless it be limited to the tapping of a full pleural effusion at the end of the disease, which, for some reason or other, is sluggish and shows no sign of disappearing. My experience points to the fact that early tapping to relieve dangerous symptoms does not in any way shorten the duration of the disease.

To sum up then the main points in the question of when to tap. 1. Paracentesis may be required to relieve urgent symptoms, such as dyspnoea and syncope. This necessity generally arises during the early or inflammatory stage of pleural effusion, and consequently one must not be surprised if the pleural cavity fills up again. 2. Tapping is necessary when the fluid shows no signs of disappearing, and if properly performed there is no reason why the pleural cavity should fill up again. 3. Paracentesis does not appreciably shorten the duration of the disease unless performed after the inflammatory stage has passed.

We will now pass to a consideration of the question of how to tap. The old clinicians with primitive methods obtained excellent results by the simple means of inserting a trocar into the pleural cavity and allowing the fluid to run away at will. But soon cases came to be recorded in which air had been introduced into the pleural cavity and pneumothorax established, or the serous effusion converted into pus. To obviate this Trousseau adopted the expedient of fixing on to the end of the trocar a piece of goldbeater's skin. This acted as a valve, and permitted the fluid to run out, but closed against the ingress of air.

As to the question of pneumothorax being produced, on two occasions I have seen it as the result of inserting a trocar. The operation was performed by a medical man, who took every precaution, but the layer of fluid was so thin that he punctured the lung. After a few hours all the phenomena of pneumothorax supervened, but with this difference, that the patient experienced no distress. The symptoms remained for about four days, and then entirely disappeared. A second tapping was resorted to, but the fluid was still serous, and the patient made an excellent recovery. In fact, I have always thought that pneumothorax produced in a pleural cavity with pleura capable of healing again is but a trivial condition.

When, in the old days, pus was found in the pleura soon after a tapping, I take to be due to the want of proper antiseptic precautions, such as a dirty needle, rather than due to the entry of air into the pleural cavity.

Another question as to the production of pneumothorax occurs: If the fluid will run out of a trocar by the lung expanding, how can air enter in? In fact, in the laboratory it is most difficult to produce artificial pneumothorax.

Soon after the simple trocar, one with a length of rubber tube was introduced, and for many years the chest was evacuated by means of syphoning. Difficulty was, however, often met with in this method. The fluid after flowing freely for a time would stop, although the pleural cavity was by no means emptied. The practice at that time was to tap every effusion, and to completely empty the pleural cavity. So the aspirator was brought into use, and owing to the ease with which an effusion could be completely dissipated, soon gained universal

acceptance. But I cannot help thinking that had the true principles which govern paracentesis been thoroughly grasped, the use of the aspirator would never have gained such popularity as it now possesses. In the early stages of pleural effusion, when paracentesis becomes imperative to relieve dangerous symptoms on account of the great quantity of effusion, syphoning will remove the fluid just as well as aspiration. It is only in the later stages of the disease, when the lung is bound down, has lost its resiliency and cannot expand to drive out the fluid, that the aspirator offers special advantages over the ordinary trocar. When using the aspirator there is also always the possibility that the pressure exerted is too much, and acts too quickly, thus not allowing time for the lung to take the place of the withdrawn fluid; in other words, creating a partial vacuum in the pleural cavity. In this case the partial vacuum must be filled with something, and if the lung cannot expand, the re-filling of the cavity with fluid is the natural result.

From these considerations it is therefore claimed that the right practice in tapping pleural effusions is to use the syphon where possible; it is safer and, in but a few special cases, acts as well as the aspirator. In those cases where the lung has long been compressed by the fluid, is bound down, and has lost its resiliency, it may become necessary to use the aspirator. At any rate there is no time lost or harm done in first trying the syphon; if that does not act, the aspirator can be easily attached. The bottle form of aspirator should be discarded in favour of the more modern one where the suction is performed by force exerted by the hand, and is therefore much safer. When one has to perform paracentesis to relieve dangerous symptoms, the question arises as to how much of the fluid should be withdrawn. General experience has shown that relief of symptoms is obtained by withdrawing a portion only of the fluid in the pleural cavity. Two pints to two and a-half pints is generally sufficient, if all is taken away, remembering that the inflammation is still acute, there is great probability of the proceeding having to be repeated at an early date. When, on the other hand, the operation is performed to promote cure, a larger quantity may be withdrawn with benefit.

There is a class of simple pleural effusion which may be treated in a somewhat different manner. I refer to those small effusions which, in spite of ordinary treatment, persist and show no signs of being absorbed. These will very often quickly subside if a small exploring needle is inserted and a syringe full of fluid withdrawn. In some way or other the balance between excretion and absorption is turned in favour of the latter by this procedure.

We must now turn our attention to a consideration of pleural effusions, complicated with other diseased conditions of the lung, and there are many which to a great extent modify the treatment of effusion. The complication which is most important from the point of treatment is tuberculosis of the lungs. Phthisis is not infrequently present with pleural effusion, either on the same or the opposite side of the chest, in either case it makes the treatment of the effusion a very difficult matter. When it is on the side of the chest opposite to the effusion, the dyspnoea consequent upon the sound lung being, for the time, put out of work, is great. If the greater part of the lung on the opposite side is invaded with tuberculosis the patient stands in great danger, especially if the effusion is of rapid onset. The treatment in this case is clear. Prompt and efficient paracentesis must be done, and as often as the pleural cavity shows signs of filling up again, so the physician must be prepared to evacuate it. But even in this case it is not necessary to take away all the fluid, the relief is obtained by the abstraction of from two to three pints. In one case of this nature, where two-thirds of the right lung was invaded by tuberculosis, pleural effusion supervened on the left side. The dyspnoea was extreme, and when the pleural cavity was two-thirds full, a trocar was inserted, two and a-half pints were withdrawn and the relief was manifest. The operation had to be repeated on two subsequent occasions, but even-

tually the effusion ceased to collect, and a fair recovery was made.

Very different is the treatment of effusion when it occurs in the same side as the tuberculosis. Here the lung being largely out of use, so to speak, it does not so much matter if the rest of its breathing surface is destroyed. The distress is not great, and there is no need for such prompt treatment as when the pleural cavity on the opposite side is invaded. Indeed, my experience of such cases raises the question as to whether the effusion should be interfered with at all. I have found the presence of fluid in the pleural cavity exerts a very beneficial effect upon the tuberculous lung. In several cases the phthisis seemed to become quiet, the sweating and the temperature cease to give trouble, weight and appetite was gained, and except for dyspnoea the patients were in a better state than when free from effusion. On the other hand, when paracentesis has been performed, the tuberculosis has increased to an alarming extent, and in one case the patient who was suffering from chronic phthisis with no active symptoms before the paracentesis, rapidly became worse after the operation, and in a few months died of acute phthisis. It seems that the activity of the lung disease is in a large measure cut short by the pressure exerted by the effusion; possibly on account of the blood being driven from the lung. In support of this argument I may be permitted to read the notes of a case which I brought before the Society in 1895.

Therefore I would urge that when the effusion takes place on the same side as tuberculosis, no good, but on the contrary much harm, will result from interfering with it by paracentesis. When fibroid disease of the opposite lung occurs with pleural effusion, the case must be treated in precisely the same way as if phthisis were present in the opposite lung, namely, the physician must be prompt to relieve the distress as soon as it arises.

When pleural effusion arises complicated with cardiac affections, the treatment of course must be through the heart, not through the pleura. Occasionally, however, it may be necessary to withdraw the fluid from the chest. The same may also be said of pleural effusion complicated with kidney affections.

I do not know that the treatment of effusion complicated with new growths of the lung and pleura requires any special description.

It rarely happens that patients with emphysema and bronchitis are so unfortunate as to be subjected to an attack of pleural effusion, but when such is the case, a very small quantity of fluid will suffice to bring about distress to the breathing and the heart. Therefore, the treatment must be directed to removing the fluid as soon as these symptoms exhibit themselves. The same remarks also apply to the treatment of double pleural effusion.

I have not touched upon the subject of the treatment of pus in the pleura, because it seems to me that its treatment belongs to the domain of the surgeon. Still, I trust that although it has no place in this paper, yet it will receive due attention at the hands of the surgeons who will honour the paper by discussing it. Also I shall be glad to learn from them, what site they consider the best for inserting the trocar. For my own part, I prefer the back, as it has always seemed that the rib spaces are wider in that region. Another advantage is that the patient must sit up, and the least appearance of fainting can be at once noticed.

In conclusion, I feel that this paper is very imperfect; but the points raised appear to me to be of importance. Still I trust that after having given my views of the question, I may have the pleasure of being instructed by the views of those Fellows here to-night who take part in the discussion.

THE Eton boys, to the number of 300, are said to be "down" with influenza, and many well-known public men are among the victims.

NOTES ON A LAPAROTOMY FOR A RUPTURED OVARIAN CYSTOMA. (a)

By ALFRED SMITH, F.R.C.S.,

Professor of Midwifery in the Catholic University School of Medicine, Gynaecologist to St. Vincent's Hospital.

MR. PRESIDENT AND GENTLEMEN,—Ovarian cysts we know may spontaneously rupture into the peritoneal cavity or into some neighbouring organ. When they rupture into the peritoneal cavity the effect on the patient of course depends on the character of such a cyst and of its contents. A malignant cyst may rupture and be followed by dissemination of new growth in the abdomen. An innocent ovarian cyst generally produces but trifling symptoms. Each rupture is accompanied by sudden pain, profuse diuresis, lasting, it may be, for a couple of days, carries off the excess of fluid, and the tumour, altered in shape, gradually refills. There may be a true (a) acute rupture of an innocent ovarian cyst followed by fatal hæmorrhage and peritonitis. Death even may be so rapid that it seems due to septic intoxication from absorption of the fluid. In such cases there is generally a previous twisting of the pedicle followed by thrombosis of vessels, intracystic hæmorrhage and necrosis.

The following case will, I hope, be of interest to members of this Section as showing what grave symptoms and profound shock may follow spontaneous rupture of a common multilocular glandular cystoma. Dr. Leo Keegan, house physician to St. Vincent's Hospital, reports that he was called to see a patient on January 19th, about noon. She had been seized with a violent and sudden pain which she referred to the umbilical region. He found her in a collapsed condition, the abdomen was distended, the respiration was rapid, pulse 110, temperature 96° F. and she was bathed in a cold sweat. On careful examination he diagnosed an ovarian cyst, and concluded that it was a case of rupture and sent for me. While waiting my arrival he administered restoratives and kept a careful record of pulse and temperature. The patient recovered somewhat from the initial shock, but about 5.30 o'clock her temperature suddenly went up to 103.8° F and pulse 140; her condition became grave. On my arrival I determined to operate at once, and had the patient conveyed to the gynaecological theatre, St. Vincent's Hospital. I opened the abdomen, assisted by Mr. Paget Butler and Dr. Leo Keegan. I found a large transverse rent in the capsule and the peritoneal cavity filled with gelatinous cyst contents. There were numerous omental adhesions, and their separation was greatly hampered by the gluey fluid with which they were covered. Having separated the adhesions and tied pedicle I douched out with hot saline to remove as much of cyst fluid as possible without sponging. It was gratifying to find how the hot saline, temperature 101° F., seemed to liquefy the gelatinous fluid and facilitate its removal.

Condition of Patient after Operation.—A stimulating saline enema was given to the patient after operation. She spent a restless night from constant retching and thirst. In the morning the temperature fell to 100° F., pulse 132. During the day the pulse-rate increased to 140, temperature 100.6°. The abdomen became distended, and the colour of the vomit a dark green. It came up in mouthfuls without effort. Altogether the condition of the patient was very grave. I ordered the stomach to

be washed out with a weak boric solution. This gave temporary relief, and patient spent a somewhat better night. On seeing the patient on the morning of the 21st, nurse reported a return of the vomiting and much distension. I again ordered the stomach to be washed out and a large turpentine enema to be given, with good result. The pulse-rate and temperature fell, and the patient's recovery was uninterrupted.

The points of special interest are:—

1. The cause of the spontaneous rupture.
2. The explanation of the toxic symptoms before operation.
3. The treatment of the persistent vomiting after operation.

The Cause of the Spontaneous Rupture.—As a rule with large cysts their rupture is due either to traumatism, a blow upon the abdomen, a fall, the strain caused by vomiting, or to fatty degeneration caused by thrombosis. In my case the patient was lying in bed when the rupture occurred. She was a young woman, æt. 26, she was married one year and seven months, and she gave birth to a full term child eight months ago. She had a normal labour and puerperium. She noticed nothing unusual in her condition until three months after her confinement, she was then disturbed by a lump "falling about" from side to side, as she altered her position in the bed. Having consulted her doctor in November last he sent her up to Dublin for treatment. She was returned home, she says, as pregnant. The abdomen increased so much in size that she was sent up to me. I had not seen the patient until after the rupture occurred, but I am informed she was able to walk without distress or inconvenience. I am inclined to believe the rupture was due to tension from within acting on a fatty degenerated patch in the thin wall of the cyst. This accident, according to Pozzi (b) occurs most frequently in the case of gelatinous cysts such as was found in this case.

The Explanation of the Toxic Symptoms before Operation.—The fluid in glandular cysts is generally of fairly high specific gravity, 1010 to 1030. It contains much albumin and mucin, and broken-down cellular elements. The albumins are complicated, consisting of para-albumin and meta-albumin, the former being closely allied to mucin and the latter is designated by Hammarstein (c) as pseudo-mucin and by Pfannenstiel (d) as glyco-proteid. Now this pseudomucin is very abundant in cysts containing tough sticky fluid; it is a secretion, not a degeneration, and it does not occur in parovarian cysts. As toxic symptoms do not follow the rupture of ordinary parovarian cysts, it might be that the absorption of large quantities of this glyco-proteid would partially explain the toxæmia. Added to this the many broken-down cellular elements of various kinds which form part of the fluid would furnish ferments, the effect of which thrown into the circulation would give rise to toxic symptoms.

The Treatment of Persistent Vomiting.—This case I think illustrates the great advantage of washing out the stomach for the relief of persistent vomiting after operation. I do not now advocate the exhibition of gastric sedatives. Having washed out the stomach if the patient is much distended, a large stimulating turpentine enema is given to re-establish if possible the normal peristaltic action. The specimen presents no point of interest; it is an ordinary multilocular glandular ovarian cystoma.

(a) Read before the Section of Obstetrics, Royal Academy of Medicine, February 7th, 1902.
(b) Doran. "Trans." Path. Soc. Vol. xxxi, p. 180.
(c) Pozzi. "Med. Surg. Gynaecology." Vol. ii, p. 131.
(d) Hammarstein. "Zeits. f. Phys. Chem." 1882.
(e) Pfannenstiel. "Arch. f. Gyn." Vol. xxxvii, p. 407.
(f) "Outlines Gynaecological Path." Roberts, p. 207.

THE THERAPEUTICS OF BAD-SALZSCHLIRF WATERS IN GOUT

AND THE URIC ACID DIATHESIS.

By F. ARTHUR PHILIPPI, M.D.,
Formerly Physician to the German Hospital, London.

As this health resort and its waters are very little known to English physicians, still less to the English public in general, although it has long been recognised by German medical men as a singularly effective remedy for gout (in all its forms), rheumatism, renal and biliary calculus, and a number of ailments included under the heading of impaired metabolism, it occurred to me that a few notes thereon might prove of interest to those members of the profession whose patients are likely to be benefited by a course of these baths or by the inhibition of the waters at home.

Salzschlirf is situated in Hesse Nassau, near the ancient cathedral town of Fulda, one of the oldest seats of Christianity in Germany, and the resting-place of St. Boniface (or, to call him by his secular name, Winifred), who came over from England to convert the unruly tribes of these districts. The nearest route from London is by way of Cologne and Giessen; a journey of some twenty-three hours, with a break at each of these two places. From Frankfurt on the Main it is three hours by rail, and from Cassel three and a half hours. From this it will be apparent that Salzschlirf occupies a very central position, from whence other points of interest are readily accessible. The country round about is hilly (the Spa itself having an altitude of 900 feet), though lying in a fairly extensive valley, sheltered by wooded heights from inclement winds on nearly all sides. Two streams joining just below the place produce a welcome amount of freshness in summer, and even when the days are at their hottest the nights are never oppressive. In general the climate may be described as fresh and bracing, though not over-stimulating, and well adapted for cases of nervous weakness and exhaustion.

The therapeutic resources comprise the "drinking-cure," baths, and massage. First in importance stands the St. Boniface spring, the water from which (bottled at the spring) is now being introduced into England, so that the treatment can be given a trial at the patient's own home. This well was sunk in the year 1838, and the analysis of the water executed at that time by Professor Fresenius gave very nearly the same results as one recently made in London. The water is alkaline and saline; by weight the chief ingredient is chloride of sodium (common salt), and in addition it contains carbonate of lime, iodide, and bromide of magnesium, and some minor additions, with a very considerable amount of free carbonic acid gas. In one respect, however, St. Boniface water is absolutely unique, and that is in the extraordinarily large amount of lithium which it contains. Of this mineral it possesses five, and even ten times as much as many better known "lithia waters." It is only due to obstacles of a mercantile nature that this spring has not hitherto become far more known to the world at large. Many medical authorities attach the greatest value to lithium in the treatment of gout and the uric acid diathesis in general, and this opinion receives much confirmation by the practical results obtained at Salzschlirf.

The other springs there are also not without value, notably the Tempelbrunnen, which is a ferruginous water, and of much use in cases of anæmia and chlorosis, and the Bitterwasserquelle, which acts powerfully on torpidity of the liver and digestive organs.

The baths comprise the effervescent saline ones and the *Moorbäder* or mud-baths. These latter are prepared from peat dug in the immediate neighbourhood, and though their exact composition is hard to define, they undoubtedly contain, in addition to the usual components, a large amount of iron in a more or less soluble state. These baths have been found very useful in the

treatment of the diseases above mentioned, and also in disorders peculiar to women.

Of the various other factors which make a Spa attractive, Salzschlirf offers less than it does of curative means. Those who go to a health resort merely to spend a few weeks in pleasant society, with abundant opportunities for amusement, would find more pleasure elsewhere. Still, the visitor here is not cast away in a desert. The Cur-house stands in very pretty and extensive grounds, with a large, roofed promenade in case of wet weather, and a tennis-court. Music is provided daily in the Cur-garden, and now and then is given a theatrical performance. Many of the German aristocracy, officers, and other persons of note are already regular visitors. Nevertheless, it should be clearly understood that Salzschlirf owes its increasing renown not to any extraneous allurements, but to the reality and excellence of the cures achieved there.

Clinical Records.

A CASE OF CHLOROMA. (a)

By G. H. MELVILLE DUNLOP, M.D., F.R.C.S.,
Physician to Royal Hospital for Sick Children, Edinburgh.

THE patient was a boy, æt. 9, admitted to the Sick Children's Hospital last October with the history that he had been in poor health for a year and was gradually becoming paler and weaker. Swelling of the face and protrusion of the eyes was noticed in August, and increasing deafness about the middle of September. The family and personal history was satisfactory. On admission, the boy was pale and apathetic; his whole body, except the face, was covered with small petechiæ, while large subcutaneous hæmorrhages were present along the vertebræ and outside the right knee. The internal organs were healthy; the teeth were carious and the gums swollen and in an unhealthy condition. There was considerable proptosis, especially of the left eye, and on examination the retinal veins were found dilated, and the discs swollen, while a few small hæmorrhages were present. The patient was very deaf, and the membrana tympani was greatly in-drawn in each ear. There was some anæmia, with a few nucleated red corpuscles, and about 20,000 leucocytes. On staining, it was found that the greater number of the leucocytes consisted of large lymphocytes, the condition being similar to that of lymphatic leucæmia. On October 27th a swelling which had a distinctly greenish tinge appeared on the hard palate, and a few days later similar greenish tumours developed in the temporal regions. The exophthalmos steadily increased, until at last the left eye could not be completely closed, while at the same time greenish tumours infiltrated the conjunctivæ and corneæ, and produced more or less blindness. Optic neuritis also was observed. The patient became progressively weaker, the anæmia increased, and the number of leucocytes went up to about 123,000 before death, the blood still retaining its lymphæmic character. The temperature began to rise, and death took place from asthenia. The case was extremely typical of the rare disease called chloroma, being characterised by progressive weakness, anæmia with lymphæmic condition of the blood, and the development of greenish tumours about the eyes and face. On post-mortem examination tumours of a light, grass green colour and firm consistence were found infiltrating many parts of the skeleton, the cranial bones and vertebræ being most affected. There were also numerous small nodules in both kidneys and in the wall of the heart, but the glands, thymus, spleen and other internal organs were spared. The tumour substance was especially abundant about the sutures between the cranial bones and in the pericranium. The temporal muscles were almost completely replaced by dense masses of greenish, gelatinous looking material about three-quarters of an inch in thickness. Chloroma had been first described by Allan Bevons in 1823, and since his day many cases had been reported and diverse opinions expressed as to its nature. He

(a) From notes read at last meeting of Edinburgh Medico-Chirurgical Society.

regarded it as a metastatic sarcoma of the periosteum, a view opposed by Recklinghausen on the ground that it did not contain the osteoid cells of an osteo-sarcoma. Recklinghausen described it as a lympho-sarcoma. The nature of the pigment was also a matter of dispute. According to some it was simply altered bile pigment, or a derivative of blood pigment, but more probably it was due to the presence in the cells of refractile granules (possibly fatty) or simply an exaggeration of the greenish tinge sometimes seen in the lymphoid tissues in leukaemia. Whatever its nature, the green colour disappeared rapidly on exposure to air and could not be preserved in formalin solutions. It seemed certain that the tumour originated primarily in the periosteum of the cranial bones, although some observers had thought that its source was to be found in the lachrymal glands. Notwithstanding the constant affection of the bones and pericranium, it was somewhat remarkable that the nervous system was never infiltrated. The kidneys, on the other hand, almost invariably showed metastases, but nodules in the heart, such as the writer's case showed, had not been previously described. The eye and ear were almost constantly affected, and deafness was a very common symptom in such cases. Microscopically, the tumours in this case showed the structure of a round celled sarcoma, with varying amount of intra-cellular supporting tissue. Chloroma was essentially a disease of youth, many of the cases having been in persons under fifteen, and, in the great majority of cases, males were the sufferers. All the more recent observations, where the blood had been carefully examined, tended to establish a close relationship between chloroma and leucocythæmia. Even when the number of the leucocytes was low, lymphæmia was almost always present. Probably the disease was not so uncommon as the scanty number of recorded cases seemed to favour, and when once the characteristic features—anaemia, with exophthalmos and progressive development of greenish tumours about the cranial bones—were recognised, the diagnosis could not be a matter of doubt or difficulty.

CASES OF LEUCOCYTHÆMIA PRESENTING PECULIAR FEATURES. (a)

By BYRON BRAMWELL, M.D., F.R.C.S.,

Physician to the Edinburgh Royal Infirmary.

1. A case of chloroma with lymphatic deposits in the skin, and a remarkable infiltration of the conjunctivæ, gums and larynx. The patient was a man, æt. 25, whose family and previous history was excellent. In October, 1900, he noticed that a lump appeared under the jaw, followed by a second similar one a week later. About the middle of January, 1901, numerous spots appeared on his chest, these were pale, about the size of a pea, and quite painless. In April he began to suffer from huskiness, obstruction in the nose, and swelling of the face and gums. When first seen his face was puffy, there was no exophthalmos, there was neither anaemia nor increase of the leucocytes, he was very deaf, his gums were enormously swollen, measuring $\frac{1}{2}$ in. in thickness, and the tonsils were much enlarged. The whole of the trunk was studded with tumours varying in size from a pea to a florin, and many of these had a faintly greenish tinge, while others were brownish. The conjunctivæ were swollen and fleshy looking from infiltration with new growth. The provisional diagnosis lay between melanotic sarcoma and some irregular type of leprosy, the latter, however, being soon discarded. On admission to hospital a more careful examination of the blood was undertaken, when it was found that although the red corpuscles numbered 4,480,000, and the leucocytes never exceeded 8,000, yet that 97 per cent. of the latter were small lymphocytes—that is, a condition of typical lymphæmia. One of the subcutaneous nodules removed for microscopic examination showed the structure of a lymphoma. The patient died, and towards the end of his life the swellings about the face assumed a green colour. Only a partial autopsy was permitted, and the cranial bones were not examined, but the epiglottis and neighbour-

ing parts showed an enormous infiltration with greenish tumour substance. The skin, glands, larynx, tonsils, gums and lymphoid tissues generally were similarly inflated, as also were the kidneys, spleen and the marrow of the ribs. This case he regarded despite the incomplete examination, as one of chloroma.

2. This was a case of *very acute lymphæmia*. The patient was a healthy man, æt. 33, who came up to hospital on a Saturday afternoon, complaining that for the past few days he had been deaf, and that the glands in his neck had begun to swell. As there seemed nothing urgent he was admitted without further examination, nor was the blood condition looked into. Next day he died, and on *post-mortem* examination some nodules were found in the skin of the back, the spleen and liver showed the appearances characteristic of lymphatic leukaemia; the epiglottis, larynx, and gums showed a state of matters exactly similar to what was found in the preceding case; the glands also were identical in showing a greenish discolouration and lymphoid infiltration.

3. This patient was a man who was sent to the surgical wards with the diagnosis of acute osteomyelitis some three weeks previous to his coming under the speaker's care. After admission, petechiæ developed, and he began to suffer from recurrent epistaxis, and became rapidly anæmic. On being transferred to the medical house he was found to be suffering from lymphatic leukaemia, the blood count being 3,000,000 red cells and 56,000 leucocytes, of which 97 per cent. were lymphocytes. He died of epistaxis very shortly after admission, and the autopsy confirmed the diagnosis of leukaemia. Dr. Bramwell pointed out that these three cases formed a series, the first being undoubtedly chloroma, and the third acute leukaemia, while the second was intermediate between them. The question of the relationship of leukaemia or lymphæmia to chloroma he could not regard as settled; he did not think that all cases showing the lymphæmic condition of the blood could be classed together, but probably as our knowledge increased we would be able to separate the cases into several independent groups.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, FEB. 14TH, 1902.

MR. HOWARD MARSH, F.R.C.S., President, in the Chair.

MR. GILBERT BARLING

ON SEVENTY-FOUR CASES OF APPENDICITIS WITH LOCALISED SUPPURATION.

Of 140 cases of appendicitis operated upon in the acute stage seventy-four have been cases of localised suppuration in the right iliac fossa or immediately adjacent to it. In forty-six of these the abscess, though well shut off by adhesions, had not yet come forward so as to be adherent to the parietal peritoneum, and operation involved the opening of the general peritoneal cavity. In the remaining twenty-eight cases the abscesses had become adherent and were evacuated without opening the general cavity. The points to which attention is directed are:—1. The diagnosis of and the time at which pus should be evacuated; 2, the safety with which this can be done if the removal of the vermiform appendix is not insisted upon; 3, the rarity with which recurrence takes place if the appendix be not removed; 4, complications at the time of, or following operation; 5, certain risks to life which follow attacks of appendicitis apart from recurrence. The abscess should be attacked as soon as the diagnosis of suppuration is made, but it must be remembered that pus may be present in the presence of a normal temperature and pulse, though there may be other symptoms indicating it. Leucocytosis, though not pathognomonic, is decidedly valuable. In a series of twenty-one cases in which pus was present leucocytosis was only absent in two cases, and in every

(a) From notes read at last meeting of Edinburgh Medico-Chirurgical Society.

case examined where a high leucocyte count was found pus existed. The safety with which appendiceal abscesses may be treated if removal of the appendix is not insisted upon is shown by the small mortality in the cases under discussion. In the seventy-four cases there were two deaths. The appendix was only removed twenty-five times, and in forty-nine it was not removed. All but two of these patients in whom the appendix was not removed have been traced since, and of these two, both hospital patients, nothing can be learnt; of the other forty-seven patients only one has suffered from recurrence, a girl who had another attack within a few weeks of her operation, and who was subsequently operated upon successfully and the appendix removed. Complications were not numerous, and have been chiefly phlebitis and pleurisy and pneumonia.

Mr. F. C. WALLIS on the

TREATMENT OF INTRA-PERITONEAL ABSCESS OF THE APPENDIX ILLUSTRATED BY PAPERS.

This paper dealt with those cases of appendix abscess in which the abscess, although shut off by adhesions from the general peritoneal cavity, was in no way adherent to the abdominal parietes. It was therefore necessary to open the general peritoneal cavity before the abscess could be dealt with. In giving details of the operation, great importance was attached to the fact that all the cases referred to, except one, occurred in young people and that adhesions at this age were very frail and required delicate manipulation to prevent the pus under tension in the abscess sac from escaping uncontrolled into the general peritoneal cavity. To prevent this, Gamgee sponges were packed in a crescent around the affected area, and when possible the pus was gradually evacuated and sponged up as it appeared. When the amount and tension of the pus was too great for this to be done the patient was bodily tilted over to the right side and the escaping pus caught in a small bowl held underneath. When most of the pus had been evacuated the cavity was more freely opened and thoroughly cleansed. The appendix and its remains were then removed, and the cavity dusted with iodoform and packed with iodoform gauze. It was a matter of importance to keep the wound as dry as possible. The necessity for operating quite early after the primary attack in young people was strongly urged.

Mr. A. BARKER said he had seen several severe cases of recurrence after non-removal of the appendix. He referred to that of a lad, *et. 15*, who had five recurrences, several of which were accompanied by marked collapse. He thought that whenever possible the appendix ought to be removed. If this could not be done without adding materially to the danger of the operation it should be postponed until a quiet interval. He preferred warm saline solution for washing out the peritoneal cavity to solutions of powerful germicides, and the exit for such fluids should be quite free. He was in the habit of placing an aseptic gauze apron, which afforded more effectual drainage than did the tube. He dissented from Mr. Barling's views in regard to the site of the incision, he himself preferring to separate the muscular fibres sufficiently to obtain room to evacuate the abscess, a procedure which did not entail any great danger to the patient.

Mr. BERRY observed that while he was pathologist at St. Bartholomew's Hospital there was a certain surgeon who held that if one had not removed the appendix one had done very little for one's patient. As he carried this view into practice, he provided much material for him (the speaker) in the post mortem room. There were two schools of surgery, in one a small incision was made, and in the other a large. Of forty-one cases (during six years) with a small incision there were only two deaths, and in thirty-nine treated by various surgeons without regard to the adhesions there were thirty-two deaths. He had collected statistics in two London hospitals of the mortality of appendicitis. At St. Bartholomew's there had been in two years 242 cases, inclusive of those in the medical and in the surgical wards, and of this number thirty-nine died (one in eight). The mortality in the surgical wards alone

had been one in seven. At St. Mary's Hospital in 200 cases, medical and surgical, the mortality was twenty-five (one in eight), while in the surgical wards it was one in four (twenty-two deaths). He thought these figures represented approximately the mortality in the London hospitals. He thought that it was better not to be in too great a hurry to remove the appendix, and certainly not to remove it during the acute stage. At the Royal Free Hospital during the last five years, among self and colleagues, on the plan of waiting for adhesions to form and then opening, out of fifty-three cases forty-nine recovered and four died (one in thirteen). He asked whether in the diagnosis of suppuration the authors had ever remarked a very low temperature, an occurrence which he himself had noted.

Mr. WALLACE said that in looking through the reports between 1895 and 1901 he found eight cases of recurrent abscess—about 5 per cent. He thought much could be done in the direction of removing the appendix without infecting the general peritoneal cavity. He had himself removed the appendix in five cases through the abscess cavity, and all did well except one in whom the suppuration continued for a long time.

Mr. W. G. SPENCER was of opinion that the incision through the middle line instead of employing the iliac incision was responsible for a large share of the mortality alluded to by Mr. Berry. He was aware that a very high mortality had followed immediate removal of the appendix, indeed in the hands of one surgeon nineteen out of twenty, but that must have been by very bad luck. He regretted that Mr. Berry should advocate waiting when once pus had been diagnosed. He pointed out that there were no statistics for appendicitis, no two cases being alike. He challenged Mr. Berry's figures in respect of the comparative mortality between the medical and surgical cases. (Mr. BERRY denied that he had instituted any such comparison, and after some discussion the point was dropped.) Mr. Barling did not say in respect of the cases in which he had not removed the appendix whether the patients who survived were in good health. His own experience was that even if they did not relapse they did not enjoy good health. Of course there were patients who could not support a prolonged operation, and in whom, therefore it might not be advisable to remove the appendix at the same time.

Mr. KEETLEY pointed out that there was very little danger of infecting the peritoneal cavity if the pelvis and the parts around the site of the appendix were thoroughly packed with gauze, and if the intestines were kept out of the way by raising the pelvis or otherwise. The risk of perforating the intestine might be ignored in most cases if the surgeon took care to see what he was doing and promptly repaired any injury.

Mr. CHARTERS SYMONDS thought most surgeons would agree that it was better not to attempt the removal of the appendix unless the abscess was localised. He said they had not lost a patient in whom the appendix had not been disturbed. He discussed the comparative infrequency of adhesions in Mr. Barling's cases, and suggested that the reason was that that operator made his incision over the most prominent part of the swelling, where, in his own experience, there were often no adhesions. For this reason he advocated making the incision nearer the iliac spine. There were only two drawbacks to the non-removal of the appendix, viz., recurrence and prolonged suppuration. In two recurrences of his own the abscess had followed the line of least resistance, viz., the old track, so that there was not much danger to the individual. The existence of a sinus might necessitate the subsequent removal of the appendix, but later when things had quieted down. In looking over his cases he could discover no cause for regret that he had not forthwith removed the appendix. In point of fact, if one intervened early enough one could do what one liked. It was only when pus had formed that discrimination was required.

Sir THOMAS SMITH said he had always made his incision very low down, sometimes so low as to be below the reflexion of the peritoneum. If in such cases pus did

not come he left in a drain, and usually the pus worked its way through in due course. This was a plan not generally adopted, but which had given him satisfactory results.

Dr. CAYLEY said that judging from the figures he had collected the proportion of relapses was much less than 5 per cent., in fact, it worked out at about 1.5 per cent. He asked whether the authors had had any experience of a counter-opening in the lumbar region which, as a looker-on, had more than once appeared to him to be advantageous.

Mr. BARLING, in reply, said that on all his cases (about 300) the aggregate mortality was between 12 and 15 per cent. This included seventy-two cases of abscess with two deaths, relapsing cases with 1.5 per cent., and the cases of diffuse peritonitis or wide-spread suppuration, of which the mortality was, of course, much higher. He pointed out that the patient who got recurrences was he who had mild attacks. He had noted the low temperature in suppuration, but it generally rose in the evening. It was very significant in general peritonitis. He added that packing and secondary suture might be all very well, but for the patient it constituted a second operation and, moreover, it did not always fulfil their expectations. He much preferred to open right over the pus, wherever situated. As to the patients who had no recurrence after non-removal of the appendix their general health was usually perfect. He had used a counter-opening in the loin in a few cases.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD FEB. 5TH, 1902.

Dr. T. R. FRASER, President, in the Chair.

Dr. WM. STEWART showed a patient after compound dislocation of the ankle, with fracture of the neck of the astragalus and removal of the outer malleolus.

Dr. BYROM BRAMWELL showed cases of (1) aortic aneurysm simulating solid intra-thoracic growth, and (2) infantilism in a youth, *et. 19*.

Mr. CAIRD showed (1) a patient from whom eighty inches of gut were removed for tuberculous stricture and glandular implication, and (2) a case of inoperable rodent ulcer which had practically healed under treatment by the X-rays.

Dr. DAWSON TURNER showed (1) a patient suffering from rodent ulcer treated by Röntgen rays and ultra-violet light, and (2) a patient suffering from lupus treated by Röntgen rays and ultra-violet light. He also demonstrated an apparatus for generating ultra-violet light for the treatment of diseases of the skin. Physically, the ultra-violet rays produced were thrice as powerful as those of an ordinary arc lamp, while clinically they were thirty times as active. This was because the comparative absence of heat rays in the new apparatus enabled it to be brought very much closer to the skin than the ordinary Finzen light, and moreover rendered the water jacket unnecessary—a great advantage, as water was extremely impervious to ultra-violet rays. The substance which had proved most transparent to these rays was ordinary rock salt.

Mr. PUEVES showed Henle's screen for protecting the area of operation in breast and neck cases from infection due to vomiting of the patient, as well as from anaesthesia apparatus.

Dr. MELVILLE DUNLOP read a paper on "A Case of Chloroma, with Pathological Report and some Brief Notes on the Condition," which will be found under "Clinical Records."

Dr. BYROM BRAMWELL read notes of cases of Leucocythæmia, which will be found under "Clinical Records."

Dr. W. S. GREENFIELD said that the papers he had just heard had helped him to understand a case which he had had eighteen years ago, and which had always been a puzzle to him. The patient had had pigmented swellings over the body, exophthalmus, and enlargement of the gland. Dr. Bramwell (then pathologist to the infirmary) had performed the autopsy, and described the condition as multiple sarcoma.

Dr. GULLAND said that he regarded chloroma as identical with lymphatic leukaemia. His opinion also was in favour of lymphæmia being primarily of myogenous origin. His experience was that the number of lymphocytes present was accounted for by the extent of the implication of the marrow; thus, if the bones were little affected, one might have great enlargement of the liver and spleen but a low leucocyte count, and *vice versa*.

Dr. FRASER asked whether Lowit's parasite had been sought for, and

Dr. GULLAND replied that it had not, because it was only found in the spleno-medullary form of leucocythæmia, and further, he had great doubt whether it was anything more than an appearance due to faulty staining of the basophile granules.

Mr. C. W. CATHCART read a note "On a Method of Securing the Lingual Artery in Excision of the Tongue through the Mouth." It had seemed to him that when extensive operations for the removal of glands in the neck had to be undertaken conjointly with excision of the tongue, it would be advantageous not to require to make a separate incision for preliminary ligation of the lingual artery, but to tie it through the floor of the mouth. He, therefore, devised the following plan:—The tongue was split as in Whitehead's operation, and then, after dividing the geniohyoglossus, a director was passed behind the hyoglossus down to the hyoid bone, the muscle was then cut, when the fibres retracted spontaneously, and the artery could be found at the bottom of the wound.

The following card specimens were shown:—By Dr. Logan Turner: (1) Larynx and trachea from a case of diphtheria; (2) Two specimens of malignant stricture at the upper end of the œsophagus. By Professor Annandale: (1) Ruptured femoral artery and vein from crush of the thigh and fracture of the femur, with portions of femur removed at a second amputation in the same case, showing necrosis and ossifying granulations; (2) Branched renal calculus; (3) Epithelioma of nape of neck; (4) Vesical calculus, showing moulding from its position between lateral lobe of the prostate and bladder wall. By Mr. Caird: Tuberculous stricture of the intestine. By Drs. Gilson and Stewart Macdonald: (1) Spinal cord, showing pseudo-tubercles syphilitica; and (2) Hæmorrhage into cusps of pulmonary semilunar valves.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF OBSTETRICS.

MEETING AT THE ROYAL COLLEGE OF PHYSICIANS, ON FRIDAY, FEB. 7TH, 1902.

Dr. W. J. SMYLY in the Chair.

The following specimens were shown:—

1. The PRESIDENT: Uterus removed for fibro-myoma.
2. Dr. HORNE: Large fibro-myoma removed by myomectomy.
3. Dr. ALFRED SMITH: (a) An ovarian cystoma strangulated by twisting of the pedicle; (b) A solid ovarian tumour with pyosalpinx.
4. Dr. PUREFOY: (a) Concurrent uterine and tubal pregnancy; (b) Large ovarian multilocular cyst removed soon after parturition; (c) Two dermoid ovarian cysts removed from patient suffering from tuberculous peritonitis; (d) Small ovarian cyst.

Dr. ALFRED SMITH then read his paper—

NOTES ON A LAPAROTOMY FOR AN OVARIAN CYSTOMA, WHICH HAD RUPTURED SIX HOURS BEFORE REMOVAL, WITH SPECIMEN.

which will be found on page 187.

Dr. KIDD asked had any food been taken by the mouth before the operation, and, if so, what was its character?

Dr. W. J. SMYLY stated that he found rupture of ovarian cysts to be caused by tapping, particularly if the operation had been repeated. In one case, after laparotomy had been performed the contents of the cystoma had escaped into the peritoneal cavity, and so much time was occupied by wiping the matter from the

coils of intestines that the patient collapsed. He certainly preferred Dr. Smith's process of flushing out the cavity. Massage was also to be credited with causing the rupture of such tumours. He had seen the daily practice of massage diminish an ovarian cystoma to the vanishing point—the tumour had been ruptured and its contents rubbed out of the sac. Even gentle palpation has caused rupture. In the Adelaide Hospital, whilst very carefully palpating a tumour it burst, and at once he performed laparotomy. He found a malignant cystic tumour which he removed, and the patient recovered from the operation well, but some months after the disease recurred.

Dr. ALFRED SMITH looks on washing out the peritoneum as the rational method. Vomiting commenced from the moment of consciousness from the etherisation.

Dr. KIDD was then called on to read his paper,

NOTES ON A CASE OF INDUCTION OF LABOUR FOLLOWED BY ENUCLEATION OF FIBROID TUMOUR IN CERVIX.

Dr. Kidd had seen the patient when a little over four months pregnant, and thought it would be quite possible to deliver the patient without operating in case (1) that the tumour did not enlarge during further gestation; (2) that she came to Dublin again three months later; (3) that he was successful in inducing labour. Patient returned at the appointed time; having a large roomy pelvis and vagina, it was resolved to induce labour and attempt delivery. Labour was brought on by the introduction of a bougie between the membranes and the uterus. When the patient had been about thirty-four hours in labour the os was sufficiently dilated to enable two fingers to pass easily through it. The patient was then examined with the whole hand in the vagina under an anæsthetic; it was found that tumour invaded more tissue than was at first deemed possible, so that the cervix could not possibly dilate sufficiently. Enucleation was resolved upon. This was done the same day under chloroform, and cavity left by tumour partly stitched, then packed with iodoform gauze. About seven hours after the operation all uterine pains and contractions ceased, having lasted between forty and forty-eight hours and did not return for ten days, the os in the meantime closing very quickly, so that you could not introduce a finger. Owing to the packing of the cavity (where tumours had been) being left off too soon it filled again with blood clot and must have become infected by septic surroundings as the discharge from it became distinctly foetid; this occasioned renewed packing and washing out. About twelve hours after her baby was born the patient got a severe rigor, and temperature went up to 106° 4'; this came down gradually with appropriate treatment in two or three days, the uterus remaining well contracted and free from pain, the lochia remaining of good quantity and colour, and free from any taint. Moreover, milk was established in the breasts, and she suckled her child successfully. She went home to the country with her child well within a month of the birth of the child. Dr. Kidd thought he was very fortunate to secure such a good result, but in future would advise an examination under an anæsthetic in the first instance. He would never undertake the responsibility except in a properly equipped hospital, whether private or public, and lastly, he would attempt the enucleation before resorting to the induction of labour. Dr. Kidd referred to the statistics of many operators and observers, and concluded by quoting the improved statistics published by L. Thumin in the *Archiv. für Gynäk. Kol.*, Vol. lxxiv., No. 3, 1901, and referred to under the heading of "Current Literature" in the February number of the *Journal of Obstetrics and Gynecology of the British Empire*.

Dr. ALFRED SMITH said that Dr. Kidd is to be congratulated on the successful issue of his interesting case, and on the paper just read. He (Dr. Kidd) seemed to have gone through the whole literature of the subject. Leaving the general view to come to the point of interest in this special case, he thought Dr. Kidd would have had a better idea of what was to be done had he examined the patient under an anæsthetic. He makes it a rule to examine under an anæsthetic before deciding on

any course of action. He would argue against inducing labour. If easily enucleated, the labour might run to full term; if not, there was the Cæsarian section. When the tumour is situated at the upper portion of the lower segment, it is drawn up during the process of labour.

Dr. W. J. SMYLY said that tumours of the cervix are very uncommon. He remembers Dr. Kidd's uncle saying that he never saw one. When a tumour lies directly in front of the head he thinks it should be removed. "On and off" labours are not infrequent in cases of myoma. He has seen such an "on and off" labour continued for a fortnight.

Dr. KIDD, in reply, stated that he quite agreed that an examination prior to deciding on the operative treatment is the proper course, but the conditions of this case were exceptional. The patient had a large roomy pelvis with a big vagina, which in the previous confinement had been lacerated and never repaired. Last year he had a somewhat similar case, in which, on the advice of the President, he did not operate, and the woman went to full term and bore a healthy living child; she was warned that if she again became pregnant she should come into the hospital not later than the seventh or eighth month. When next heard of, the patient was in labour and had been so for seventy-two hours. He put on the forceps and delivered her—during the operation he found that the tumour had flattened out and the child's head successfully passed it without injury.

The meeting then terminated.

HARVEIAN SOCIETY OF LONDON.

MEETING HELD FEB. 6TH, 1902.

MR. W. WATSON CHEYNE, F.R.C.S., in the Chair.

Dr. EWART exhibited a case of Scleroderma Associated with Raynaud's Disease in a Woman, and also read a paper on the same, giving the clinical history of the case and special reference to treatment. This will be found on page 181.

Dr. ALEXANDER MORISON asked whether, in view of the chronic malnutrition of the patient, and some evidence of a small thyroid gland, Dr. Ewart had employed the iodides or given the patient thyroid extract?

Dr. Barton and Dr. Sutherland also took part in discussion. Dr. EWART replied.

Dr. SIDNEY PHILLIPS read a short paper on RHEUMATISM AS A CAUSE OF EPISTAXIS IN CHILDREN.

Dr. Phillips read notes of several cases among many in which he had found epistaxis associated in children with effusion into one or more joints or with antecedent or succeeding rheumatism manifested by joint affections or by chorea. Dr. Phillips thought in cases of epistaxis in which no other cause for the latter was ascertainable, rheumatic affections were more commonly found than could be accounted for by mere coincidence. The rheumatic inflammation of a joint was often, as is commonly the case in children's rheumatism, quite unassociated with pain or other symptoms, and only found when sought for. Rendu, of Paris in the *Semaine Médicale* of June, 1884, had described epistaxis occurring in children who subsequently became the subjects of rheumatism, and Dr. Phillips thought it also occurred in children already rheumatic. Salicylates in toxic doses were known to produce epistaxis, but it was possible that in some of the cases of rheumatism under treatment by salicylates where epistaxis had occurred it was due to the disease and not to the drug. There was no antecedent improbability in epistaxis arising from rheumatism, since the latter was known to give rise to hemorrhage from other mucous surfaces and beneath the skin.

Dr. EWART was prepared to find that the association in question, had been overlooked simply for want of sufficient inquiry on the part of observers. The great frequency of epistaxis in childhood, which must be due to definite causes, hitherto imperfectly explained, must lead to its being not uncommon in children suffering from rheumatism, particularly as in this disease there

is a well-marked tendency to hæmolytic. There is, however, an additional factor besides increased fluidity of the blood which might have a greater share in this result—the mechanical factor of local congestion. In many cases of rheumatism, but especially in children, the first part to be influenced by the rheumatic affection is the tonsil. Any persisting chronic enlargement of the tonsil, which in itself may often account for an individual liability to epistaxis, is intensified by the rheumatic tonsillitis or sub-tonsillitis, and this might furnish a plausible explanation for an increased rate of occurrence of epistaxis as a direct result of rheumatism if on further investigation this important and interesting correlation should be confirmed.

Dr. LEONARD GUTHRIE thought that epistaxis alone was not sufficient evidence of purpura rheumatica, but referred to a case of acute rheumatism accompanied by epistaxis and subcutaneous hæmorrhages, which seemed to support Dr. Phillips's contentions. Tonsillitis was, however, very common in rheumatic children, and any acute febrile disturbance might determine a flow of blood to the tonsils and naso-pharynx and thus give rise to epistaxis. In his experience epistaxis was more frequently associated with migraine than with rheumatism in childhood.

Dr. ALEXANDER MORISON considered that any epistaxis in connection with rheumatism in the cases quoted by Dr. Sidney Phillips was probably due to mechanical causes; indeed, by a rheumatic affection of the pharyngeal tonsil.

Dr. Travers Smith, Cantley, Jaffe, Macevoy, and Sunderland took part in the discussion.

Dr. PHILLIPS replied.

LARYNGOLOGICAL SOCIETY OF LONDON.

MEETING HELD AT 20, HANOVER SQUARE ON
FRIDAY, FEB. 7TH, 1902.

The President, Mr. E. CRESSWELL BAKER in the Chair.

Mr. R. LAKE showed a case of tuberculosis of the larynx which had been previously under treatment in 1898. He had returned three weeks ago with the thyroid cartilage enormously thickened externally and rather hard. Internally there was a conical projection forward of the right ventricular band. The opinion of the Society was invited as to the nature of the thyroid.

Dr. DUNDAS GRANT considered it a case of tuberculous perichondritis and advised that the swelling should be opened and explored.

Mr. L. A. LAWRENCE showed a case of rhinorrhœa of some years' duration in a woman, æt. 36. There was deflection of the rupture to the right and polypoid degeneration of both middle turbinates. The rhinorrhœa was absent only when the patient had a cold. Both local and internal treatment had been adopted for some time, without avail.

Several members suggested that in this particular case the proper treatment would be to remove the polyp, and possibly the anterior end of the middle turbinates.

Mr. F. G. HARVEY showed a case of lupus nasi of many years' duration in a man.

Dr. H. LAMBERT LACK showed a case of partial membranous occlusion of the right posterior choana. There existed also a perforation of the cartilaginous septum.

The President and others pointed out that the membrane passed upwards from the Eustachian cushion, and was posterior to the choana, and considered it to be the result of cicatricial adhesions. The cause of the scarring was attributed either to congenital syphilis or to adenoids.

Dr. LAKE also showed a case of marked chronic œdema of the right arytenoid region in a man, æt. 40, who had been under anti-syphilitic remedies for three months without effect. The case was brought forward for diagnosis.

Mr. W. G. SPENCER excluded malignant disease, and concluded that the case was probably syphilitic.

Dr. St. CLAIR THOMSON suggested that it might eventually prove to be tuberculous.

Mr. ATWOOD THORNE showed a case of syphilitic ulceration of the palate occurring during a course of anti-syphilitic treatment. The patient was a man, æt. 23, who contracted syphilis in May, 1901, and had been continuously treated with mercury and iodide of potassium for eight months. His general health was very bad. In spite of treatment the uvula and part of the soft palate had been destroyed, and ulceration had occurred on the posterior wall of the pharynx. Opinion was divided as to whether it was syphilis alone or a mixed case of syphilis and tubercle. Mr. Thorne stated that there was distinct evidence of phthisis on physical examination, but no bacilli had been found in the sputum.

Dr. H. J. DAVIS showed a case of tertiary syphilis of the pharynx and larynx in which the voice was produced by means of the ventricular bands.

Dr. DAVIS also showed a case of laryngeal tuberculosis with granulation tissue between the cords.

Mr. E. B. WAGGETT showed a case of myeloma of the nose in a woman, æt. 30. There had been rapidly increasing nasal destruction since 1901, with frequent epistaxis. Rouge's operation was performed, and a large tumour removed. Healing within the nose was rapid, and the process was accompanied by so marked a diminution in the size of the cavity that Mr. Waggett asked whether this might be partly due to recurrence of the growth. It was thought that no definite signs of recurrence existed.

Dr. L. H. PEGLER showed a case of abeyance of nasal breathing in a female, æt. 23, in which the nasal passages were free. The patient also suffered from hysterical aphonic rhinalgia. The patient's speech, though aphonic, was "clipped"—a defect known as "rhinolalia clausa." Dr. Pegler thought that both the nasal breathing and resonance were shut off by a spasmodic contraction of the soft palate.

Dr. SCANES SPICER agreed with Dr. Pegler in this view.

Dr. PEGLER also showed a case of abeyance of nasal breathing in which the nasal passages were free, and the palate and fauces hyperæsthetic. In this case also the patient had difficulty in pronouncing her m's and n's. Dr. Pegler had closed the patient's mouth with his hand, in spite of which the patient refused to breathe until cyanosis set in, but finally she respired through the nose. Suspecting palatal spasm, he had fixed the palate by means of a tape passed through the nose and out of the mouth, and the patient had been thus enabled to breathe comfortably through the nose with closed mouth.

Dr. F. W. BENNETT reported that in the case he had shown at the last meeting he had explored the maxillary antra but had found no pus.

Mr. F. HUNTER TOD showed a case of œdema of the larynx with thickening of the palate, uvula, and fauces for diagnosis. There were no signs of pulmonary phthisis and no evidence of syphilis. Mr. Tod thought the diagnosis lay between tuberculous laryngitis and congenital syphilis. The opinions of the Society were divided between these two conditions.

Mr. WAGGETT showed a case of ethmoidal suppuration in a man complaining of excessive pain. The patient had been under treatment for many years, and though the intra-nasal condition was now satisfactory, pain persisted. Mr. Waggett suggested that the pain was of neurotic origin, and with this opinion several speakers agreed.

Dr. J. DUNDAS GRANT showed a case of subjective nasal obstruction which he considered due to anæsthesia of the nasal mucous membrane. Dr. Dundas Grant also showed some glass tubes specially constructed for the inhalation of medicinal powders for the patient's own use.

Munificent Gift to a Hospital.

UNDER the will of Mr. A. J. Dettmar the Committee of the Hospital for Epilepsy and Paralysis and other Diseases of the Nervous System, Regent's Park, has received the sum of £9,367 13s. 4d. for the new hospital now being built at Maida Vale. This gift will meet the contract for the first section of the building, but large sums are still required for furnishing and fitting.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, February 16th, 1902.

"SIAMESE TWINS."

THE event of the week was the separation of the little Indian girls, who were for a long time a curiosity of the Barnum Show. As one of them was threatened with tuberculous peritonitis it was resolved to separate them. For several days they were kept under observation and treatment in the hospital, and when the acute symptoms had abated the operation was performed, and up to the present the children are doing well. They were joined by a thick band running from the xiphoid cartilage to the umbilicus, which, by the way, was not duplicated. The band included a portion of the liver, as is usual in such cases. The skin when cut retracted rapidly, as if it were continually on the stretch, and beneath was a thick fibrous tissue, which, when severed, revealed the portion of hepatic substance. A double strong ligature was applied, and the operation was terminated by the thermo-cautery twenty minutes after the first incision. The children bore the operation well, and the amount of blood lost was insignificant. During the first twenty-four hours apprehensions were felt as to the final issue, not only on account of possible post-operative accidents, but also as regarded the moral effect on the children. However, as we have already stated, their condition is very satisfactory, and there is every reason to believe that, as an operation, it will be a complete success. As to the girl threatened with tuberculosis, hopes are entertained that with treatment that malady will be warded off.

Unfortunately the hardy operator, it has been said, laid himself open to the critics of the public Press by the publicity he thought well to give to the operation, and also by the fact that he accepted the offer of a cinematograph to take views of the different stages of the operation, and which will form in a few weeks one of the great attractions of the side shows.

Be that as it may, this operation can take rank with those for which the well-known audacity of French surgery has acquired universal admiration.

THE TREATMENT OF CHOREA.

According to Prof. Raymond, the best treatment consists in producing sleep by progressive doses of chloral with which bromide of potassium can be associated. During the daytime antipyrine in divided doses from thirty grains to a drachm daily gives very good results.

Dr. Paulesco considers that aspyrine is superior to antipyrine; it is given in the same doses, ten to twenty grains, three times a day.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Feb. 15th, 1902.

AT the Medical Society Hr. Kossman spoke on THE INDICATIONS FOR DESTRUCTION OF THE FŒTUS AND ITS JUSTIFICATION.

He first spoke of the judicial aspects of the question. Among both the Greeks and the Romans the practice of abortion was not an offence either legally or morally. Only about 500 years after the birth of Christ was there a change, and then it was carried so far as to

include all efforts to prevent conception. That the fœtus was actually living could not be determined with certainty until the stethoscope came into use. The Roman Catholic Church had up to quite recently maintained its old position of the absolute sacredness of fœtal life. In 1884 a Papal decree forbade the teaching of craniotomy, and in 1889 a second forbade the teaching of any method of treatment involving the death of the fœtus. In 1895 the artificial induction of abortion was permitted as, expressly declared, when it was the only means of saving the life of the mother.

Par. 218 and 220, German Penal Laws, placed no limit on the practice of the surgeon as regarded the induction of abortion, although commentators endeavour to show that the surgeon must act in the interests of the mother.

Ethically considered, the induction of abortion was only justifiable when it was probable that the fœtus would die before birth in consequence of the preceding death of the mother.

The killing of the fœtus during labour was a more difficult question to solve. The cases when the death of the mother must ensue from the continued life of the fœtus are very rare, and only occur in spontaneous delivery of cross or brow presentation with the knee backwards and when pulse and temperature showed the commencement of septic infection. In the majority of cases the question involved was whether, in order to maintain the existence of the fœtus, the mother must be submitted to a dangerous operation. In this case the value of the child's life must be weighed against that of the mother. According to statistics the value of an infant's life was that of a woman, *et. 23*. It was not shown by statistics that motherless children had a greater mortality than those with mothers. Against the objection that the mother might have further children, it might be urged that a woman in such danger at delivery would probably take measures to prevent further conception.

In the individual case other questions would come up for decision, such as the stage of pregnancy, the possibility of a syphilitic, hydrocephalic, deformed fœtus, &c. The state of health of the mother would also have to be considered. If, for instance, she were suffering from inoperable carcinoma one would be prepared to submit her to the ordeal of a Cæsarian section.

The statistics of Zweifel showed that the results of embryotomy as regarded maternal life were but 3 or 4 per cent. better than after Cæsarian section, and the statistics of the Johns Hopkins Hospital only showed a difference of 12 per cent. It was the speaker's hope that the statistics of Cæsarian section would improve.

It could not be questioned that the patient herself or her legal representative had the right to forbid the operation of Cæsarian section, and conversely no one could force the surgeon to the performance of embryotomy, when he was of opinion that it was unsuitable. If permission to perform Cæsarian section were withheld the surgeon must decline further responsibility and insist on another practitioner being called in and await his arrival, when he should give up the case.

Hr. Landau considered the speaker's limits of the justification of embryotomy to be too narrow. In the case of a pregnancy in the seventh or eighth months, for instance, or in a woman in an advanced stage of phthisis

one would not interrupt the pregnancy, but perhaps wait with a heavy heart until, in the agony, or immediately post-mortem, a Cæsarian section could be performed.

Hr. Dührssen said that according to the penal code prosecution and condemnation might follow the induction of abortion. A change of the law that would protect the surgeon was called for. As a matter of fact, there were obstetricians who completely rejected embryotomy. The results when Cæsarian section was performed in the hospitals could not be expected in general practice.

At the adjourned discussion, which was renewed on the 21st ult., Hr. Kaminer reminded the members of his paper read before the Society last year, on the

INDUCTION OF PREMATURE LABOUR IN PHTHISICAL WOMEN,

and held that, within the limits there laid down, there need be no fear of the criminal law. If the medical attendant had the consent of the mother he would be free from blame. Not only the probable death of the mother in consequence of her continued pregnancy, but the aggravation of the disease justified the induction of premature labour.

Hr. Freund agreed with the previous speaker. On the basis of his own experience he would advise, on being called in to any case of febrile abortion, always to look upon it as criminal, and to get an exact history before making an examination. Only by doing so could he protect himself in the event of the case ending fatally. Craniotomy, if properly carried out, was quite free from danger as regarded the mother, but Cæsarian section was not so. The obstetrician, without doubt, would be punishable who performed Cæsarian section without the express permission of the mother.

Hr. Czempin also believed that with conscientious adherence to the indications the penal code need not be feared. When it was apprehended that a stationary disease would get worse during the pregnancy or childbirth, the attendant would be perfectly justified in inducing abortion, provided he had the mother's consent. In the case of absolute contracted pelvis the attendant would also be justified in inducing abortion if the woman would not consent to Cæsarian section.

Hr. Friedemann did not believe that the getting over one or more bad confinements led women to prevent conception or to criminal abortion. He mentioned a number of striking cases in support of this view, and considered it impossible, especially in country practice, to avoid occasional craniotomy of the living child.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Feb. 15th, 1902.

TUBERCULOSIS, ITS ORIGIN AND NATURE.

At the "Gesellschaft" Weichselbaum gave an exhaustive review of our present knowledge of tubercle.

The earliest discovery of the tubercle bacillus was associated with opinions of a specific stock, in which the bacillus was to be found. Others contended that it was a constitutional anomaly that led to the germination of the microbe, while yet another party held that different noxa were necessary to produce the tuberculous state.

Koch has given a new impetus to these investigations by his apothegms: (a) The cause of tuberculosis is a specific spore bearing bacillus. It is acquired through the fine dust entering the lung and carrying the germ with it, tuberculosis is not proved unless the bacillus is found, the origin of tuberculosis required a peculiar disposition, and that tuberculosis is hereditary. These axioms have been altered, augmented, and diminished since their first promulgation, and still some part of them remain controversial.

For instance, the tubercle bacillus itself is not always met with as a simple bacillus, but often as fine branching club-shaped threads which many authors group as streptothrix or myco-bacterium, Hnepe and Fischer consider this form at this parasitic stage as a saprophyte. Besides these there are other "saurefester" bacilli which resemble the tuberculous so closely, both morphologically and physiologically, that it is difficult, if not impossible, to tell the one from the other.

Even the staining is no assistance for their differentiation as they take up the colour and resist acids and heat as the reputed virulent form. Such "saurefester" are to be found in the earth, or the grass of meadows, in the dung of cattle, as well as in milk and butter. The similarity does not end here. By injection into other animals fine miliary tubercles will be formed which will form quicker than the genuine bacillus at a summer temperature, and the tubercles never become caseous. One of these tumours was found on the body of a carp, having every particular common to the genuine tubercle bacillus except the rapid growth at a summer temperature.

Again, the tubercle bacilli found in fowls are not identical with those in the mammalia, as the tubercle of the fowl has no effect on the guinea-pig and *vice versa* Koch has recently assured us that the "perlsucht" of the non-mammalia is not identical with the tubercle of the mammalia. His origin of the spore formation being the cause may be entertained as an error, as the drying of the spores in combination with fatty substances have been considered the origin of the "saurefester."

According to Nageli, who found tubercle in 50 per cent. of the dead, we should expect a wider distribution of tubercle than has recently been affirmed that the germ is not ubiquitous, but is to be found in rooms where tuberculous patients have been lodged.

The production of tuberculosis depends largely on disposition. The mode of infecting is probably most frequently by the lung, although other ports of entrance have been proved by different authors. Baumgarten denies the germinative origin of tuberculosis altogether. He contends that tubercle bacillus is transmitted through the spermatozoon to the ovum, to which it imparted a sort of larval condition, and during the first year of life the bacillus again becomes active and selects the apex of the lung at a later period.

Klebs and Aufrecht believe that the alimentary tract is the port of invasion; the latter fixing on the tonsils as the particular point from which the bacillus passes to the lymph ducts, and subsequently to the cervical and mediastinal glands, from which it travels to the apex of the lung by the bloodvessels. By this theory he accounts for vascular tuberculosis and thrombi. The selection of the apex is more from disposition than selection, as the circulation is slower, and thus allows the germ to linger,

where it finally takes root. Besides the tonsils the mesentery is pointed to as another port of entrance.

Ribbert supports the opinion of inhaling the bacilli into the lung, thence passing to the bronchial glands, and, finally, entering the perivascular lymph spaces.

Weichselbaum is sceptic about Baumgarten's theory, as the tubercle bacillus is rarely to be found in the urogenital system. Again in the new-born child the bacillus is rarely to be found before the first year and increasing up to the sixtieth. Experiments on animals also prove the placenta void of the bacilli.

Klebs thinks the infection is carried into the body by the ingesta as well as the air passages. By the ingesta is still controversial, as deer, sheep, goats, and asses have all proved negative to these tests. The flesh and milk when infected with "perlsucht" have also failed to produce tuberculosis. It has been proved also that the germ may be carried through different generations without showing any virulent effect. Racial influence has also much to do in the modification. Karlinski found the Bosnian deers very resistant to "perlsucht," while men were very sensitive to it. He could only inject ten out of twenty-five deer with human tuberculosis. The reverse is not proved yet, although the hypotheses are many.

The Operating Theatres.

GREAT NORTHERN HOSPITAL.

OPERATION FOR DISEASE OF THE PANCREAS INVOLVING THE STOMACH.—Mr. PRYTON BEALE operated on a man, *æt.* about 50, whose history was as follows: He had been admitted about three months before with intense pain in the epigastric region following the ingestion of food; he gave an account of hæmatemesis some weeks previously; he then remained in the hospital for about a week, and as the pain subsided he decided not to undergo an exploratory operation and was accordingly discharged. About three weeks afterwards he returned with increased pain and considerable emaciation. The following operation was performed: The stomach was exposed in the ordinary way by an incision through the linea alba and was found to be adherent to a large mass along its greater curvature for a distance of about four inches. This mass was found to be a growth involving the pancreas, but as some healthy pancreatic gland tissue was seen over it, it was decided to separate the mass from the stomach, but not attempt to excise it. This separation was effected without much difficulty, but so adherent was the stomach to the mass that a rent of about three inches in length in the viscus occurred. The edges of this rent were trimmed with scissors and then brought together by interrupted catgut sutures placed about a quarter of an inch apart. The sutures were of thick catgut and were inserted so as to include everything except the mucous membrane. Several large vessels in the pancreatic mass were ligatured, and the external wound closed and dressed without the insertion of a drainage tube. During the operation all ordinary care was taken to prevent any contents of the stomach passing into the peritoneal cavity, but more importance was attached to rapid performance of the operation than to protecting the peritoneal cavity. Mr. Beale pointed out that the pancreatic mass contained a number of caseous nodules,

and appeared to be a tuberculous affection of the pancreas itself, but this, he said, would probably be cleared up, for if the patient continued to emaciate he should attempt to remove the whole of it. An operation of this sort, he remarked, like all those involving suturing of any part of the digestive tract with the removal of a growth adherent to the same, should, if possible, be always undertaken at two sittings so as to reduce the amount of shock which more commonly than escape of contents of the stomach was the usual cause of death. The peritoneum, he said, was obviously capable of resenting infection, as was evidenced by cases of acute suppurative peritonitis, which in the present day frequently recover. He thought the great point seemed to be to perform the operation as quickly as possible, and, in so doing, to contaminate the peritoneum as little as possible. In a case like the one on which he had just operated, whatever care the surgeon took it was impossible for him to be certain that no stomach contents entered the cavity of the abdomen, and to introduce sutures into a rent three inches long in such a way as to make a watertight join meant introducing several rows of sutures very close together, which must take up considerable time. From what he had seen he had come to the conclusion that it was these prolonged operations which caused the patient to suffer so greatly from shock, and which proved in so many cases fatal.

A fortnight after operation the patient was getting on extremely well, and had suffered practically no pain. If he continued to progress favourably for another week it was proposed to attempt the removal of the pancreatic growth.

OPERATION FOR INTESTINAL OBSTRUCTION FOUND TO BE CAUSED BY RETRO-PERITONEAL SARCOMA.—The same surgeon operated on a healthy-looking man, *æt.* 35, who had been admitted with the following history: He had been perfectly well until three days previously, when, whilst standing, he felt a sudden and severe abdominal pain about two inches below the level of the umbilicus; at the same time he felt faint, and was carried home and put to bed. The pain increased and his bowels could not be opened either by purgatives or enemata. A median abdominal incision of about five inches in length was made, with the umbilicus as its centre. The small intestine was found collapsed and tonically contracted, and along its peritoneal attachment throughout the whole length there was a band of recent hæmorrhage, about a quarter of an inch wide (it was judged to be recent by its intensely bright red colour); there was a good deal of thickening of and hæmorrhage into the mesentery, and along the whole of its peritoneal attachment there was a large hæmorrhagic soft mass. A piece of this was removed for microscopical examination. A large vein was found to be bleeding freely, so a pair of Spencer Wells' forceps was put upon it and left. A considerable amount of blood-stained fluid was then washed out of the peritoneal cavity and the external wound closed, the handle of the forceps being left outside and a gauze plug inserted close by. Mr. Beale said that the diagnosis in a case like this was quite impossible because there was so much distension of the abdomen (chiefly due to large intestine) and so much pain that nothing could be felt within; even under an anæsthetic it was impossible to make out any tumour. The sudden onset of the pain was also quite misleading. It was

noticeable, he said, that in such cases the mere performance of an exploratory laparotomy sometimes relieved the symptoms of acute obstruction which had resisted all other means of treatment. There was, of course, no possibility of removing the growth.

The same evening eight grains of calomel were administered by the mouth, and this caused a good action of the bowels, the motion containing some blood. A portion of the growth was examined and was found to be a round-celled sarcoma, with numerous recent hæmorrhages in it. The wound was dressed the next day and the forceps removed, and a week later the patient was apparently going on very well, his bowels being relieved regularly.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 19, 1902.

THE DIAGNOSIS AND PROGNOSIS OF PHTHISIS.

In the minds of many medical men, and especially those who have but infrequent opportunities of examining patients suffering from pulmonary disease in the early stages, the diagnosis of pulmonary tuberculosis is probably too frequently postponed till the appearance of tubercle bacilli in the sputum. There is a danger that students, too, who are often charmed by the simplicity with which the diagnosis can be made when the bacilli are found in the sputum, may be led to take less pains to perfect themselves in the practice of the physical examination of the chest. As the public become more alive to the risk of infection from "consumptive" patients, so will the practice of the physician become more embarrassing. The public do not, nor can they be expected to readily understand that though the micro-organism be undoubtedly present in the tissues of a tuberculous patient, yet it may not be possible to find it in the sputum, even after many careful examinations. After their discovery be made, very little reliance can be placed on the number found in subsequent examinations in forming an opinion as to the condition of the patient. Because tubercle bacilli are found on the first bacteriological examination of the sputum, this does not

prove that the patient's condition is any worse nor indeed, need it be as serious as that of a patient in whose sputum none can be found even after repeated efforts have been made. Many medical men seem to think that, because the sounds heard over the chest are "dry" that therefore the tuberculous process is less active than when they were "moist" regardless of the fact that the "moist" character is largely due to the presence of catarrhal secretion in the bronchial tubes, which need not necessarily be directly due to the tuberculous process even in an admittedly "consumptive" patient. In considering the question of prognosis too great stress is laid by many on some one particular sign; this is most frequently the weight of the patient. They seem to think if he grow fat he is necessarily doing well. It is not good for any man to be "fat." These subjects are seldom long-lived. Dr. David Lawson (*Scottish Medical and Surgical Journal*, January) has lately pointed out in an able and convincing manner that though a persistently normal temperature and pulse-rate, and an increasing weight almost invariably indicate a favourable course, yet no one of these signs alone is incompatible with a downward course. Dr. Lawson refers to the "tuberculous temperature," "the temperature of the tuberculous person," &c., and in the connection in which he uses these expressions he is in the main, no doubt, correct, but it is important to remember that in cases of tuberculosis of the lungs we have, unfortunately, only too frequently to deal with the effects of a double infection. In cases in which the temperature of the patient is very high it is probably most often due to poisoning by septic micro-organisms. In the lungs and intestines septic infection of tuberculous foci and *débris* is less easily guarded against, and takes place earlier than in other places, and in them the effects are usually most pronounced.

OIDIOMYCOSIS OF THE SKIN.

DR. HOWARD T. RICKETTS, in the last number of the *Boston Journal of Medical Research*, has published a most valuable monograph on those parasites of the skin which are considered to belong to the classes of blastomycetes and saccharomycetes. He gives a most careful study of the pathogenic properties of the oidium group, and affords a critical analysis of so-called blastomycetic injections in man. In the clinical cases detailed there is essentially a uniform clinical history, the following being the chief features: An incipient papule which becomes pustular, yielding a glairy, somewhat tenacious pus. Gradual extension of the ulcerating surface, which is soon covered with coarse, soft and friable papillæ, and is surrounded by a reddened areola in which many minute abscesses are visible. Cicatricial healing in the oldest portions of the lesion as the border advances. A variable amount of pain, depending on the site involved, upon a temporary increase or decrease of the virulence of the specific infection, and the amount of secondary infection present.

The absence of lymphatic glandular involvement in a great majority of cases. (It seems probable, however, when generalised infection occurs, that it may take place through the medium of the lymphatic system.) The protracted and progressive course of the disease which may extend over ten or twelve years, and in the face may cause great cicatricial deformity. Periods of rapid extension interrupted by periods of relative quietude. The tendency of the scar to eventually approach the appearance of normal skin. The upper extremities (hand and fore-arm) and the face are most frequently attacked, although no portion of the skin is proof against invasion. Extension to mucous surfaces does not occur readily. Absence of general toxic disturbances, attributable to the local infection. Dr. Ricketts' conclusions will be of much interest to pathologists and especially serviceable to dermatologists. He holds that the so-called protozoic disease of Posadas, Wernicke, and others; Busse's and Curtis' saccharomycosis hominis, and Gilchrist's blastomycotic dermatitis are various manifestations of the same disease. The condition in the skin possesses constant clinical and histological characteristics, which separate it positively from all other skin diseases, particularly verrucous tuberculosis, carcinoma and syphilis. The organisms isolated from various cases differ in minor respects among themselves, but are so closely related morphologically and biologically as to justify their inclusion in a common genus, *Oidium*; they are thus analogous in a pathogenic sense to the fungi which cause actinomycosis, and to those causing trichophytosis. The variations among the organisms allow the recognition of three morphological types: blastomycetoid, or yeast-like; oidium-like, and hyphomycetoid. There are two histological forms of the disease in the skin, the eosinophilous and the non-eosinophilous, the former being associated with the mould type of the organism. He further suggests that oidiomycosis is an appropriate term for the conditions caused by the organisms, and oidiomycosis cutis for the disease as it occurs in the skin. Aside from the infections considered in Dr. Ricketts' communication, certain cases which have been described in the literature from time to time indicate that oidium-like organisms may cause other severe pathological conditions in man, especially when involving the lungs. The paper is beautifully illustrated and furnished with a very complete bibliography.

MODERN LIFE AND LONGEVITY.

THE ideal of the sanitarian no less than of the enlightened politician who has the interests of the community at heart would be to place a reasonable chance of attaining old age within the reach of all mankind. As things at present stand the average life is probably less than half the length it would be under favourable circumstances. The contributory factors to old age are manifold, and all of them require consideration in order to arrive at any sound

conclusions regarding the influence of modern social life upon longevity. One of the most important general observations of the kind was advanced by the late Sir George Humphry, who contributed an exhaustive monograph to the literature of the subject. We refer to his statement that the hereditary influence is strongly marked in the case of persons who reach old age. In some instances the soundness of an inherited constitution has enabled the fortunate owner to reach a centenarian age in spite of poor circumstances and even of serious attacks of illness. At the same time the general proposition which adds healthy occupation and easy circumstances to the contributory list will be readily accepted. Country life is more favourable than that of towns, although the latter can boast a fair number of centenarians in relation to population. The influence of occupation upon length of life has been exhaustively investigated both by the life insurance actuaries and by the student of vital statistics from the standpoint of preventive medicine. Indeed, few more terrible pictures could awaken the conscience of a community than that of the lives sacrificed annually at the shrine of the industrial Moloch. The last generation has witnessed the great improvements in the lot of the working classes which are embodied mainly in Factory Acts. In many trades a man is old at forty. A comparison of the mortality returns of counties where mines and manufacturing abound, as in Lancashire and Cheshire, with counties that are mainly agricultural will show emphatically the enormous relative waste of urban and industrial as against rural and agricultural life. At the same time the gradual development of preventive medicine, which makes life safer in a variety of ways, has led to the preservation of a multitude of lives that would otherwise have perished. Some authorities, notably Sir Crichton Browne, have contended that this saving of life does not materially increase the actual number of old persons among the population. From *a priori* grounds it is difficult to avoid the surmise that the number of individuals arriving at sixty-five, which has been adopted as the official definition of "old age," must sooner or later be very largely augmented. It has been attempted to prove the contrary by statistics, but a critical examination at once reveals various sources of fallacy in such conclusions. For instance, the results of improved preventive administration are being brought about in many cases in the most gradual manner. Many vital points of the subject have been only recently and partially handled by the Legislature, as in dealing with dangerous trades and laundries and other details of factory legislation. No serious attempt has yet been made to grapple with measles and whooping-cough and summer diarrhoea, which are the most deadly of the zymotic diseases. The great Board School system, again, is not yet brought under any system of efficient medical control, a condition that is absolutely essential in preventing the spread of infection among a congregation of children at

school age. The element of time is needed to bring all great reforms to perfection. That same test of the lapse of a sufficient period of years is needed before one can form a satisfactory opinion as to whether the great and acknowledged increase of young and middle-aged lives has or has not added materially to the number of the aged inhabitants of the community. Clearly the results, if we take a limited period, say, of fifteen years, may be upset by some comparatively simple accident, as for instance the influenza epidemic which has settled down in the United Kingdom from about the time mentioned, and which is notoriously fatal among aged persons. On these grounds, with all due respect to the views of so distinguished an authority as Sir Crichton Browne, we venture to think that judgment will have to be suspended for a generation or two before any trustworthy general conclusion can be formed upon the point. The stress and hurry of modern life certainly do not appear on the face of things to be conducive to old age. The changes that lead to senile death are usually those of atrophy, which is simply in most cases a sign of earlier stress and storm. On the other hand, we find everywhere and in all ranks of society, from the highest to the lowest, an encouraging proportion of centenarians, many of whom retain their peculiarities unimpaired, and give testimony to the marvellous perfection of the bodies with which Nature has endowed mankind as the result of countless centuries of the stern but ever upward process of evolution.

Notes on Current Topics.

The Epidemic of Small-pox.

THE epidemic of small-pox continues to extend in London, and, as we anticipated, fresh centres of infection therefrom are being almost daily reported from the provinces. The serious nature of the situation is in that way greatly enhanced, and the moral of Mr. Balfour's foolish Vaccination Act is likely to be brought home to conscientious upholders as well as to conscientious objectors throughout the kingdom. Cardiff has been invaded during the week by a marine fireman, who had tramped from Liverpool to London, where for a fortnight he tried to get work, but being unsuccessful he went to Cardiff; shortly afterwards he developed small-pox. The Medical Officer of Cardiff has issued handbills stating that in the Gloucester epidemic of 1896 only twenty-six vaccinated children under ten years of age took small-pox, and only one of them died; whereas of 680 unvaccinated children who took the disease 279 died. An outbreak of small-pox in Cardiff, as an important shipping centre of South Wales, would be most disastrous. The *Times* last week contained a sound, practical suggestion from a well-known medical officer of health, to the effect that a great inducement to working persons would be held out by offering them money compensation for the two or three days during which they were incapacitated by the effects of vaccination. Among recently invaded

towns are Exeter, Oxford, Portsmouth, Dewsbury, Barnsley, Birmingham, Peterborough, and Dublin, while a score of towns have been invaded in Kent, Surrey, and counties bordering on Middlesex, Essex has suffered severely, no less than 454 cases having been notified therein since August, 1901. In South Wales, Glamorganshire has been invaded, and fresh cases have been reported from Swansea, Ystalyfera (seventeen cases), and Merthyr. A mild but sustained epidemic has been running in Glasgow for several months past. At the Metropolitan Asylums Board meeting of February 9th it was stated that up to date there had been 3,000 cases of small-pox in the Metropolis since August last with 560 deaths. In the face of these figures it seems absurd on the part of a special correspondent of the *Standard* to speculate on what steps should be taken "if the epidemic became really serious." The total number under treatment up to midnight, Sunday, was 1,193; 71 fresh cases were notified on Monday, February 17th.

Public-houses and Small-pox.

Now and then a local authority in some part of the United Kingdom illuminates the mists of popular prejudice and apathy by some act of administrative brilliancy. That has recently happened with the Urban District Council of Barnet on the occasion of the closing of a public-house in the district by the medical officer of health. The reason of the closure was that a militiaman billeted with the publican had contracted small-pox. So far all is plain sailing, but the special wisdom of the Council was shown in the subsequent step in undertaking to compensate the landlord liberally for his loss of business. This principle, which was sanctioned by the district justices, is thoroughly sound, and its more general application would undoubtedly do much to check the spread of infectious diseases. A little consideration will show the truth of that proposition. In the first place, given a tradesman's shop or a public house, there can hardly be a centre better suited for the wholesale spread of an infectious disorder around its immediate sphere of activity. No more striking instance of the kind could be cited than the scarlet fever epidemics that sometimes follow the invasion of a dairyman's household by that particular disorder. Yet the compulsory shutting up of a business inflicts a great hardship on the small and the struggling tradesman. What is the best public policy to pursue under such circumstances? To our mind the answer to that question lies in the application of some liberal scale of general compensation such as that adopted in the particular case of the publican at Barnet. The danger is from concealment of infectious maladies, and ruin in business is clearly a strong incentive to secrecy.

Epilepsy and Crime.

A RECENT murder trial has brought forward once again into fierce light the question of epileptic responsibility. The facts are simple. A young man had been assistant, since the age of fifteen, in a fish-

monger's shop. He was addicted to drinking, and a week before Christmas he was dismissed, apparently for having threatened the foreman with a knife, under the influence of alcoholic excitement. A few days later, after having spent the day with a friend "visiting many public-houses," he rushed away in a frantic mood to the fishmonger's shop, where he stabbed the unfortunate foreman to the heart with a fish-knife. At the trial it was stated that since 1901 the prisoner had been irritable, sullen, and forgetful, and had suffered more frequently from the epileptic fits to which he was subject. The defence was that the crime was committed while accused was under the influence of epileptic mania. The judge, Mr. Justice Bigham, treated the defence as lawyers are wont to treat the medical aspects of moral sanity. In passing sentence of death, he said he personally had no doubt that the prisoner knew he was killing the man, and that he intended to do it and knew he was committing a wrong and wicked act. For all that, the learned judge must surely admit that a family history of insanity, taken in combination with a personal history of drink, epilepsy, moroseness, and murder without a reasonable makeweight, so to speak, of motive or incentive, is suggestive of insanity. At any rate, we should feel, for our own part, that the ends of an ideal justice might possibly have been attained with more certainty had the prisoner's case been submitted to the impartial judgment of a small body of lunacy experts.

The After Care of Lunatics.

At the recent annual meeting of the After-Care Association for poor persons discharged recovered from asylums for the insane, it was stated that about 7,000 patients are discharged every year from asylums in this country. Such a fact clearly indicates the need for organised means whereby help may if possible be rendered in preventing a recurrence of the mental derangement. The After-Care Association during the past year has dealt with 214 cases, 139 being women and 75 men. Many had been boarded out in cottages in the country, and others had been assisted by grants of money, clothing, and promises of situations.

Medical Practice in the Transvaal.

UNDER a recent proclamation a Medical Board has been constituted to regulate the practice of medicine in the Transvaal. Provision is made for the admission of all duly qualified persons as physicians, surgeons, and dentists, but it is expressly stipulated that the holders of such diplomas shall only be eligible for registration provided that they are thereby entitled to practise in the respective capacity in the country in which they have been granted, thus excluding diplomas like that of the University of Brussels, which confers no legal status in that country on its holders. An even more commendable proviso is that such diplomas will not be recognised and admitted unless by the laws of the country in which they have been issued. British subjects legally qualified to practise in Great

Britain are afforded privileges equivalent to those granted by licence under this proclamation. Some of the criticisms levelled at the purport of the proclamation see in it an occult attempt to deprive Dutchmen and Germans of the right to practise medicine and dentistry in the colony, but as a matter of fact, it excludes the diplomates of all European countries except Italy, while American practitioners will presumably be entitled to the franchise. We repudiate any leanings in the direction of protection in such matters, but if we wish to impress upon foreign governments the desirability of arriving at some understanding as to reciprocity of medical practice some such restrictions cannot well be avoided.

Extra-Uterine Triplets.

It is very uncommon to be able to find the embryo in a case of extra-uterine pregnancy, as it is frequently absorbed prior to operation. How much more rare, then, are cases in which more than one foetus has been found. Yet in a recent number of *American Medicine*, Dr. Wilmer Krusen, Instructor of Gynæcology at Jefferson Medical College, Philadelphia, records an interesting case of triple ectopic gestation in which all the embryos were found. The patient, aged 34, had for some time suffered from symptoms of pelvic inflammation, and had had five miscarriages. When first seen, on June 12th, she gave a history of amenorrhœa for six weeks, and said that two days before, while in the street, she was seized with acute abdominal pain and faintness. She partially recovered from this, but later on the symptoms becoming more marked and fever setting in, on June 19th Dr. Krusen was called in, and diagnosed ruptured ectopic gestation with intra-peritoneal hæmatocœle. Immediate operation was advised, but not undertaken till the 21st. When the abdomen was opened it was found full of dark blood-clot and three perfectly formed foetuses were removed. The gestation had occurred in the right tube, and the rupture did not involve the cornu of the uterus. The left tube was inflamed, but intact. Unfortunately the patient died three days after the operation of peritonitis. The case is recorded as one of actual unilateral triple tubal gestation, the interstitial structure of the uterus being uninvolved.

Insufficient Instruction in Midwifery.

FOR the student of medicine who aims at ultimately becoming a general practitioner in the country there is nothing more important than a good practical knowledge of midwifery. This fact is so generally recognised that it is with considerable surprise we read the following statement in Mr. R. Milne Murray's paper on the Teaching of Midwifery, published in the January issue of the *Edinburgh Medical Journal*.—"It comes to this then, that the vast majority of Edinburgh students (and so far as I can gather it is much the same in most other places) leave Edinburgh without any experience in the proper conduct of labour, normal or abnormal. Very few of them have seen

an ordinary labour conducted from start to finish by one competent to demonstrate how little is required on the part of the accoucheur in the management of an ordinary labour; nor have they been shown with that scrupulous care that little has to be done. Not one in ten has seen the forceps applied, and fewer still have seen any of the other obstetric manipulations or operations. This, then, is the best that Edinburgh can offer them." We are glad to say that such a statement could not be made of the Dublin school, and trust sincerely that matters will soon be mended in Edinburgh. It is interesting to ask, in this connection, how many cases is it necessary for a student to personally conduct before he is admitted to his final examination in midwifery? We believe the number is three, but speak subject to correction.

The Midwives Bill.

THE new Midwives Bill was issued in the course of last week. The principal changes are (1) a system of notification of practice to the local authority is substituted for the annual licence of the last Bill, following the precedent of the Infant Life Protection Act; (2) the duty of forming the Central Midwives Board is laid on the Lord President of the Council instead of on the General Medical Council; the constitution of the Board will remain the same; (3) the rules regulating the practice of midwives are to be formulated by the Privy Council, and submitted for consideration and report to the General Medical Council, but the Privy Council will finally decide upon their provisions; (4) the practice of uncertificated women is not to be made illegal, although the use of the title "midwife" is to be forbidden; in this the Bill is in accordance with the medical Acts. Two important clauses of last year's Bill, *i.e.*, (2) and (10) have thus been materially modified as to alter the whole character of the Bill, which is so far rendered less satisfactory to some of its former promoters. Sir J. Tuke has, we learn, withdrawn his name from the back of the Bill, as he does not approve of all the changes which have been made.

Small-pox in Dublin.

A CASE of small-pox occurred in Dublin last week, the patient being a sailor who had recently come from Glasgow. He was at once removed to Cork Street Fever Hospital, and from there to the temporary small-pox hospital at Beneavin. The inhabitants of the house in which he had lodged have been placed under strict supervision, and so far two more cases have been recorded. It is satisfactory to learn that the Corporation have acted on the recommendation of the Dublin Sanitary Association, and have placed chicken-pox on the list of notifiable diseases—a most important matter when the difficulty of early diagnosis is taken into account. We trust that the necessity for similar action will be immediately brought to the notice of the various Public Health authorities in the vicinity of Dublin, and indeed, throughout Ireland generally. The last outbreak of small-pox in Dublin in 1894-95 did not

assume any large proportions, due doubtless to the fact that in Ireland the conscientious objector is not recognised by law and is consequently conspicuous by his absence. The recognition of the value of vaccination is one of the points on which Ireland is in advance of its sister kingdom.

Another Medical V.C.

THE King has been pleased to confer the Victoria Cross on Captain T. J. Crean, 1st Imperial Light Horse, for conspicuous gallantry in South Africa. Captain Crean, during the action with De Wet at Tygerskloof, on December 18th last, continued to attend to the wounded in the firing line, under heavy fire at only 150 yards range, after he had himself been wounded, and only desisted when he was hit a second time, and, as it was at first thought, mortally wounded. Captain Crean whose bravery has thus been suitably recognised, obtained the licences of the Irish Royal Colleges in 1896, and soon after went to the Transvaal, where he settled in practice. When the war broke out he volunteered and joined the Light Horse. In his student days he was a well-known figure in Irish athletic circles, and was especially distinguished as a football player. Happily the wound which he received at Tygerskloof was not as serious as was at first considered, and he is, we are glad to hear, now convalescent. His name is a worthy addition to the long roll of medical men who hold that most coveted of all honours—the Victoria Cross.

Tax - Produced Consumption.

IN a communication bearing on the prevalence of pulmonary tuberculosis in France, Dr. Leon Bonnet points out that while in England, the land of fog, the annual deaths from this disease number some 50,000, in France, with its, in many parts, admirable climate, and approximately the same population, the annual loss under this head is 150,000. It is only natural that he should ask himself the reason for this terrible mortality. As might be anticipated, the presumable causes are several. First there is the fact that in point of public and individual hygiene France is far behind England, the conditions of existence under which the working classes live in the great cities being often little short of disgraceful. Then there is the comparatively high cost of food: meat, butter, tea, sugar, &c., cost nearly twice the price in France of those which obtain in England, and this is largely due to the spirit of protectionism which is rampant in French political circles. It is a commonplace of knowledge that an abundant alimentation is one of the best prophylactics against tuberculous invasion and as wages generally are lower in France than in England it is obvious that the French working classes are comparatively badly off in this respect. If it were not for the thrift and culinary resources of the French housewife the conditions of existence would be even more to their disadvantage. Another cause, to which Dr. Bonnet does not allude, is the steadily

increasing consumption of alcohol which, when taken in excess, debilitates the organism and renders it an easy prey to the ubiquitous microbe. A system of taxation which strikes at the foundation of the national health stands self-condemned, and this is an instance in which the physician must needs enter upon the domain of politics.

More Influenza.

INFLUENZA is again raging throughout the United Kingdom, and may be said to be as bad as it has ever been during the past ten or twelve years, that is to say, so far as the actual numbers attacked are concerned. Happily the enemy appears to have had its claws somewhat blunted by long use, for the present form of the malady is for the most part extremely mild. For all that, it will be well for the very young and the aged and the weakly of all ages to nurse themselves carefully when attacked by this subtle and dangerous disorder. During the present outburst, which is of a wholesale nature, it will be wise to regard every serious "cold" or respiratory trouble as a probable case of influenza, and to take steps accordingly. Fortunately the remedy is in the hands of everyone who has strength of will enough to stay at home and court the grateful ministrings of rest and warmth, with a moderate gentle stimulation of the port wine negus and whisky toddy order. It is devoutly to be hoped that we are nearing the end of the prolonged and disastrous epidemic wave of influenza that for years past has periodically swept over the country.

Military Minor Surgery.

ON many occasions we have insisted on the importance to soldiers of the proper treatment of dental defects, and something has already been attempted in the direction of providing adequate dental treatment. It is obvious that a raging toothache must materially impair the efficiency of the bravest soldier, were it only by preventing his enjoying his well-earned and often scanty repose at such times as the bugle sounds truce. In reality the effects are even more serious, because bad teeth may render him unable to avail himself of the hardy fare which falls to his lot in the field. Instead of refusing men on account of dental caries, it would be more reasonable to encourage them to acquire substitutes which are not liable to the drawbacks attending the natural article. Important as are the teeth it is probable that the feet are even more essential to his combative efficiency; yet scant attention has been paid in the past to the comfort of this part of his outfit. Comfortable boots and cleanliness are the key to the prevention of the diseases to which the soldier's foot is liable. Cleanliness may be made a matter of military discipline, and approximately fitting boots are also within the reach of administrative possibility. There remain the more technical attentions which tend to avert locomotor incapacity in the domain of chiropody. An excellent little manual has just been issued by the War Office for the instruction of regimental chiropodists, and if the directions therein very clearly set forth are followed, this source of disable-

ment ought not in future to constitute a tangible source of weakness in the field.

"Coming-of-Age" of the N.S.A.

THE National Skating Association of Great Britain has been celebrating its twenty-first birthday. Skating in all its forms has been demonstrated and enjoyed at Niagara, and at the rooms of the Alpine Club a most interesting exhibition of skates and skating materials has been held. We congratulate Dr. G. H. Fowler and his colleagues on the success of the celebration, and trust that it will have brought home to the English mind the physical advantages which accrue from the pursuit of such a fascinating and health-giving sport. On medical grounds we contend that skating is one of the most desirable forms of exercise for the training of muscle and nerve, and the reinvigoration of the tissues generally. If our busy consultants and overworked practitioners would only take a mid-winter holiday and give a fortnight annually to skating at Davos, St. Moritz, Hamar, Stockholm, or elsewhere, they would run a better chance of being "healthy, wealthy, and wise."

The Indiscretions of "What's What."

IN a former number we referred to the indiscretions of the author of "What's What" in giving a list of medical men he considered deserving of his "recommendation." We are glad to see that Mr. Watson Cheyne, in a clear and courteous letter, strongly condemns Mr. Harry Quilter's foolish and unkind paragraph, showing that such is likely to cause irreparable damage to the gentleman "recommended." The author of "What's What" in reply indicates that he is unconvinced that it is wrong to inform the public on these matters, and he does not think that the family medical man is in all cases the most fitting person to advise regarding the choice of a consultant. He, however, will consider the wisdom of relinquishing his self-selected speciality of adviser of the public in the choice of medical specialists. We hope to hear no more of the indiscretions of "What's What" even should that remarkable work reach the distinction of a second edition.

The British Medical Picnic.

THE seventieth annual picnic of the British Medical Association is to take place in Cottonopolis, commencing July 29th. Mr. Walter Whitehead is President-Elect. The distinguished officers of the various sections have been chosen. It is rather striking to note to what an extent "home talent" has been pressed into the service. Sixteen sections have been brought into being. "Reforms" are to be allowed "high revels" in a section on Ethics (*sic*), of which Dr. James Brassey Brierley is one of the honorary secretaries. The Address in Medicine is to be given by a distinguished Lancastrian, Sir Thomas Barlow; and, in spite of "war's alarms," Professor Japp Sinclair is to give the Address in Obstetrics. It is long since the British Medical Association honoured Manchester with a visit, and the gathering should be "numerous and influential."

American Specialists in Ireland.

MADAME LILLIAN, the great American Herbalist and Electro-Therapeutist, her husband and daughter, whose arrest at Galway on the charge of obtaining money by false pretences we recorded in our last issue, appear to have had a lucrative "practice" in the west of Ireland. From the evidence given before the magistrate, it appears that the Lillians following their customary procedure, delivered open air lectures on medical subjects at Ennistymon, about the 15th October last, from a four-wheeled wagonette. They also distributed handbills which had reference to Madame Lillian or Emily Lillian, who was described as a "medical doctor," and better than any doctor, further, the latter were described as "poisoners." The handbills also gave forth that Madame Lillian was able to cure gout, rheumatism, and all complaints. Influenced by this, a farmer living at Ennistymon brought his wife to Madame Lillian, because, as he stated, he believed she was a doctor and qualified to cure her. Madame Lillian then told the husband that she was a doctor and could cure his wife. She asked for half-a-crown for the examination, and subsequently said that she would cure the patient for £5. This was paid, and in return the husband received four bottles, two of which were to be taken internally and two externally. Madame Lillian subsequently saw the wife twice, and then left the town. As the medicine had no effect on the patient the police were communicated with, with the result that the whole Lillian family were arrested. The male prisoner stated that he is a fully qualified medical man; we cannot, however, find his name in the *Medical Register*. The prisoners have been remanded.

Suggested Surgical Operation for Mitral Stenosis.

THERE is no more progressive art than that of modern surgery, which has gradually taken in hand every organ of the human body. Of all the fresh fields thus opened up none has more completely reversed the traditions of former times than that which deals with the cardiac region. No modern surgeon would hesitate for a moment in freely draining the pericardium for dropsical and suppurative conditions, or in exposing and suturing non-penetrating wounds of the heart itself. A far more daring procedure has been recently suggested by a physician, Sir Lauder Brunton. Struck with a disproportion between the resistance offered by extreme mitral obstruction, and the ease with which the obstructed valve could be relieved *post mortem* by a simple incision, he determined to try if a similar proceeding could not be conducted on the living mammalian heart. Unfortunately he has not found time personally to carry out experiments on the lower animals. There are many competent investigators, however, in whose hands the matter may be entrusted with entire confidence. The risk is not great in exposing the heart, and although the difficulties would clearly be great in penetrating the

wall of the heart with a fine knife, chiefly because of the cardiac and respiratory movements, the matter is, nevertheless, not hopeless. Nor is it likely there would be any serious hæmorrhage from a minute puncture of the ventricle. Sir Lauder Brunton is to be congratulated on a suggestion which, whether it prove fruitful or otherwise, is worthy of a brilliant reputation.

Accidental Poisoning of a Small-pox Patient.

AN unfortunate occurrence was reported last week at the small-pox isolation hospital at Orsett, Essex, the moral of which may be taken to heart by every local sanitary authority in the United Kingdom. The unfortunate victim was a patient to whom the nurse in attendance administered a dose of carbolic acid in mistake for his ordinary physio. From the facts of the case as reported it is safe to assume that the poisonous fluid was not in a specially constructed poison bottle, although actually in use in a hospital ward. It is to be hoped that coroners will in future lay this aspect of the question clearly and emphatically before their juries. Any hospital, whether public or private, that fails to adopt the simple precaution of keeping its poisons in poison bottles of distinctive shape should be held answerable for the consequences. Indeed, as things go, it is open to question whether the Orsett Hospital would not be liable for heavy damages if an action were brought by the relatives of the unfortunate victim of "misadventure." It seems clear enough that if the executive of a hospital fail to take a simple precaution whereby a poison bottle could not be handled unknowingly by a nurse, then such neglect is more or less culpable. A few actions at law on the part of bereaved relatives would soon bring about a change of attitude on the part of hospital authorities generally on a small but important point of administration.

An Up-to-Date Surgeon.

DR. DOYEN, of Paris, has availed himself of an almost unrivalled opportunity to court publicity by his sensational operation on the Hindoo twins, the details whereof have been obligingly placed at the disposal of the lay Press *urbi et orbi*. To enhance the interest of the occasion the details of the operation were preserved for contemporaneous posterity by the aid of the cinematograph, a device of which Dr. Doyen has shown himself *friand* on other occasions. The operation, if a bold one, presented no points of particular interest, and when last heard of one of the separated twins has since died, viz., the one on account of whose illness the operation was undertaken; the surviving twin is progressing favourably.

THE Emperor of Germany has expressed his intention of opposing the spread of so-called Christian Science and similar movements in the Fatherland. It is to be regretted that English custom does not permit the King to openly condemn the many forms of quackery and pseudo-science so rampant in this country at the present time.

Ophthalmoscopic Examination of Animals.

DR. GEORGE LINDSAY JOHNSON'S beautiful work on the Comparative Anatomy of the Mammalian Eye, chiefly based on ophthalmoscopic examination, and issued in the Philosophical Transactions of the Royal Society of London, may be commended to the study of anti-vivisectionists as evidence of the courage and enthusiasm which science demands in a whole heart pursuit for accurate knowledge. In a series of admirably executed plates, illustrations are given of the fundus oculi of monkeys, Australian fruit bat, the common seal, striped hyæna, Bactrian camel, Indian rhinoceros, Brazilian porcupine, rat-kangaroo, the Virginian opossum, and other such pets as most anti-vivisectionists would enjoy lavishing their sympathies upon through strong bars.

The Neurone Theory.

WALDEYER'S neurone theory is a widely popular one. The neurologist generally speaking, accepts it as the basis of his conception of the structure of the nervous system. Every modern text book teaches it as though it was not open to doubt; and the student swallows it as Gospel. It is therefore interesting to find that Mr. Ballance and Dr. Purves Stewart, in their admirable work on "The Healing of Nerves", recently published, throw much doubt on this concept of the nervous system as consisting of innumerable anatomically independent nervous units. They even go so far as to declare that "the neurone theory, in so far at least as it applies to the peripheral nervous system, must in our opinion, be discarded." And so the iconoclasts are not dead yet.

THE anniversary dinner of the Medical Society of London will be held at the Whitehall Rooms of the Hôtel Métropole on Saturday, March 8th.

PERSONAL.

The appointment of Colonel Franklin as Director-General of the Indian Medical Service has been approved.

MR. ALFRED WINKFIELD, F.R.C.S., Medical Officer of Health to the City of Oxford, has had conferred upon him the degree of M.A. *honoris causa* by the University.

SIR THOMAS GALLWEY has left England to take up the duties of principal medical officer in India, with the rank of Surgeon-General, for a minimum period of three years.

SURGEON-CAPT. T. J. CREAN, of the 1st Imperial Light Horse, who was severely wounded at Tygerkloof in December, 1901, is to receive the well-merited distinction of the Victoria Cross.

MR. HERBERT STANLEY FRENCH, B.A., M.B., C.Ch. Oxon., Medical Registrar at Guy's Hospital, is the recipient of the Gillson Scholarship in Pathology for 1902 of the Society of Apothecaries.

MAJOR RONALD ROSS, Walter Myers Lecturer in the Liverpool School of Tropical Medicine, is shortly leaving for Sierra Leone on a third visit, with the object of carrying on the investigations in respect of malaria.

MR. H. W. LUCY ("Toby, M.P.," of *Punch*) has inti-

mated his intention of bequeathing £1,000 to the Westminster Hospital for the endowment of a bed for members of the Press Gallery of the House of Commons.

MR. A. PEARCE GOULD, M.S., F.R.C.S., delivered the first of the Lettsomian Lecture of the Medical Society of London on Monday last on "Certain Diseases of the Blood Vessels," this first lecture being devoted to Varicose Veins.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE LATE DR. PEEL RITCHIE.

WIDESPREAD regret was felt in Edinburgh, not only in medical circles but among the community at large, at the announcement of the death of Dr. Peel Ritchie, who passed away on the 11th inst. He was the son of a well-known Edinburgh citizen, was educated and spent his whole life in his native city, with whose Poor-law administration he was for long connected, being at the time of his death a valued and useful member of the City Parish Council. His interests were exceedingly varied, and he was a careful and accurate, though not voluminous writer, on medical topics; but perhaps the work by which he will be longest remembered is his volume on "The Early Days of the Royal College of Physicians," in which the story of that college—a history involving that of medical education in Edinburgh from its earliest foundations—is told with scholarly erudition and force. His interest in his college, however, was not primarily antiquarian; for many years its treasurer, he became, in due course, its president, and then vice-president; while, after he ceased to hold office, his matured experience and sound judgment were, even to the last, as much at the service of, as they were valued by the Fellows. Dr. Ritchie was at one time on the acting staff of the Sick Children's Hospital, and subsequently occupied the less arduous post of consulting physician. He was also associated with many other medical charities, in particular with the Royal Public Dispensary, in whose affairs he always played a prominent part. For five years previous to 1892 he was a manager of the Infirmary, and on retiring from that post he became a member of the Committee of Contributors. He was elected a Fellow of the Royal Society of Edinburgh in 1883, and was a member of many medical and other societies. A man of high attainments, yet one who devoted himself to the art rather than to the science of medicine, and, amidst the calls of a busy practice, found time and energy to devote some of his talents to the service of the community, he was highly respected both by his professional brethren and his civic colleagues, and enjoyed the confidence of all who knew him. By his death Edinburgh loses a good doctor and a good citizen.

NOTIFICATION OF CONSUMPTION IN EDINBURGH.

As a result of a special meeting of the Town Council, held on February 12th, voluntary notification of consumption was adopted by twenty votes, as against ten in favour of a motion that notification be compulsory, and that a hospital containing not more than 100 beds be provided for the reception of consumptive patients. The majority of the speeches made were in favour of compulsory notification, and the Council was practically unanimous that notification in some form should be adopted. The chief arguments against compulsory notification used were that public opinion was not ripe for it, that voluntary notification would give the desired information, and that it would be an interference with the liberty of the subject. Apparently what weighed most strongly with the majority was a disinclination to commit themselves to any scheme which would involve (as compulsory notification would practically involve) providing further hospital accommodation, until such time as some of the large undertakings which the city has on hand at pre-

sent are completed. It is very questionable whether voluntary notification will be largely taken advantage of, but it is most satisfactory to learn the unanimity with which the city's rulers agreed that some form of notification would be a good thing, and doubtless we shall, before many years have passed, have phthisis scheduled along with scarlet fever and small-pox as compulsorily notifiable.

At a meeting of the medical profession in Edinburgh, convened at the request of members of the profession by the Presidents of the two Royal Colleges, held on February 15th, it was unanimously agreed that, as the present system of reporting on morbid products by the College of Physicians laboratory was entirely satisfactory, it was unnecessary and inexpedient to transfer the work to the John Usher Institute, and that the Town Council should be petitioner in that sense.

Medical News.

THE Special Session of the General Medical Council will begin on Tuesday, 25th inst., under the presidency of Sir William Turner.

Militia and Volunteer Medical Staff Corps.

In consideration of the valuable services rendered by the Militia Medical Staff Corps and Volunteer Medical Staff Corps during the war in South Africa the King has approved the following changes in the designations of the corps and in the titles of the officers:—

Former Designation.	New Designation.
Militia Medical Staff Corps	Royal Army Medical Corps (Militia).
Volunteer Medical Staff Corps	Royal Army Medical Corps (Volunteers).
Former Title.	New Title.
Hon. Commandant	} Hon. Colonel.
Hon. Surgeon-Colonel.....	
Hon. Surgeon-Lieutenant-Colonel Commandant ...	Hon. Lieut.-Colonel Commandant.
Surgeon-Lieut.-Colonel ...	Lieutenant-Colonel.
Surgeon-Major	Major.
Surgeon-Captain	Captain.
Surgeon-Lieutenant.....	Lieutenant.

Constitution of the New Army Medical Advisory Board.

THE Secretary of State for War has selected the following eminent medical men to form the new Advisory Board for the supervision of the Army Medical Services:—Chairman: Surgeon-General W. Taylor, C.B. Director-General, Army Medical Service; Vice-Chairman: Surgeon-General A. H. Keogh, C.B., Deputy D.G., A.M.S. Members: Major W. G. McPherson, R.A.M.C., expert in sanitation. Lieutenant-Colonel D. Bruce, R.A.M.C., C.M., expert in tropical diseases. Civilian members: Dr. Chas. Bent Ball (Ireland); A. D. Fripp, Esq.; Dr. Jas. Galloway; Dr. E. C. Perry; Sir F. Treves. Representative of War Office: Colonel W. A. Dunne, C.B., A.O.M.G. Representative of India Office: Surgeon-General W. Roe and the Matron-in-Chief of the Queen Alexandra's I.M. Nursing Sisters.

An Unqualified Practitioner Censured.

A MAN called Edwards, of Listria Park, was censured by the coroner's jury last week for having medically attended a woman who subsequently died without having been seen by a medical man. He described himself as "surgery assistant" to a Dr. Southcombe, and, as a matter of fact, some of the medicine supplied by him was in Dr. Southcombe's bottles. We would commend this case to the professional organisations which take cognisance of cases of this kind with a view of further inquiry.

An Unqualified Dispenser.

THE family of Dr. O'Keeffe, of St. Helens, had a disagreeable experience a few days since, when Mrs. O'Keeffe and three children became very ill after eating some "vada" cakes. It seems that Mrs. O'Keeffe, having run short of soda, took what she supposed to be soda from a drawer in the surgery. Evidently she went astray, as shown by the inconvenient, but happily not

dangerous result. We are pleased to learn that the sufferers are now little the worse for the experience.

A Dentist Killed by a Tooth.

At an inquest held by Dr. Danford Thomas at St. Pancras last week on the body of Mr. Faulkner, a dentist, it was stated that the cause of death was the irritation set up by a tooth embedded in the small intestine.

Suicide of a Medical Assistant.

MR. PATRICK WALLIS PARK, said to belong to Athlone, Ireland, acting as assistant to Dr. Roberts, of Ruabon, North Wales, committed suicide on the 11th inst., at Ruabon, by taking poison.

Some Medical Statistics.

THE recently issued census returns give 4,801 "physicians, surgeons, and general practitioners" in London, of whom 92 are females. Of these no less than 169 male and six female foreign physicians, surgeons, and general practitioners exercise their calling in London. Of these there are 10 Russians, 9 male and 1 female; 1 Russian Pole; 10 Swedes, 7 male, 3 female; 2 Norwegians; 3 Danes; 4 Dutch; 1 Belgian; 12 French; 33 Germans, including 1 woman; 3 Austrians; 8 Swiss; 3 Spaniards; 1 Portuguese; 13 Italians, 12 male, 1 female; 2 Greeks; 3 Turks; 2 Japanese; 1 Asiatic; and 63 Americans, all men. 16,107 persons living in London are returned as "sick nurses, invalid attendants," of whom 15,844 are females; 266 "midwives" and, lastly, there are 62 female dentists.

The Jenner Institute of Preventive Medicine.

WE are requested to state that no vaccine lymph is prepared at the Jenner Institute of Preventive Medicine under the direction of the governing body of the institute, but that certain laboratories in the institute are leased to the Local Government Board and that the officers of the Board are engaged there in preparing glycerinated lymph for supplying public vaccinators only. The manufacture of calf lymph for sale is also carried on at another institute, the Jenner institute for calf lymph, situated in Battersea, but that Institute is in no way connected with the Jenner Institute of Preventive Medicine.

International Congress of Gynecology and Obstetrics.

THE International Congress of Gynecology and Obstetrics will hold its fourth meeting in Rome from September 15th to 21st, 1902. The official languages of the Congress will be Italian, French, English, German, and Spanish. The following are the subjects proposed for discussion:—(1) The medical indications for the induction of labour; (2) hysterectomy in the treatment of puerperal infection; (3) genital tuberculosis; (4) the surgical treatment of cancer of the uterus. Professor Parguasi will be the general president of the Congress, while Professor Morisani will preside over the obstetric, and Professor Mangiagalli over the gynecological sections. The general secretary is Professor E. Pestalozza.

Dublin Death-rate.

THE deaths registered in the Dublin registration area for the week ending Saturday, February 8th, 1902, represent an annual mortality of 24.9 in every 1,000 of the population. Tuberculous disease caused 38 deaths, diseases of the respiratory system caused 26 deaths, diseases of the circulatory system caused 23 deaths. In 14 instances the cause of death was "uncertified," there having been no medical attendant during the last illness. Forty-six persons whose deaths were registered were infants, of whom 29 were under twelve months old. In the South Earl Street district, Peter Street district, and Grand Canal Street district the death-rate per 1,000 was 32 per cent., 31.2 per cent., and 26.9 per cent. respectively.

Pass Lists.

Royal College of Physicians of Ireland.

At a stated meeting of the President and Fellows held on February 14th, the following gentlemen were admitted as Licentiates in Medicine of the College:—T. Percy C. Kirkpatrick, M.D.; Francis C. Purser, M.D.

Notices to Correspondents, Short Letters, &c.

CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate, providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning corrected proofs.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

N. P. (Sunderland).—If a chemist dispenses morphine without a prescription he is under the obligation to observe certain formalities, failing which he renders himself liable to prosecution. Whether a civil action for damages would lie against a chemist who recklessly supplied the drug is a legal question which we cannot decide but there would seem to be *prima facie* grounds for a claim.

NUCLEUS.—The females in London exceed the males by no less than 252,371, the disproportion being slightly more marked than in 1891, though probably the difference is not more than would be accounted for by the absence on duty of a large number of males. You will find the other details you ask for in the Statistical Tables just issued by the Registrar-General.

INSOMNIA USEFULLY APPLIED.

A CORRESPONDENT who suffers from insomnia has availed himself of the opportunity thus afforded for serious thought to elucidate the following, which merit a place at the end of the next edition of "Young's Night Thoughts":—

A doctor's life is a merry one, for it consists of a daily round of visits. Visiting is a paying game, hence the term "to pay visits."

Parish doctors are on the parish. It is not surprising, therefore, to find that their patients get relief.

Practice makes perfect, and a perfect fool may make a practice, but it is not the general practice.

Surgeons have one great advantage over their brethren in other professions in that they can cut their best friends without causing offence, even though they cause bloodshed.

H. N. P.—The "Elixir" is an ordinary quack nostrum which has been "boomed" in accordance with time-honoured methods. We are not cognisant of its virtues, and cannot defer to your request for an analysis.

DR. J. H.—The matter is one upon which considerable divergence of opinion obtains, consequently whatever opinion is expressed is certain to run counter to the views held by a section of the public. The question at issue is, moreover, hardly amenable to argument, and must be decided by public opinion.

MEMO.—Your letter has been held over in the absence of the author of the paper, who is at present on the Continent. He shall be communicated with at the first opportunity.

Meetings of the Societies, College Lectures, &c.

LONDON.

WEDNESDAY, FEB. 19th.

POST-GRADUATE COLLEGE (West London Hospital, Hammer-smith Road, W.).—5 p.m. Mr. McAdam Eccles: Lantern Demonstrations on Hernia.

THURSDAY, FEB. 20th.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m. Clinical Cases will be shown by Dr. J. Taylor, Dr. Morrison, Dr. Caley, Dr. Eddowes, and others.

FRIDAY, FEB. 21st.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN (11, Chandos Street, W.).—Cases will be shown by Dr. C. O. Hawthorne, Mr. S. Stephenson, Mr. J. J. Clarke, Mr. E. W. Goble, Dr. L. C. Chaffey, and Dr. G. Carpenter. Papers:—Dr. C. N. Gwynne (Sheffield): Notes on a Case of Congenital Dilatation of the Sigmoid Flexure of the Colon.—Dr. J. P. Parkinson: The Local Treatment of Adenoids.

WEDNESDAY, FEB. 26th.

HUNTERIAN SOCIETY.—8.30 p.m. Mr. Reginald Harrison will deliver the Hunterian Lecture on "Some Points in Practical Surgery suggested by the Study of the Life and Work of John Hunter."

DUBLIN.

THURSDAY, FEB. 20th.

ROYAL COLLEGE OF SURGEONS.—Council Meeting.

DUBLIN UNIVERSITY BIOLOGICAL ASSOCIATION (Trinity Hall, Trinity College).—8.30 p.m.

FRIDAY, FEB. 21st.

ROYAL ACADEMY OF MEDICINE IN IRELAND.—Section of Pathology, College of Surgeons, 8.30 p.m.

Appointments.

AWDRY, WALTER ROBERT, M.B.Durh., M.R.C.S., Honorary Medical Officer to the Berkeley Cottage Hospital.

BATTEN, RAYNER WINTERBOTHAM, M.D.Lond., F.R.C.P., M.R.C.S., Honorary Consulting Physician to the Berkeley Cottage Hospital.
BRUNYATT, T. T., M.A., M.D.Oxon., Physician to St. Bartholomew's Hospital, Rochester.
JACOBS, J. M. O., L.D.S.Eng., Honorary Dental Surgeon to Queen Adelaide's Dispensary, Pollard Row, Bethnal Green.
MCCANN, DR. A. E., Medical Officer of Kitteraggar, Ballynagass, has been appointed Medical Officer to the Mountmellick Workhouse Infirmary.
O'BRIEN, DR. M. J., Medical Officer to the Mountmellick Dispensary District.
PADWICK, J. C., M.R.C.S., L.R.C.P., Medical Officer of Health of Bridgnorth Rural District.
PITCAIRN, G. K., M.B., M.S. Edin., Medical Officer for Littleborough.
POWELL, W. WYNDEAM, F.R.C.S., Surgeon to the Westminster General Dispensary.
SHAW, JOHN EDWARD, M.B., C.M. Edin., Honorary Physician to the Clifton (Bristol) Dispensary.
SPENCE, BASIL A., M.B., Ch.B. Edin., Dispensary Surgeon to the Bradford Royal Infirmary.
STEVENS, W. MITCHELL, M.D.Lond., L.R.C.P.Lond., M.R.C.S., Honorary Assistant Physician to the Cardiff Infirmary.
TURPIN, D. W. M., L.R.C.C.P., L.R.C.S.Irel., District Medical Officer of Shardlow Union.
VACHELL, HERBERT REDWOOD, M.D., C.M.Aberd., M.R.C.S., L.S.A., Honorary Physician to the Cardiff Infirmary.
WEARNE, WALTER, M.R.C.S., L.S.A., Medical Officer to the Helston (Cornwall) Public Dispensary.
WHEATLEY, JAMES, M.D.Lond., Medical Officer of Health to the Shropshire County Council.

Vacancies.

Borough Hospital, Bootle, Liverpool.—Senior Resident. Salary £100 per annum, with board and laundry. Applications to the Secretary.
Brentford Union.—Assistant Medical Superintendent. Salary £100 per annum, with furnished apartments in the Infirmary, rations, washing, &c. Applications to William Stephens, Clerk to the Guardians, Union Offices, Isleworth, W.
Brentford Union, Dispenser. Salary £100 per annum, with dinner and tea daily. Applications immediately to William Stephens, Clerk, Union Offices, Isleworth, W.
Carlou Union.—Qualified Nurse. Salary £25 per annum, with rations and apartments; also a Probationer as Assistant Nurse. Salary £10 per annum, with rations and accommodation. Applications to John Geo. Glover, Clerk of the Union. (See Advt.)
City of Liverpool.—Infectious Diseases Hospital, Parkhill.—Assistant Resident Medical Officer. Salary £130 per annum, with board, washing, and lodging at the Hospital. Applications to the Town Clerk, Municipal Offices, Liverpool, immediately.
County Borough of Blackburn.—Medical Officer of Health. Salary £250 per annum. Applications to Robert E. Fox, Town Clerk, Town Hall, Blackburn.
Durham County Asylum.—Junior Assistant Medical Officer. Salary £150, with board, apartments, laundry, and attendance. Applications to the Medical Superintendent, Durham County Asylum, Winterton, Ferryhill.
Durham County Hospital.—House Surgeon. Salary £100 per annum, with board and lodging. Applications to Wm. R. Wilson, Secretary, 684, Sadler Street Durham.
Galway Hospital.—Resident Medical Officer and Compounder of Medicine. Salary £30 per annum. Applications to S. J. Leonard, Clerk to the Hospital. (See Advt.)
Lancashire County Asylum, Winwick, Newton-le-Willows.—Assistant Medical Officer. Salary commence at £150 per annum, with furnished apartments, board, attendance, and washing. Applications to the Medical Superintendent immediately.
Manchester School Board.—Medical Officer. Salary £250 per annum. Applications to the Clerk of the Board, School Board Offices, Deansgate, Manchester.
Rural District of Doncaster.—Medical Officer of Health. Salary £300 per annum. Applications immediately (endorsed "Medical Officer") to F. E. Nicholson, Solicitor, Clerk to the Council, Union Offices, High Street, Doncaster.
Tottenham Urban District Council.—Medical Officer of Health. Salary £500 per annum. Applications to E. Crowne, Clerk of the Council, Coombes Croft House, 712, High Road, Tottenham.
Warneford Hospital.—House Surgeon. Salary £100 per annum, with board, washing, and apartments. Applications immediately to Richard J. Coles, Secretary.
Weston-super-Mare Hospital.—House Surgeon. Salary £100 per annum, with board and residence in the Hospital. Applications immediately to the Honorary Secretary not later than Tuesday, the 25th inst.

Births.

FISHER.—On Feb. 10th, at Sittingbourne, Kent, the wife of H. Holdrich Fisher, M.D.Lond., of a son.
YELF.—On Feb. 12th, at Bengal House, Moreton-in-Marsh, the wife of Robert E. B. Yelf, M.B. and C.M., of a daughter.

Deaths.

FORT.—On Feb. 10th, at Standerton, of enteric fever, Percy Reginald Fort, L.B.C.P.Lond., aged 28 years.
MACNAMARA.—On Feb. 11th, at 50, Viale Margherita Florence, Dr. William Macnamara, Deputy Surgeon-General in British Medical Service (retired), aged 73.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXIV.

WEDNESDAY, FEBRUARY 26, 1902.

No. 9.

Original Communications.

MODERN GYNÆCOLOGY.

ABSTRACT OF PRESIDENTIAL ADDRESS DELIVERED
BEFORE THE BRITISH GYNÆCOLOGICAL SOCIETY.

By J. HALLIDAY CROOM, M.D., F.R.C.P.,
F.R.C.S.Ed.,

Physician to, and Clinical Lecturer on Diseases of Women, to the
Royal Infirmary, Edinburgh.

THE lecturer after reviewing the progress of obstetrics and contrasting it as a science with gynecology, proceeded to discuss what, he said, used to be a vexed question, viz., the removal of the ovaries for inflammatory disease. That, he observed, we must now regard as having assumed a definite position, and we note with satisfaction that the indiscriminate removal of the ovaries for all sorts of inflammatory conditions has fortunately ceased, and this is only rational, for we must ever bear in our minds that in dealing with diseases of the reproductive system in women, we are dealing with organs which themselves perform a function and go through a course of changes which are unknown in any other organ in the body. Menstruation, as you know very well, is a function which has no counterpart in human economy. The relation between rest and pain is one of the best recognised axioms in surgery. To rest an organ is to relieve it. One of the greatest difficulties in dealing with diseases of the heart is that the organ is never at rest. One of the difficulties in dealing with the bladder is that it is never at rest; and so on with the stomach, and various other organs. But apart altogether from the total unrest of these organs, we have superadded in the reproductive system not only a constant cycle of changes, but also an entire renewal of the lining membrane of the uterus every month. Whether we believe in the theory of Sir John Williams that the whole of the membrane is shed off, or in Kunderab Engelmann's that the whole of the mucosa is shed off, or Moricke's theory that none is shed off at all, the fact remains that a very profound and marked change takes place in this membrane monthly. If we recollect further the changes in the Fallopian tubes, and the remarkable changes in ovulation, if we further consider that the line of demarcation between physiology and pathology is very dimly marked, if the following be accepted as a fair representation of what occurs in menstruation—namely, that the mucous membrane becomes swollen, puckered, thrown into folds and roughened; that the orifices of the uterine follicles, before hardly discernible, are easily seen with the naked eye, that the deeply injected capillaries are seen running in lozenge-shaped loops round the follicular openings, that the swelling of the mucosa affects all its elements, that there is a proliferation of the epithelial cells, on the three expanding surfaces, as well as of the lining of the follicles, that the inter-glandular connective tissue shows increase of the number and size of the corpuscles; if we further consider this hyperplasia of the uterine mucosa reaches its height when the catamenia is due, that the cavity of the uterus is now entirely filled up,

and that when the day has arrived the mucosa may be said to be in a state resembling acute catarrh, that the cellular elements near the surface become the seat of cloudy swelling, that the connective tissue corpuscles become swollen and cloudy, that the epithelium within the follicles becomes also cloudy; then with a step further fatty degeneration sets in, that the disintegrated elements give way, capillary tubes are broken open, follicular walls give way, and that uterine contraction takes place and drives the blood from the muscular wall into the mucous membrane, and so hæmorrhage sets in. This is a very gentle passage from physiology to pathology, and almost what one might call a pathological condition occurring monthly. We must consider it a monthly miniature pregnancy, for weeks a *preparation*, for days an *anticipation*, and the hæmorrhages as the tears the uterus sheds of *disappointment*. If we consider this matter there will be very little difficulty in understanding why diseases of the uterus and ovaries do not lend themselves so readily to cure. And this, it seems to me, is a matter that is so often overlooked in treating these diseases. It is, no doubt, perfectly true that in those persons who are favourably situated, and in whom the condition of inflammation superadded to the ordinary menstrual changes can be minimised by rest, mental, physical, and sexual, the cure of inflammatory conditions can be to a very great extent achieved. But there is, and always must be, a large class of the community to which these conditions of rest are inapplicable, and to whom the reproduction of the species is unnecessary, and to those cases therefore there will always be the reasonably warrantable surgical interference. In respect of the dysmenorrhœa associated with these conditions, that, likewise in those who are in circumstances to undergo it, will always be amenable to local, though not surgical, treatment, but for dysmenorrhœa and that only, removal of the ovaries for inflammatory conditions is a question of very serious and weighty consideration, and demands the most careful safeguarding.

I would like to divide the surgical, gynecological, interference, into at least three classes. The first class are those which include, to begin with, ovariectomy. An ovarian tumour, no matter what its nature or what its size, unquestionably means ill-health and almost certain death, and therefore beyond any possibility of a doubt it ought to be removed. Experience has taught us that anything like tampering or temporising with an ovarian tumour is a mistake, and after its diagnosis its removal becomes imperative. In the same class I would include all forms of pelvic suppuration; whether suppurative be in the tube or in the broad ligament, there can be no question at all that true surgery demands that the suppurating mass ought to be removed without delay, and the vaginal route has shown us that this can be done with the utmost safety and with most satisfactory results. Once more in this category I would place extra-uterine pregnancy. Gynecology has shown within very recent years no more remarkable life-saving operation than that of dealing with tubal pregnancy. The clearing up of extra-uterine pregnancy has undoubtedly been one of the most noteworthy advances in pathology, anatomy, and surgical procedure

that the last thirty years have shown. Till the clearing up of this question, hæmatoceles, so-called, were attributed to all sorts of causes, but we now know that the commonest cause of hæmatocele, whether the hæmatocele be extra-peritoneal or intra-peritoneal, is an extra-uterine pregnancy. The clearing up of the question of extra-uterine pregnancy has been nothing less than remarkable. We now can exclude an ovarian pregnancy practically, a primary abdominal pregnancy practically, and reduce such pregnancy to tubal, differentiating the three varieties, interstitial, infundibular and ampullary, and it is practically in the two latter that surgical interference has become so striking.

That many cases of extra-uterine pregnancy, whether in the form of tubal abortions or in the form of very early tubal pregnancies, are absorbed, I have no doubt: but when a tubal pregnancy has become a question of diagnosis before rupture, which can now with improved knowledge become almost an absolutely ascertained fact, its removal becomes an urgent necessity, and if it be left to go on to rupture, surgical interference, if promptly had recourse to, offers in most cases the only possibility of cure. To these I might add, of course, the operation of Cæsarian section. These sets of conditions seem to me those in which there is no option whatever of surgical interference, and which the brilliant records of the past thirty years justify us in adopting. The surgical method is the only method of effecting a reasonable cure, and therefore for the preservation of life it is necessary that the patient run the risk of the operation, or else face the alternative of death.

The most severe critic of surgical gynaecology can never for a moment deny that the latter half of the past century will ever be remarkable for these *three* great triumphs of surgical art—triumphs which have, as all true surgery should have for its aim, not only the alleviation of suffering but the distinct prolongation of healthy life. With regard to these *three* conditions, at least, there can be no manner of doubt. All the three are epoch-making events in the progress of gynaecology.

Let us look now at another class of disease in which surgery claims its triumphs as well. There is no form of tumour that is more common than the various varieties of fibroids. This is neither the time nor the place to discuss the varieties of them; but I think I may safely say that their influence upon the system is mainly either mechanical, by pressing on neighbouring organs, or by causing hæmorrhage they reduce the patient and make her liable to other intercurrent diseases. It is an interesting fact that those that are most hæmorrhagic are usually the smaller, which can be dealt with readily enough, and which have been known and recognised to gynaecological surgery since its commencement, I mean polypi, and polypoid fibroids, but the effect of pressure say, on the ureter, renders them a very serious complication indeed, not to speak of the degenerative changes which render removal imperative. In judging of them it is not only or always that hæmorrhage is the criterion, but rather their recrudescence in later life, or their rapidity of growth which must be our criterion in judging of them. In the larger tumours, especially those that press inordinately on organs, hæmorrhage is not the prominent feature. It is but seldom that a fibroid, considering their enormous frequency, is found to absolutely shorten life. It is very seldom one can point to a death directly from a fibroid. Hence, therefore, gentlemen, in dealing with fibroids we have got to keep before us distinctly that the surgical method of dealing with them is by no means an absolute necessity, or in other words, the mere fact that a woman is the subject of fibroid tumours does not imply that she is necessarily an appropriate subject for surgical operation. It is often, very often, an operation of selection, of preference; an operation done with a view to aid the patient's comfort, seldom to save her life. Now, in dealing with these benign, homogeneous tumours surgery is rapidly reaching perfection. I do not wish to detain you by going into any details of the various methods of removing fibroid tumours, or operations on them, either by hysterectomy, or myomeotomy, but the performance of a hysterectomy by Kelly or Doyen, or Segond, is no doubt one of

the most magnificent surgical sights one can see. The rapidity with which it is done, the little loss of blood, is little short of marvellous. But then we must remember that the operation is undertaken for what may be regarded, in the vast majority of cases, as a practically harmless disease. There is a principle laid down by some surgeons that everything that is unnecessary or redundant should be removed. Some have gone as far as to say that because a uterus has ceased functioning it may as well be removed. Some have gone as far as to say that if you have a redundant piece of uterus it had best be removed, because it is always a focus for morbid action. But surely this is a principle which can be carried too far, and when you consider the risks of the operation, the mental distress a woman must go through before the operation is undertaken, and the awful discomforts afterwards, not to speak of the mental effects of the removal of the entire uterus, I think these operations ought to be carried out with due regard to their absolute necessity. I have visited many clinics at home and abroad, and I am bound to say that I saw fibroids removed constantly, without any obvious reason whatever, but simply because they are fibroids. A varicocele is a morbid condition of matters, but everybody does not wish a varicocele interfered with unless it gives rise to painful symptoms. A floating kidney is no doubt a troublesome thing, but until it gives rise to troublesome symptoms one does not choose to have a lumbar incision, and the kidney sewn up. A retroverted uterus is sometimes a source of trouble, but surely one does not open the abdomen and perform ventrofixation for every retroverted uterus. And so it is with such harmless tumours as fibroids.

I have not referred specially to whether fibroids are to be dealt with by the abdominal or vaginal route. In either case the advances of surgery have been most remarkable, but perhaps the advance of vaginal hysterectomy has been as great and as marked as the advance of abdominal hysterectomy, and that brings me to the third class of cases with which I specially here wish to deal, and which are, as the years go on, increasingly urgent, that is to say, the dealing with uterine cancer. No doubt in a suitable case uterine cancer, whether of the cervix, but preferable of the fundus, can be dealt with with ease and satisfaction. The operations of Segond and Doyen have rendered this an absolutely safe procedure. The operation is performed constantly by all of us who are engaged in this department of work, and when we consider the enormous prevalence of cancer of the uterus, it is not matter for surprise that we should all be anxious to do our best for the unfortunate sufferers. After mammary cancer the uterus is by far the most frequent seat. I believe I state the case very much under the truth when I say at the present moment there are at least 8,000, probably a great many more, suffering from uterine cancer in the United Kingdom. Of all women who die of cancer one-third die of cancer of the uterus and the cervix, like other ostia such as lip and pylorus cæcum and rectum is a frequent seat of it. Alas! there can be no question that it is very considerably on the increase. According to the Registrar's returns for 1895, out of a million population 755 died of cancer. Whatever theory one holds as to the essential nature of cancer, whether the evolution theory or the parasitic theory, it matters very little, so far as we at present know, in the ultimate issue of operative interference. No wonder that we have recourse to every suggestion with a view to relieve its agonies and avert its inevitably fatal result. No wonder that the best of men are engaged every day in investigating its nature and devising remedies, local and general, medical and surgical, for its relief and cure. But what I am concerned with here is the surgical interference by means of vaginal hysterectomy. I have just said that there is no more satisfactory, no more rapid, no more uncomplicated operation when carefully performed than vaginal hysterectomy, so long as the uterus is of moderate dimensions and fairly mobile. Here we have before us an operation undertaken for an inevitably fatal disease, and such diseases as ovarian tumours, tubal pregnancies, and

pelvic suppurations sink into insignificance in face of this dire and fatal disease. An ovarian tumour may last long enough and be relieved; an extra-uterine pregnancy may sometimes come to a happy issue without an operation, and a pelvic suppuration may itself burst and get spontaneous relief, but, alas! no such hope can be held out for cancer. Therefore, we are bound to try every means in our power by surgery to eradicate this disease, and as yet there has nothing better been suggested than vaginal hysterectomy, except leaving the case alone. I have elsewhere published in detail my results in vaginal hysterectomy undertaken for cancer, cases selected on the most favourable terms, and yet I have been unable to show a prolongation of life, or indeed an easier death. Others have been more fortunate. Where the uterus is movable, where the bladder is unaffected, and where it is possible to be sure of that, where there are no infiltrated glands, if ever by any possible chance we can be sure of this, which I think is impossible, and best of all when the disease is primary and limited to the fundus, there is no question that operation is desirable; but where the disease has advanced beyond these limits it is useless, and worse than useless, to attempt any operative interference whatever; and, under such circumstances, in my humble opinion the patient is best to be left alone, and die in euthanasia through opium.

The prognosis in surgical interference in cancer is a purely anatomical one.

1. In an organ such as the bladder, which is essential to the economy, only palliation, and that to a limited degree, is possible.

2. I take it that it is a well-recognised axiom in surgery, that in dealing with cancer the chain of glands nearest the affected parts must be cleared away. Where the lymphatics and glands, say in a case of mammary cancer, can be completely cleared out, for no operation on the mamma can be considered complete without this, or say even in cancer of the lip, the old V-shaped incision is not enough, the sub-maxillary glands must be removed as well; in these cases prognosis for operation is excellent. But in the mamma only forty per cent. even then offer so-called permanent cure in the breast, though recurrence may be common after three years somewhere else. For it must ever be kept in view that infiltrated glands do not require to be seen or felt. They may show no naked suspicious appearances whatever, and microscopic examination has often shown them to be the seat of infiltration.

This is the initial difficulty in dealing with the uterus. To this all operators are now turning their attention, for even in early cases the glands are often affected. The two desiderata in dealing with a cancerous uterus is first and mainly, early recognition, and the possibility of dealing thoroughly and efficiently with the glands and lymphatics. As yet no very satisfactory method of accomplishing this has been devised either by the abdominal or vaginal route. It is most remarkable, speaking entirely from experience as gynecologist to a large hospital, how very few cases present themselves in such a condition as to render even the remotest hope of a successful removal. Personally the great majority of cases in which I have thought it worth while to perform the operation have been in private practice. The uterus and annexa, unlike the bladder, not being essential to the life of the patient, ought to be successfully dealt with in malignant disease, were it not for the question of the glands and lymphatics.

Hitherto hysterectomy for cancer has not been by any means a brilliant success, so far as the ultimate issue of the case is concerned, for the reasons I have just mentioned, viz., early recognition, removal of lymphatics and glands. This is certain that, while some are relieved, and some may enjoy a considerable period of immunity, it is never possible to promise a cure in any individual case.

I am well aware that this period has been traversed, but I will only say this, that I can point to cases now that have been diagnosed microscopically as uterine cancer and been left alone, who have lived beyond the usual term of cancerous patients, three four years, one five years, and who have performed their duties more

or less satisfactorily during that time, and died comparatively easy deaths; whereas I can point to others on whom operative interference was had recourse to, who have died shortly, say within a year, afterwards, from peritoneal cancer. Nothing can exceed the beautiful technique of Kelly, Segond, and Doyen, but even Segond, who was among the originators of vaginal hysterectomy, has arrived at a very much similar opinion. In suitable cases we must go on operating until we succeed, but in those cases which are advanced, and in which statistics have shown us that operations do not prolong life or lessen suffering, surgical interference should be absolutely withheld. What the future holds in store for us with regard to the treatment of cancer none of us can say, but so far as our knowledge at present goes, surgical interference, except in the earliest and most favourable cases, is unavailing. It is needless for us to compare mammary cancer with uterine. The two conditions have nothing in common. Mammary cancer can be, and usually is, recognised early, and the statistics give the most satisfactory results; but uterine cancer is unfortunately very different; pains, and hæmorrhages, and discharges go on for long before the patient seeks advice, and the most of them therefore when they come under the charge of the gynecologist are too far advanced to offer the chance to which I have just alluded.

For the present the surgical treatment of uterine cancer, unless under the most exceptional circumstances to which I have referred, is, to say the least of it, unsatisfactory, and perhaps, great though the advances and achievements of surgery have been, it is possible, nay more, likely, that the great advance will not be surgical but medical, and this hitherto unconquered foe will fall vanquished by the discovery and destruction of the bacillus. Until that time arrives vaginal hysterectomy must be persevered with in some of its many modifications.

In the adoption of our various methods of work, though some in our department be somewhat conservative and others inclined to press rapidly on and risk much, yet the end we all aim at is one, and as the end is one so plainly it is our duty and our privilege to take the best wherever we find it and to hand down the torch to our successors. "Quasi cursores vitæ lampada tradunt," and notwithstanding failures and disappointments, which must be the lot of us all, yet our watchword ought to be—

Yet do thy work, it shall succeed
In thine or in another day;
And if denied the victor's meed
Thou shalt not lack the toiler's pay.

Faith shares the future's promise; Love's
Self-offering is a triumph won;
And each good thought or action moves
The dark world nearer to the sun.

NOTES ON A CASE OF INDUCTION OF LABOUR FOLLOWED BY ENUCLEATION OF FIBROID TUMOUR FROM CERVIX. (a)

By FRED. WM. KIDD, M.D.,

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THE case which I am about to place before you presents such points of interest to the obstetrician that I have thought it worthy of bringing it before the members of this Section of the Academy. As well as the general interest in the subject it has certain peculiarities which I have not met with in any of my previous experience. I have added to my notes extracts from authorities on the subject which I hope may be of interest to some of our members.

(a) Abstract of Paper read before the Section of Obstetrics, Royal Academy of Medicine in Ireland, February 7th, 1902.

Mrs. K., *æt.* 34, mother of one child who had died, was brought to me on March 18th, 1901. She was then pregnant four and a-half months. She was complaining of sacral pains and constipation. I examined her in my study and found that she had a fibroma springing from the posterior wall of the cervix extending towards the hollow of the sacrum. It seemed to me to be about the size of a hen's egg, and to encroach very little on the cervical canal. I thought that it would be possible to deliver her with forceps without having to operate on the tumour, provided that she returned to town within three months from that date, that the tumour had not appreciably increased in the meantime (it being well known that these tumours sometimes increase enormously under the stimulus of pregnancy), and that I was successful in inducing premature labour. I wrote to her medical adviser and asked him if he would watch the patient, and by examination from time to time assure himself that the growth was not getting much larger. In case he thought it increasing at all she should be sent up to town at once. I heard nothing more about this patient until she came to town, except that she was going on well and that the growth was not appreciably enlarged, her backache and constipation had been much better and her general health had improved. On June 17th she again came to town and went into lodgings. On the succeeding day (Tuesday, the 18th), the bowels having been well cleared out, Dr. Fleming saw her with me; we both examined her very carefully and agreed that the condition afforded a good chance of being able to deliver her, and that labour should be induced. The patient having been properly prepared, a No. 9 bougie was introduced through the cervix, and then between the membranes and uterine wall until its whole length, except the head of the instrument, was within the uterus; the vagina was packed with iodoform gauze. Next morning (Wednesday, the 19th) she was found to be in labour, the gauze and bougie were removed and patient thoroughly douched. These pains were regular and dilated the os, although they were not very strong. By the evening the os was the size of a crown piece; these pains continued all Wednesday night, so that the patient could not sleep. On Thursday morning the 20th, little or no advance had been made, the os was a little bigger than the preceding night, about $1\frac{1}{2}$ ins. in diameter, admitting two fingers easily; membranes were ruptured, head presented but did not engage, owing undoubtedly, to the tumour. The patient was more or less fretful, owing to the want of sleep principally. As this condition was unsatisfactory, we now determined to put the patient under chloroform and make a thorough examination; this having been done, we found that the tumour was larger than we had at first supposed, and that it invaded more of the lower zone of the uterus than we anticipated, thus not only preventing the head from engaging in the pelvis, but preventing the cervix from dilating. Owing to the previous injury to the perineum it was found possible to introduce the whole hand into the vagina without much difficulty, and when this was done with two fingers in the os and the thumb outside, one could get the fingers above the upper border of the tumour. Having discussed the case, and the foetal heart being heard distinct and strong, it seemed that the alternative open to us was either to try enucleation of the tumour through the vagina or to proceed to coeliotomy and Caesarian section or Porro's operation. The patient refusing to go to hospital, we had to face the increased risks of septic infection where she was. So taking into account that there might be less risk if we did not open into the peritoneal cavity, also the fact that as far as we could find there was only the one tumour, we decided to try enucleation by the vagina. If we succeeded in removing the tumour, and that the premature child did not survive, yet the mother, supposing she recovered, would have a chance of having a living child should she again become pregnant. Having made our preparations, and assisted by Dr. Neill, who administered the anæsthetic, we proceeded to enucleate the tumour. The vagina having been thoroughly douched and cleansed, Dr. Fleming was able to draw down the tumour between two fingers so that I could see the

tumour at the vulva (patient was in the cross-bed and lithotomy position). The capsule of the tumour was rapidly incised, and the tumour was then enucleated by the fingers, first being caught by a vulsellum forceps. This was followed by rather profuse hæmorrhage, part of the capsule of the tumour had been torn during enucleation, as preliminary incision had not been quite long enough. This injured portion and some of the redundant tissue surrounding the tumour were cut away with scissors. Then portion of the flaps was stitched with chromicised gut, leaving sufficient aperture to introduce a packing of iodoform gauze. This was introduced after the cavity had been well cleared of any clots and thoroughly washed out with hot creolin solution, the catheter was then passed and a quarter of a grain of morphia administered in the form of a suppository. The operation of enucleation was performed about 5 or 6 o'clock in the afternoon. Pains, or in other words, uterine contractions, continued until about 1 a.m., when they ceased, and after which the patient passed a quiet night. On the following day (Friday) the iodoform gauze packing was removed and the cavity syringed with hot creolin solution. The hæmorrhage had been controlled by the packing, but recurred to a slight extent when the latter was removed. After the syringing it was again packed. No uterine pains or sensible contractions occurred at all on Friday, and the patient again passed a quiet night. There was no longer any necessity to pass the catheter, and the bowels acted after a dose of liquorice powder.

On Saturday the gauze was removed and the cavity washed out with creolin solution by means of a large Bozeman catheter. As no fresh bleeding took place at the time, the packing was not reintroduced, with the idea that the cavity would shrink up better without it. Some gauze was put loosely in upper part of vagina. On Sunday the pulse was rather quick—112, temperature 101° . Patient complained of headache. The cervix, which had been closing since Friday, would not now admit the tip of the finger. No discharge came from vagina, which was simply douched with creolin solution. Ten grs. of phenacetin had the effect of relieving the headache for the time, and the skin reacted well. Sunday night, however, the patient was very restless, and on Monday morning the temperature was again up to nearly 102° , pulse 120. Complained much of headache. There was a brownish discharge from vagina, not very profuse, but somewhat fetid. This called for an immediate exploration of the condition of the cavity. Where tumour had been the opening was found with some difficulty—it was then discovered that some further hæmorrhage must have taken place into this sac which had clotted, and the brownish discharge came from this source. The clots were turned out with the finger as well as possible, and the cavity again well washed out with creolin solution, then packed again with the iodoform gauze. This brings us to Monday; each day after this for three or four days the same treatment was adopted with the cavity, which daily contracted rapidly; the temperature, which for a couple of days remained between 101° and 102° , came down to 99° by the succeeding Saturday. The pulse remained fast at first, but came down to about 84; she complained a good deal of headache and night sweating; her strength was kept up by strong beef tea, chicken jelly, eggs, custards, egg flip, and white wine whey. She was rather a difficult patient to manage; although there was no incontinence of urine, or involuntary passage of fæces, on more than one occasion the bed was wet under her with urine, and on one occasion certainly there was some evidence of fæces also. This happened on the Saturday night following the operation, and possibly may have accounted for the condition of the patient on Sunday and Monday. The nurse in charge of the patient had been called away suddenly to see some other patient, and had left my patient in the hands of her daughter, who was only a probationer at a nursing institution, and had only then completed some weeks of training. Needless to say sepsis under those conditions was impossible; the nurse was reprimanded for leaving her patient and I must say expressed great contrition and nursed her remarkably well afterwards, but

the harm had probably been done then. On the following Sunday morning labour pains again came on, and the child was born so rapidly that I was not there until after its birth. The child, a female, was born alive. There was no trouble with the placenta and no post-partum hæmorrhage. A douche of creolin solution was given before the binder was applied. All that day she seemed very well until about 8.30 in the evening I was summoned to find she had had a severe rigor and the temperature had gone up to 106.4°, pulse 144. The uterus was well contracted. However, to be on the safe side I gave her an intra-uterine douche of creolin solution. She then got 15 grs. of phenacetin and $\frac{1}{2}$ oz. of whiskey every two hours. She complained of no pain or tenderness over the abdomen, and did not look badly. The facies was good. The temperature was taken by myself twice in the vagina so as to prevent any possibility of a mistake. Next morning her temperature was down just below 104°, pulse 120, and her headache had reappeared. Uterus well contracted, lochia good colour and good quantity. The Bozeman could only be introduced into the cavity where cyst had been. It was thoroughly syringed. Following day temperature fell to 101°, and there was some secretion in breasts. Uterus hard, involuting well; lochia still healthy; vagina still well douches. Stimulant was still administered, but in diminishing quantities. The child, which had been fed up to this on white wine whey, was now put to the breast, the breast milk being supplemented for some days by white wine whey; it ultimately was able to do with the breast milk alone, on which it thrived well. The patient's condition rapidly improved, and she was able to return to the country within four weeks of the birth of her child. For the first week she got fairly large doses of quinine—12 to 16 grs. daily for three or four days, after which the dose was gradually diminished. I heard from this patient at Christmas, and both she and her child were in perfect health. Before she went away it was very difficult indeed to see any trace of what had been done in removing the tumour. Some slight puckering and that was all.

The life-history of these uterine tumours is one of exceeding great interest to the obstetrician and operating gynecologist. As regards their etiology nothing very definite has been agreed upon, the most generally accepted theory being that of "irritation" as a provoking cause, whether that irritation arises from endometritis, metritis, gestation and parturition with septic absorption, or by the presence of some micro-organisms in the uterine walls, as has been suggested by Byford. Winckel thinks they spring from uterine interparietal blood vessels; Klebs, from the connective tissue of blood vessels; Kleinwächter (according to Martin) ascribes their parentage to a round-celled formation found along the capillaries, while W. Anderson says they are "localised or diffuse hypertrophies or developments of embryonic (mesoblastic) uterine parenchymatous tissue." A. Aubean refers them all to a syphilitic origin, but this theory cannot stand with our everyday clinical experience. Ricker, in "Virchow's Archiv," 1895, speaking of the origin of fibroids in the uterus, "thinks there is strong reason to believe myoma has usually an embryonic origin. In some cases distinct epithelial relics are found in myoma which seem to represent the remains of the primitive epithelium of Müller's duct. Relics of the Wolffian duct are decided to be found in the uterine wall. He is as certain as Coblenz as to the persistence of that duct and its relation to new growth. Abnormal ingrowths of muscle cells around the duct are represented in Ricker's drawings. Hence it is probable that every myoma originally arises from some abnormal growth of muscle around the Wolffian duct in the uterine wall or around epithelial debris from the Müllerian duct, relics which may even be distinct diverticula not entirely effaced after fusion of that duct with its fellow to form the uterus." As regards the time at which they may appear, there does not seem to be any trustworthy history of myoma in the uterus before the age of twenty. Several have been observed between twenty and twenty-five. The maximum frequency is between thirty-five and forty-five. J. Bland Sutton states that "all uterine

myomata arise during the menstrual period of life." That such growths are far more frequent than is generally supposed is proved by observations in the dissecting room. Klob, according to W. Anderson, maintains that 40 per cent. of women dying after fiftieth year have uterine fibroids. Bayle states that 20 per cent. of women over thirty-five show fibromata. Winckel, in 575 autopsies, found only 12 per cent., but age is not stated. Of 135 women under thirty-five years of age only 5 per cent. had fibroids. We see from these statistics that although authorities differ yet the rate per cent. is very high. Pozzi states that these tumours are much more frequent in black women than in white, while as exciting cause Fehling "attributes great importance to incomplete involution after labour and abortion where a sufficient period of rest is not enjoyed." Ninety per cent. of these tumours develop in the body of the uterus, 10 per cent. or less in the cervix. As to their site with regard to the cavity of the uterus F. H. Martin says 10 per cent. are submucous, 15 per cent. intramural, 20 per cent. subperitoneal, and 55 per cent. interstitial (diffuse). These tumours in their life history undergo many changes; they sometimes tend to become pedunculated, whether on the serous or mucous surface of the uterus, they may undergo necrosis, or calcification, or involution and absorption, they may become cystic or sarcomatous. Absorption or involution of these tumours often occurs when they have been associated with pregnancy, or after the menopause, when usually a general atrophy of all the genital organs takes place. The very effect of lactation on these tumours has led to experiments in that direction. Howitz Copenhagen discusses the effect of lactation in involuting the uterus after pregnancy and its power in causing diminution and absorption of myomata. He narrates the history of two patients who were under treatment for intramural tumours—both became pregnant and went to full term. One suckled her child, and in four months tumour had decreased; the other had not sufficient milk, could not nurse, and tumour was unaltered. Based upon this he experimented on seven cases who were not pregnant; he tried artificial suckling or aspiration of the nipple. In four cases secretion of milk was induced, in two cases they refused to respond to the treatment, and one was not long enough under treatment to be sure of any result. In three the tumour decidedly decreased in size, in three the measurements remained the same, in only one was hæmorrhage decreased. Aspiration lasted from "five to ten minutes morning and evening," but his intention was to try it oftener so as to imitate as nearly as possible the process of natural lactation. A greater percentage of these tumours in pregnancy is prevented by the fact that the growth predisposes to sterility by usually producing an endometritis. Lefour noted thirty-nine cases of abortion in 309 cases, and Naus recorded forty-seven abortions in 241 cases (Dorland). The number of these tumours in the uterus and their situation are of great importance to the obstetrician. Where there are many tumours the condition of pregnancy is not likely to co-exist, but if it does the risks of interference with labour or of removal of tumour is increased *pari passu* with their number. A fibroid tumour of very considerable size may grow near the fundus and give rise to very little trouble, some authorities say no trouble; for my part, however, I question this, as such tumours may interfere with the position of the child in the uterus, must interfere more or less with the regular contractions and retractions of the uterine muscular tissue, and therefore predispose to prolonged labour, and for the same reason may cause increased risk of post-partum hæmorrhage, of irregular contractions causing retention of the placenta, and later may interfere with the normal progress of involution. A tumour low down and situated on the anterior wall of the cervix is not so dangerous as one on the posterior wall, as vigorous contractions of the uterus may result in carrying it upwards out of the pelvis; whereas the sacro-vertebral angle being about 3 ins. or more higher than the upper border of symphysis pubis, if the tumour spring from the posterior wall it becomes impacted in

the hollow of the sacrum by the promontory, and obstructed labour is the result. In such a labour—should it be prolonged—the injury to the tissues owing to pressure may be such that sloughing may result. With regard to the treatments that are open to choose from, we have inducing abortion, myomectomy, enucleation (if in cervical wall), and Porro-Cæsarian. (Dorland says the mortality of those going to term is high—mothers 53 per cent., children 66 per cent.).

Kelly says questions to decide with regard to treatment are (1) whether pregnancy can occur in a given case; (2) when pregnancy exists, whether the life of the mother is in danger or not; (3) whether a living child can be carried and born at term. Kelly's own statistics prepared by Dr. J. H. Durkee 236 married women with myomatous uteri had 542 pregnancies, 402 children born at term, 140 miscarriages, average number of pregnancies for each woman was 2.03. He lays down the following axioms of treatment regarding surgical interference with the uterus before the last months of pregnancy, that is to say, before the viability of the child:—

(a) Remember two lives are involved, if possible save both, rejecting all radical measures unless symptoms be urgent. Mere prophylaxis, that is operating when there is no urgent symptom on account of dangers which may arise, has no field here.

(b) Small and medium-sized fundal fibroids do not demand operation.

(c) Intra-ligamentary and subperitoneal cervical fibroids do not demand operation, unless of such a size and so located as to encroach on pelvic room or the superior strait in such a way as to prevent labour. Pedunculated fibromata which can be pushed up into the abdomen do not justify interference during pregnancy.

(d) Interstitial tumours should not be touched if the operation can possibly be avoided for they require so much handling and suturing of the uterus that abortion almost always follows.

(e) Operations may be demanded, on account of severe pain caused by fibroid tumour.

(f) Operation may also be called for owing to rapid growth of tumour during pregnancy.

(g) Pedunculated fibroid tumours (polyps) hanging out of cervix into vagina may be removed.

(h) When the patient has gone almost to term if the fibroid masses are so large as to necessitate a subsequent hysterectomy in case they are left, then it is better to deliver the child by a Cæsarian section and to remove the uterus at the same time.

The greatest risk of error in these cases is in removing a uterus with fibroids where the tumours might at a later date be removed without the sacrifice of the uterus. A sessile tumour so placed in the pelvis as to obstruct labour may be removed without much risk of causing abortion. Kelly performed the operation three times for sessile tumour before the sixth month without interrupting pregnancy. G. Aimé and R. Frommel have extirpated intra-ligamentary myomata successfully without interrupting pregnancy. Kircheimer estimates the mortality of 18.87 in myomectomy for pedunculated fibroids and 26 per cent. in supravaginal amputation of the pregnant uterus, while premature interruption of pregnancy is as high as 40 per cent. Many others have been recorded in American literature.

In reviewing the various statistics there is of necessity considerable difference between the results of different operators and different observers, but one point is certain, and that is, that the conservative operations where both mother and child can be preserved are being accompanied by progressively improving statistics, and this result is largely due to the improvements in the technique of abdominal surgery, and a rigid adherence to the principles of asepsis. I fear I have trespassed much upon the patience of the members of this Section, and I must apologise if my communication has reached a much greater length than I originally intended.

THE PREVENTION AND TREATMENT OF DEFORMITIES RESULTING FROM FRACTURES. (a)

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THE treatment of fractures and deformities arising from fractures has of late years been conceived in a more liberal and scientific spirit than heretofore. This has resulted from three chief causes: (1) The freedom and enterprise conferred on surgery by antiseptic methods; (2) the proved value of early muscular movements and massage as initiated by Lucas-Championnière; and (3) the increased diagnostic powers that the surgeon possesses in the application of the Röntgen-ray process in the investigation of fractures.

That surgeons generally are alive to the modern enlargement of the subject of the treatment of recent fractures and their remoter results is amply evidenced by recent literature. (b)

The plan of cutting down and fixing fragments has been recommended for nearly all fractures. I think we shall all agree that this is going too far, but I would suggest that in all compound fractures, and in all simple fractures where some complication, such as a wounded artery or nerve, renders an incision necessary, the repair will be aided by our wiring or otherwise fixing the fragments together. Other indications for the open operation in cases of simple fracture will be mentioned below.

As an illustration of the benefit of this mode of treatment in a very bad subject—a broken-down man with severe chronic bronchitis—I may adduce the following case:—

Case of Compound Comminuted Fracture of R. Tibia and Fibula with Simple Fracture of L. Tibia and Fibula.

On November 17th, A. B., æt. 70, was admitted into the N.W.L. Hospital with history of having been run over by a tramcar.

On admission patient was suffering from a fair amount of shock, so he was put into a warm bed and hot drinks given to him.

On examination there was found to be a compound comminuted fracture of rt. tibia and fibula just below junction of middle third with lower third. There was a good deal of comminution of tibia, several pieces of bone being loose. There was a simple fracture of l. tibia and fibula. He was suffering from chronic bronchitis, there being a good deal of cough with much expectoration.

About one hour after admission patient was taken into the theatre, chloroform was given, and the seat of the compound fracture was thoroughly cleansed. The upper part of tibia had protruded, and a good deal of dirty, greasy material had been carried in. The detached pieces of bone were removed, and the ends squared and cleaned. The ends of fibula were drilled and wired, and a counter-opening was made on other side for efficient drainage, and drainage tube was inserted and wound dressed with iodoform, and put on a back splint with two side splints.

Took chloroform very well; breathing improving. Simple fracture was set on back splint with two side splints.

November 18th.—Slept well last night; no pain; pulse good; does not take food well.

19th.—Right leg dressed and drainage tube removed; leg looking very clean.

21st.—Both legs dressed; patient quite comfortable; bronchitis troublesome; taking food better.

24th.—Quite comfortable.

30th.—Cough is much better and patient sleeps well; wound is healing rapidly and there is no pain.

(a) Introduction to a discussion at the Meeting of the British Orthopaedic Society, February 15th, 1902.

(b) See, for instance, a series of papers in the *Practitioner*, Aug. and Sept., 1901.

December 4th.—Patient feels quite comfortable.

7th.—Left leg was put into a Croft's splint; other leg healing very well; patient quite comfortable.

20th.—External wound has nearly granulated to surface; wound on inside of right leg has healed.

24th.—Right leg was put up in Croft's and is being massaged and rubbed every second day; skin has not quite healed over; patient can raise his leg quite comfortably.

January 6th.—Now gets out of bed on to a chair; he has very little cough now; he is not able to put any weight on to his legs.

21st.—Dismissed to-day, leg being quite healed; has been getting up every day, but afraid to put much weight on to his legs; can use crutches a little; both legs have healed in very good position.

A few weeks later the patient returned to show himself. He was then walking well without any support.

The inclusion of the prevention of deformity in cases of fracture really brings within the scope of the discussion the primary treatment. But for the present purpose some scheme of classification of the disabilities and deformities that are liable to occur after fracture is what is primarily called for to enable us to discuss this many-sided subject, and I would suggest the following as the chief factors that singly or combined form the pathological substratum in different cases:—

1. *Psychical Impressions*.—This heading may be illustrated by the experience common to most of us that a slight cut on a finger is sufficient to make us keep the damaged member tucked away in the shelter of the other digits not only till the cut is soundly healed but for a period beyond this, and only by repeated application of an intelligent will is the member brought back to its duties. In the same way many fracture-patients remain disabled simply from the persistence of the mental impression of an injury long after it is soundly repaired. These imaginary weaknesses are often intensified by the patient having in his possession a radiogram which may show sharp angular shadows at the seat of fracture, but not the callus which ensheathes them. I need not give examples of this kind of disability, but it has to be borne in mind when we are estimating the amount of real disability in any given case.

2. *Fibrous Adhesions*.—The results of organisation of blood-clot among muscles or within a joint in the neighbourhood of a fracture are familiar to every surgeon. They constitute the primary indication for early massage and early passive movements. Sir William Bennett (a) in this country has insisted on the value of these measures in the prevention of fibrous adhesions. Massage may be impossible owing to a blistered condition of the skin over the seat of fracture, but passive and aided active movements of the joints on either side of a simple fracture are nearly always practicable. Massage helps also by the relief of pain and spasm. In my experience bivalve splints of plastic material so applied as to allow of one aspect of the limb being stroked and rubbed whilst the other side is supported by the splint are of great service in enabling massage to be applied. I most frequently use household flannel and plaster of Paris (Croft's method) for this purpose.

3. *Muscular contractures* due to the prolonged maintenance of incorrect postures in a limb fixed up in splints are also familiar causes of lameness and deformity after fractures. For their prevention careful attention to posture, e.g., rectangular flexion of the ankle, and to manipulations and massage are called for; the cure is also often effected by massage, and use of the limb after recovery, but sometimes tendon-lengthening or tenotomy may be required. In this connection I may mention that in such con-

ditions our orthopaedic instruments with joints "stopped" on the side towards which the contraction has taken effect and free in the opposite direction are often of signal service.

4. *Angular Deformity from Faulty Union*.—Nowadays there is less excuse than formerly there was for such ill-results; for a radiograph taken with the limb fixed up in wooden or plaster splints will enable the surgeon, in spite of much swelling, to see whether he has succeeded in bringing the fractured surfaces into apposition. If this cannot be effected otherwise, there need be no hesitation in cutting down on the bone and, after removing clot, &c., wiring or otherwise fixing the fragments. In such operations many different devices have been employed, and it will be of service if surgeons will state their experience: Screws, metal pins, metal plates have all been used. My own experience is limited to stout silver wire, annealed by being passed through the flame and allowed to cool slowly. For remedying angular deformity osteoclasis, subcutaneous or open osteotomy may be called for. In such conditions my experience of osteoclasis is limited to cases in which manual force is sufficient to break down the callus. Subcutaneous osteotomy is followed by singularly little discomfort. Free exposure of the seat of fracture is needed when important arteries or nerves are involved.

5. *Shortening from Overlapping of Fragments*.—Illustrative cases of any success in treatment of this class of case will be of exceptional interest. Forcible extension under anaesthesia after osteotomy, followed by fixation of fragments by wiring or otherwise, is the course that in modern conditions appears to me to suggest itself. In order to aid extension myotomies, fasciotomies, and tenotomies may be necessary.

6. *Failure of Repair: Pseudarthrosis*.—But little that is new has of late come into practice in this class of cases; the important thing is to find out the cause of the failure of union. The influence of ischaemia will be referred to lower down.

7. *Exuberant Callus* may call for removal. An instance of this kind is seen in cases of fracture of either of, or both, the bones of the forearm. It is especially likely to occur in fracture of the radius above the attachment of the pronator radii teres. When a radiogram shows that this result is likely to occur it is, in my opinion, advisable to cut down and secure the bones in their proper position by wiring. If the condition is met with the bridge of callus should be fully exposed and completely removed; for this purpose I would suggest that a Gigli's wire saw would be the best instrument to use.

Fractures in the neighbourhood of joints, separation of epiphyses, and fractures into joints all call for special consideration and experience of particular cases are always of value.

8. *Separated Epiphyses*.—In young children with separated epiphyses we are not always able to rely on the Röntgen rays for help, no image of the cartilaginous epiphyses being given in the radiogram. This fact serves to remind us that this new means of diagnosis does not relieve us in any case of fracture from making a scrupulous examination of the limb. In most cases a radiogram is unnecessary; in all cases the other observations are necessary to check what, after all, is not a true photograph, but a shadow-effect that may be very misleading. Separation of the upper epiphysis of the humerus is not infrequently mistaken for dislocation; in such cases when swelling may cause difficulty in diagnosis the X-rays may be of service.

It is generally recognised that it is better, if possible, to avoid wiring in cases of separated epiphyses owing to the foreign body being liable to interfere with the growth of the bone, and in very young

(a) "The Use of Massage and Early Movements in Recent Fractures and other Injuries."

children the softness of the bone renders it difficult to put much strain on a ligature.

9. *Fractures in the Neighbourhood of Joints.*—The points raised in such cases are similar to those in which epiphyses are involved, but since they occur in older subjects the bones are firmer and there is no danger of disturbing the after-growth of the bone, so there need be no hesitation in wiring or otherwise fixing fragments when this is called for.

Fractures in the neighbourhood of joints may be complicated by dislocation, and in such cases if ordinary means fail there need be no hesitation in opening the joint to reduce the dislocation, and at the same time the fragments may be wired together as has been advocated by McBurney in cases of fracture of the upper end of the humerus complicated by dislocation of the upper fragment.

10. *Fractures involving Joints.*—Two common fractures come into this category—fracture of the patella and of the acromion. In these two fractures the facility of wiring or otherwise fixing the fragments and at the same time of removing the clot in the joint by sterile salt solution suggests the question whether open operation should not be the rule here. Before deciding on this so simple course it is, in my experience, desirable to study the condition of the patient with particular care. When the fractures arise, as is the rule, from muscular strain of ordinary degree (i.e., without the patient being loaded by carrying a weight on the shoulders) there is, I think, often some rarefaction of bone underlying the accident. Such rarefaction is commonest in patients who are inclined to gout, and these are the very individuals who do not bear urgency operations very well. In two cases that I investigated many years ago death occurred in the one during, in the other shortly after, an operation for wiring the patella. Both were men of about thirty. In the one who died under chloroform the heart was in an advanced state of true fatty degeneration. The second patient had been put to bed after operation, and recovered from the anæsthetic, when he suddenly sat bolt upright and fell back dead. I found recent emboli filling the coronary arteries. Both these men were drinkers. As instances that have come under my notice of deformities following fractures involving joints I may mention three:—

(a) Fracture into the shoulder-joint with separation of the greater tuberosity. An elderly woman met with the accident some six months previously, and had had swelling of the arm from pressure of the head of the bone on the axillary veins, and pain from pressure on the nerves of the brachial plexus. On cutting down and examining the part I had to remove the head of the bone, but the swelling of the arm persisted. In these cases it would be better in the first instance to cut down, open the joint, and wire the fragments together.

(b) A woman whose elbow was stiff, and who had lost the power of pronation and supination after a fall on the elbow some six months previously. Radiographs showed that the head of the radius was broken off in two fragments. I opened the joint from behind by chiselling through the base of the olecranon. This revealed one-third of the head of the radius fixed by adhesions between the broken surface of the neck of the radius and the humerus. I removed the fragments, wired the olecranon, and closed the skin incision. The patient has now good movement in every direction at the elbow-joint.

(c) A girl, æt. 9, brought to me with the elbow fixed in the extended position five months after an injury. A radiogram showed separation of the outer condyle, with dislocation of the ulna backwards. Under anæsthesia, I was able to improve the relative position of the fragments, and to fix the elbow at a right

angle. The child has now useful pronation and supination, but has to wear an instrument to prevent the return of a rigid extension of the arm. When her growth is completed, i.e., when she is about sixteen years old, the desirability of excision may be discussed. Recent fractures into the elbow-joint are best dealt with by the open method, wiring or excision being done according to circumstances. Bony ankylosis is most likely to occur where supuration has taken place in cases of compound fracture involving the joint.

11. *Ischæmic Contracture.*—This troublesome deformity may exist alone, or may complicate other deformities after fracture. It is commonest after fractures of the humerus. When it forms the only element in the deformity we have a valuable means of alleviating the resulting disability in tendon-elongation practised on all the flexor tendons above the wrist. This delicate and prolonged operation should, in my opinion, never be done unless some useful voluntary power remains, and until all that can be gained by massage, &c., has been tried. If an attempt is made to remedy the deformity by removing parts of the radius and ulna, an ununited fracture is the result.

HÆMORRHAGES FROM THE EAR IN HÆMOPHILIA.

By DR. TOMKA SAMU,

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[SPECIALLY TRANSLATED FOR THE MEDICAL PRESS
AND CIRCULAR.]

HÆMOPHILIA is not very frequently met with in practice, more particularly in ear clinics, where it is only very exceptionally seen. To this circumstance is, no doubt, due the fact that altogether only three cases of this kind are published in the literature of the subject (Rohrer in 1899, Haug in 1893, and Ziem in 1855).

L., a boy, æt. 2½ months, fairly well developed, for two days had been restless, weeping continually, unable to sleep, with fever and pain in left ear. I first saw the little patient on January 25th, 1899. On examining him I found acute inflammation of the left middle ear. The auditory meatus, in view of the patient's age, was capacious, and presented nothing abnormal. The tympanic membrane was red and was bulged forwards. The malleus was not visible, and the pharyngo-nasal cavity appeared to be normal.

Considering the high fever (39.2°C.), and the restlessness of the child, I thought it imperative to perform paracentesis through the anterior lower part of the tympanic membrane, when a slight yellowish-red discharge escaped from the tympanic cavity. The treatment of the ear consisted in the removal of the discharge from the auditory meatus by wiping away with cotton, and in addition I ordered cold compresses to the mastoid process, merely by way of precaution, although it did not present any abnormal appearances, and no tenderness could be made out, although, as the child was continually weeping, one could not feel certain as to that.

The temperature fell on the following day and the child became quiet, the discharge, too, was only of a slight amount. On January 30th the discharge was very slight; the child had neither fever nor pain. The tympanic membrane was pale over a considerable area, so that I could use the Politzer bag.

The condition of the child improved from day to day, the discharge was small in quantity, and the tympanic membrane was normal in colour, and when performing the air-blowing the air passed freely through the ear.

On February 2nd I was urgently called to the patient, because since midnight there had been constant hæmorrhage from his ear. The whole auditory meatus was filled with fresh blood. This being syringed out, I could discover no cause for the bleeding, either in the auditory meatus, or on the tympanic membrane. The occurrence of the bleeding the more surprised me, for I had seen the patient on the previous day, and he was getting on very well, so that complete healing was to be expected within a few days.

I was now told by the parents that many persons of their family suffered from bleedings. One of the patient's brothers had bled profusely in consequence of a tooth extraction, and the hæmorrhage was arrested with difficulty. The parents gave me other information, from which I concluded that hæmophilia was prevalent in their family. There was no history of a blow or other injury subsequent to the operation to explain the occurrence of the hæmorrhage.

To arrest the hæmorrhage I plugged the auditory meatus with sterilised gauze, but this was soon soaked through, and bleeding continued. Later on I tried to plug the meatus, using a tampon of cotton steeped in a solution of alum, but this, too, became saturated with the profusely oozing blood. I tried hot and cold syringing but failed to attain my object.

On the fourth day the child's parents wished to consult Prof. Bokay, an old acquaintance of the family, who prescribed ergot internally.

In spite of all these treatments the bleeding lasted for eight days, so that we were already inclined to foretell a fatal issue. But fortunately, on the ninth day the bleeding ceased quite unexpectedly.

Throughout the whole duration of the hæmorrhage no blood had leaked into the Eustachian tube. On the sixth day I removed a small blood-clot from the auditory meatus in order to investigate it microscopically. The preparation showed pus-cells embedded in mucus.

After the cessation of the hæmorrhage improvement has speedily set in. The ear discharge entirely ceased, and the hole in the tympanic membrane has quite healed within four days. The child became quiet and slept well.

When I last saw the patient on February 28th the tympanic membrane looked quite normal, and the child was again vigorous and healthy as formerly.

A similar case of hæmophilic bleeding is reported by Haug.

It may not be superfluous to mention that in intra-tympanic operations performed by otologists similar hæmorrhages may occur as the result of injury to the carotid or to the internal jugular vein. Such bleedings can easily be mistaken for those of hæmophilic origin.

For example, Ludewig, Müller, and Hildebrandt have published cases in which the internal jugular vein had been injured during paracentesis, while Jacobi injured it when perforating the tympanic membrane by the aid of the galvano-cautery. The bleeding was arrested by plugging. However, in the case of Jacobi, pyæmic fever set in on the fourth day with formation of thrombi, and in consequence thereof the case ended fatally on the eighth day. Moor has described a profuse hæmorrhage also following injury of the vein inflicted during attempts to remove a foreign body from the tympanic cavity.

The carotid may also be injured, though this is very exceptional, when there is a congenital defect in the paper-thin anterior wall of the tympanic cavity. Such cases are described by Körner, Zaufal, Friedlovsky, Zuckerkandl. In all these cases the injury was due to paracentesis. The injury mostly occurs in cases where the carotid lies very much to one side, and in its course, having a partial broadening,

it forces the promontory backwards and upwards; to this it is added that the labyrinth wall (in its lower half), narrowing the tympanic cavity, comes unusually near to the tympanic membrane.

Under these circumstances it may happen that the pulsation of the carotid, which lies partly on the promontory, is conveyed to the cochlear nerve, giving rise to noises in an otherwise healthy ear.

Injury to the jugular vein, by reason of its anatomical and embryological relations, can occur very easily.

Usually the lower wall of the tympanic cavity separates the cavity from the internal jugular vein. But this wall varies considerably in thickness. Thus, according to Zaufal it is from one-quarter to one millimetre, and according to Merkel it is almost two millimetres thick. Sometimes it is only of the thickness of paper, and at other times it is more or less deficient, and in very rare instances it may even be totally absent, in which event the vein comes into direct contact with the mucous membrane of the tympanic cavity.

The defect can be variously explained. Thus it may be congenital, it may result from hindered development of the lower long wall of the cavity, or in consequence of defective ossification. The defect may, moreover, be due to excessive enlargement of the fossa jugularis. Senile atrophy, rachitis, and caries, too, may give rise to this anatomical abnormality of the lower wall of the tympanic cavity. These defects are mostly observable in skulls, which also present other anomalies and defects.

Although various theories have been advanced, the cause of hæmophilia is still far from settled. Anatomical examinations made up to the present are neither characteristic nor do they afford any positive results.

The first bleeding occurs, as a rule, previously to the end of the second year of life; only rarely it presents itself later on. Cases, however, are recorded in which hæmophilic bleeding has set in at the twenty-second year of life. As the age increases the hæmophilic tendency diminishes. The chief symptom of hæmophilia is profuse bleeding in the absence of any adequate cause, comparatively trifling solutions of continuity giving rise to relatively copious hæmorrhage. The blood oozes from the wound just as it does from a sponge which is saturated with blood. The bleeding lasts for hours intermittently, and no spouting arteries can ever be seen.

Small wounds bleed more freely than large ones. The other symptoms are familiar to every physician.

It is interesting to note, moreover, that in some cases the bleeding is preceded by parosmia (Eichhorl). For example, it is recorded that a certain patient had smelled, and another one had tasted, blood before the coming on of the bleeding.

The prognosis is anything but favourable.

In regard to treatment, it is advisable when bleeding occurs to apply hæmostatics, or the galvano-cautery. The local application of gelatine has done good service in some cases. Also injections of pilocarpine given hypodermically are found in some cases to have given satisfactory results. Ergot, or hydrastis canadensis, may be given internally and ligature of the carotid artery has more than once been resorted to.

The regimen and diet of the hæmophilic are points to which attention must be paid. Exciting and irritating foods and beverages must be avoided (wine, tea, coffee). Also it is important to strengthen the organism. Good feeding, milk cure, the using of baths, residence at the sea-side, &c., are very recommendable. Gymnastics and other sporting pastimes should not be allowed.

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY. MEETING HELD FEB. 13TH, 1902.

HALLIDAY CROOM, F.R.C.S.E., F.R.S.E., President, in the Chair.

DR. F. VINCENT RAMSAY showed a dilator which differed in one important particular from any of the various modifications of Hagar's at present in use. This instrument was virtually a hollow tube open at both ends in contradistinction to a tube closed at both ends to which the ordinary dilator might be likened. He pointed out that the dilators generally in use acted as pistons when pushed in through the cervical canal, the extent to which they did so depending on the tightness with which they were grasped by the cervix. In consequence of this piston action, when a dilator was introduced into the uterus resistance had to be overcome in addition to that offered by the tissues resisting dilatation, and deleterious matter was also liable to be forced from the interior of the uterus into the Fallopian tubes. He contended that dilatation of the cervix and curettage of the endometrium were liable to be followed by salpingitis of varying severity, even though the operation were performed under the most favourable circumstances, and every possible precaution had been taken. This he attributed to the disadvantages attending the use of the ordinary dilators, to obviate which he had had the instruments before the Society made by Messrs. Down Bros. There was a ridge on the under surface by means of which rotation could be prevented and the exact position of the instrument defined.

MR. R. O'CALLAGHAN showed sub-mucous and intra-ligamentary myomata removed, by abdominal section, from a woman, æt. 48. The patient had suffered for four years from continuous hæmorrhage, and yet had never been examined until presenting herself at the hospital. He endeavoured to remove the tumour by the vagina, but the small size of the latter rendered it impossible. He therefore removed it by the abdomen. The patient made an excellent recovery.

MR. O'CALLAGHAN also showed a uterus removed by abdominal hysterectomy for cancer of the cervix. The patient, æt. 84, had suffered for a year from an offensive discharge, and Mr. O'Callaghan believing the cervix to be carcinomatous, removed it, amputating it as high as possible. A pathological report, furnished by Mr. Targett, confirmed him in his unfavourable diagnosis, and he decided to remove the uterus and appendages. He adopted abdominal in preference to vaginal coliotomy because the left ovary was cystic and enlarged, both ovaries were adherent, and the patient had also old-standing salpingitis.

DR. MACNAUGHTON-JONES exhibited Professor Bossi's instrument for rapid dilatation of the cervix in cases of contracted pelvis and eclampsia, more especially the latter. By its means the cervical canal could be dilated up to from eight to ten centimetres in fifteen to twenty minutes. This dilator had now been used successfully in a large number of cases by Professor Bossi and by Drs. Paoli and Zirolla in his Klinik at Genoa. Dr. Macnaughton-Jones thought that it might be used with advantage also for dilating the cervix in inversion. He had first seen it used by Professor Leopold, of Dresden, prior to the operation of cephalotripsy in a case of rachitic pelvis.

DR. MACNAUGHTON-JONES then showed a powerful clamp used by Professor Zweifel in both abdominal and vaginal hysterectomy. It was not so cumbersome an instrument as Doyen's, and its shape rendered its application to the broad ligaments through the vagina very much easier. He had himself, when at Leipsic, had an opportunity of witnessing its efficiency in preventing hæmorrhage.

DR. HAYWOOD SMITH spoke highly of Doyen's pressure forceps, which he was in the habit of using; but he believed the instrument before the society would be very much more easily manipulated, especially in vaginal hysterectomy.

DR. MACNAUGHTON-JONES also showed a beautifully stained section of a carcinomatous uterus in an early stage of pregnancy. The section, which had been rendered transparent, embraced the entire uterus. The hypertrophied muscular tissue, the various portions of the decidua, the cavity of the amnion, and the contained embryo were easily differentiated. The specimen, which had been prepared in Professor Bumm's Klinik at Halle, had been hardened in picric acid, treated with alcohol, permeated with colloidin, and then cut with a large microtome and stained with carmine.

THE PRESIDENT then read his inaugural address, an abstract of which will be found on page 207.

DR. ROBERT BARNES, the Honorary President, proposed a vote of thanks to the President.

This was seconded by Dr. MANSSELL MOULLIN, and supported by Drs. WALLACE and HAYWOOD SMITH.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF STATE MEDICINE.

MEETING AT THE ROYAL COLLEGE OF PHYSICIANS,
ON FRIDAY EVENING, FEB. 14TH, 1902.

DR. NINIAN FALKNER, President, in the Chair.

THE PRESIDENT in his opening address gave a summary of the work of the Section of State Medicine for the ten years during which he had acted as secretary. He then gave a short sketch of the birth and progress of the history of notification of diseases in England, and presented a summary of the notification of certain infectious diseases in the cities of Dublin and Belfast, and the urban district of Rathmines and the Pembroke urban district, as published in the weekly reports of the Registrar-General for the year 1901. The President having invited criticism on his address,

MR. D. E. FLINN expressed regret that some areas had not yet adopted the Notification Act. Had the statistics of the whole area been available for analysis, the address would have been even more valuable. In his experience rural councils were more readily impressed with the value of notification of infectious diseases than urban councils, who seemed to see nothing in the Act other than increased expenses.

DR. THOMAS DONNELLY thought the address was a very suggestive one. Sanitary authorities shrank from the expense of preventive measures because they failed to recognise that the expenditure on prevention is practically nothing to that which an epidemic would entail. An account of the relative proportion between morbidity and mortality in cases of infectious diseases would be highly interesting and very valuable. Registration is at present very accurately carried out, but he feared that a considerable percentage of infectious diseases are not notified; some, especially the medical officers of health, are very particular in notifying the diseases made compulsory, and many of them, like himself, voluntarily notify phthisis; as a rule, he finds the poor, once they know the object in notification, raise no objection to the carrying out of the Act.

DR. F. C. MARTLEY considered that one of the principal difficulties they have to contend with is the getting of statistics. By writing to the medical officers and other officials of English working class societies, he tried to learn something of the morbidity and mortality of such; but in some the lives were so carefully selected by the medical officers that the results were inconclusive.

DR. CRAIG felt that phthisis should be included in the list of infectious diseases to be notified to the Public Health authorities. Some years ago, some of the Corporation of Dublin officials gave him to understand that phthisis would be included, but it has not been. Many physicians notify the presence of the disease. But what good comes of it? Some leaflets are sent to the infected house, and a coat of whitewash is applied, and then everything relapses into its old dirty insanitary condition.

DR. KIRKPATRICK thought that the public ignorance of the infectious nature of the disease is largely due to hospital physicians putting phthisical patients into general wards. Seeing this, the public cannot believe the disease to be infectious.

Mr. H. G. CROLY said that if the members of the medical profession are convinced of one thing more than another, it is that phthisis is infectious. And one proof of the good such conviction does is the notice in tramscars prohibiting spitting—a habit begotten of laziness. He fully approves of phthisis being included in the list of notifiable diseases. How much better prevention is than cure, is well shown by the good results attending re-vaccinations during the epidemic of small-pox twenty years ago.

Mr. DOYLE would like to see syphilis included in the list of diseases to be notified—it is both contagious and infectious, and modifies all other diseases.

Dr. MAGENNIS said he had only one fault to find with Dr. Falkiner's address, and that was one not usually complained of by the critics of the papers of statisticians—his paper was too short. Every minute it was becoming more interesting, when he brought it too quickly to a close. He hoped Dr. Falkiner would continue to compile such statistics, as they would certainly benefit humanity and be helpful to sanitary reformers.

The PRESIDENT, in reply, said that phthisis was freely disseminated by patients in the last stage of the disease travelling about in public conveyances. Some years ago, in a paper read before this Section, he advocated the notification of primary syphilis. He would be glad to see the literature of the Tuberculosis Congress spread about. Medical men might give it a place on their waiting-room tables; the public must be educated to see the value of preventive medicine.

Mr. H. GRAY CROLY then read his paper,

DISPOSAL OF SURGICAL DRESSINGS AND OTHER REFUSE MATTER IN HOSPITALS.

He considered that of the many surgeons who take every care of the dressings that are being put on their patients a very small percentage ask what becomes of the used dressings. When many years ago he commenced practice, poultices, tow, and used dressings were too often shoved down the closet pan, and not unfrequently blocked the pipes. The closets were constantly being repaired. Then lady nurses took to stuffing them into unused corners until the morning cleaning came about, when they were carried off to the dust-bin, to ferment and rot until a scavenger carted them off. The dust-bin was better than the closet, and the Corporation bucket was better than the dust-bin, but it was far from being what it should be. Every used dressing ought to be put into a covered bucket and carried out of the ward to a furnace, a quick-burning furnace, and then and there be incinerated. Lieutenant-Colonel Backhouse informed him that in the military hospitals of Calcutta, Madras, and Bombay, all used dressings are placed in a pail which has a concave perforated lid covered with fresh carbon, and are at once carried out beyond the hospital grounds and burnt in a quick furnace. In the Rotunda Hospital and some others in this city the furnace is used, but it should be used in one and all of the hospitals. Aseptic wards are impossible if a rotting mass of dressings are lying for twenty-four hours awaiting removal by the Corporation dustman.

Mr. TOBIN considered Mr. Croly to be deserving of special thanks for his practical paper. Years ago, when he was in Netley, a farmer contracted for the hospital refuse, and utilised it as a top dressing for his land. On one occasion when hunting he was thrown in a field so manured, and fell into some of their old dressings. He asked could anything be more calculated to spread disease? There is but one way of disposing of used dressings—burning; all excreta, all used dressings should be removed from the ward without delay, and then burnt.

Dr. POTTER, as one of the visiting committee of the Dublin Hospital Sunday Fund, thought they could not be too thankful to Mr. Croly for the paper. Now that he came to consider the evils of dressings remaining for the dustman's visit, he could no longer certify such a method as satisfactory to his committee. He was, however, not inclined to send bandages to the destructor; he thought it should be possible to wash and sterilise them.

Mr. DOYLE did not think that modern used dressings were impregnated with infectious matter. Our wounds were aseptic, and there was no comparison between the modern dressing on its removal and that of the past; nevertheless, the Corporation dustbins were fruitful sources of disease, the lids were anything but close, and poor old women gathered round them raking their contents for cinders, and spreading such infection as they contained far and wide. Burning was not alone the best way, but was the only way of properly disposing of used dressings.

Dr. CRAIG highly approved of Mr. Croly's suggestion—it places the infected dressing beyond power of doing harm. There was no telling what might happen if used dressings were allowed to lie about. A used poultice that a careless nurse left lying in one of the wards in the Meath Hospital was eaten by a child patient. There was the further risk of flies carrying infection from them.

The PRESIDENT approved of Mr. Croly's suggestions. He thought the used dressings when in the bucket should be treated to a douche of sulphurous dioxide, which was now readily and cheaply obtainable. Of destructors, he looked on Scott's as the best; in half an hour you can get a heat of 400° F. The Section, he thought, must acknowledge that Mr. Croly, in his simple and practical paper, had made a valuable contribution to preventive medicine.

Mr. CROLY having replied, the meeting terminated.

DUBLIN SANITARY ASSOCIATION.

THE annual general meeting of the Dublin Sanitary Association was held on Thursday last. The President, Dr. Charles F. Moore, occupied the chair. The annual report stated that the Council during the past year had given considerable attention to the sanitary condition of, and overcrowding in, the National schools within the city. It was essential that National schools should be in the best possible sanitary condition. A large portion of last year's report was taken up by the subject of tuberculosis. This disease is very rife in Dublin, and is the cause, directly or indirectly, of a very large proportion of the deaths in this city. The Council were fully alive to the fact that general hospitals are not suitable as sanatoria for consumptives, but are of opinion that many cases are greatly benefited by a short stay in hospital while they are suffering from some temporary aggravation of their disease. The Council hoped that the Advisory Board appointed by his Majesty to deal with the munificent sum of £200,000 placed at his Majesty's disposal by Sir E. Cassel would see their way to recommend the allocation of a portion of that gift for the treatment of consumption in Ireland. The Council had been investigating the causes of the high infant mortality prevalent in the city, and were of opinion that "diet diseases" or food disorders, which cause high mortality, being preventable, directions for the proper arrangement and feeding of infants should be circulated amongst the community. Having referred to the improvement of tenement dwellings by the Corporation, the Council stated they drew the attention of the Local Government Board for Ireland to the eminently unsatisfactory state which notifications of infectious diseases at present stand in the Dublin Registration Area and adjoining districts and that the Notification of Infectious Diseases Act has not yet been adopted in such important urban districts as Kingstown, Blackrock, and Dalkey. The Council had frequently under their notice the prevalence of small-pox in England and Scotland, and the probability of its being introduced into Dublin, and they ventured to support the appeal made by Sir Charles Cameron in the public Press relative to vaccination and re-vaccination. The report also dealt with such matters as the proper classification of pneumonia, and the notification of infectious diseases.

Sir CHRISTOPHER NIXON, M.D., in moving the adoption of the report, said that at the last meeting of the College of Physicians the suggestion was approved to have a circular drafted giving instruction in the most popular way of the proper food suitable for children of certain age as to quantity and quality. As to the matter of notification of diseases, he could not under-

stand the absurd position taken up by Kingstown, Blackrock, and Dalkey. He quite agreed with the recommendation of the Council that it was quite time now that the law with regard to this matter should be assimilated to the law existing in England. He would also advocate the extension of the law generally as it exists in England and Scotland, especially as to the appointment of officers of health for certain areas who could give their entire time to the office. Dealing with the question of tuberculosis, he thought it had been shown that Professor Koch had not successfully proved that bovine tuberculosis was uncommunicable to man, and, that being the case, he quite endorsed the suggestion of the Association to take extreme care as to the class of milk supplied to their hospitals.

Dr. W. J. CHETWODE CRAWLEY seconded the motion, and the report was adopted.

The President then delivered his address, which dealt with the threatened visitation of a small-pox epidemic to this country, and in the course of an able speech said that the probable cause of much illness made it all the more necessary for the inhabitants of both islands to adopt vaccination and re-vaccination, and all other means of arming themselves against disease in every form. It was, he thought, to be regretted that the Government which passed the existing Vaccination Act did not see its way to pass a really useful Act, embodying not only compulsory vaccination, but also compulsory re-vaccination.

Professor M'WEENEY, in moving a vote of thanks to the President for his address, said that he regretted very much that the Local Government Act of 1898 did not make it possible to appoint medical officers of health whose whole time could be given to the duties of their office. Referring to the matter of tuberculosis, he considered that in Dublin there should be some control over the milk supply, and that samples of milk should be frequently taken and examined bacteriologically.

The motion was carried.

SIR CHARLES CAMERON, in moving the election of the members of the Council of the Association, said he agreed with what Dr. M'Weeney had said with regard to the system of bacteriological examination of milk in Dublin, and that the matter was at present under the consideration of the Public Health Committee. A report would soon be presented by that body to the City Council. With regard to the examination of milch cows he might say they had already appointed a very skilled veterinarian, whose duty was to see the udders of the cows, and refuse to pass those who showed symptoms of bovine tuberculosis.

The resolution was carried, and the meeting concluded.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, February 23rd, 1902.

A NOVEL POINT IN HEREDITY.

A CURIOUS point has been recently raised before the Civil Tribunal of the Seine. In January, 1901, a lady died after having given birth to an infant at the sixth month of gestation, which was reared for a month in a *convalescence*, when it, too, died. The question to be decided was whether an infant born at a period reputed to be non-viable could inherit, irrespective of a soon-to-be-extinguished vitality. At first sight the question seems simple enough, but evidently the tribunal thought otherwise, since it nominated a commission of experts to decide whether or not the infant presented the " requisite viability " to qualify as an heir.

A FATAL ENEMA.

THE administration of an enema is usually a simple and innocent operation, but that this is not invariably so is shown by the case published by Dr. Gross, a French practitioner. The patient was allowed to give the

injection to himself, and he complained at the time, that the introduction of the cannula caused pain. Later, he had a fairly copious motion mixed with blood, but the next day he was out of sorts and the temperature rose. A purgative was ordered but produced no effect, and on the third day the abdomen became tympanitic and there was frequent vomiting. Rectal examination revealed the presence of a large soft tumour to the left of the rectum, composed of sloughing tissues. The patient died soon after and the autopsy showed partial sloughing of the rectum with a large area of cellulitis. Medical literature contains some thirty instances of a similar kind, of which sixteen proved fatal. The moral is that even so simple an intervention as a clyster calls for care and gentleness.

COMPULSORY VACCINATION.

By the new sanitary regulations, which have just come into force in France, vaccination is made obligatory within the first year from birth, to be followed by revaccination at the ages of eleven and twenty-one.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Feb. 22nd, 1902.

At the Society fur Innere Medizin Hr. Destzeich related a case of

CANCER OF THE ESOPHAGUS

arising from a chronic simple ulcer. The patient, *et.* 63, had long suffered from gastric disturbance. For the last six months emaciation and cachexia had advanced. For some time there was fever arising, as was later ascertained from a subphrenic abscess. The patient died, and the autopsy revealed an interesting condition. The *oesophagus*, on being opened, was found to be dilated gradually from above downwards, and was there contracted to a moderate stenosis. In the wide part was an ulcerated fungous cancerous growth pressing upon a round deep ulcer, above the edges of which the mucous membrane was in places drawn over. The history, the form of the ulcer, and the stenosis made it probable that a peptic ulcer formerly existed there, and that a carcinoma developed on it.

Hr. Jurgens showed

A RARE CASE OF AMOEBA DISEASE.

The speaker had already described a similar case in 1896; there the ulcers had perforated in the region of the ileo-cæcal valve, and had given rise to phlegmons on the skin, which had rendered operation necessary. Two categories of amoeba disease must be distinguished (1) primary (colitis diphtherica), such as was found in Asiatic dysentery. In the case of a soldier who had returned from the China war and died, the speaker had made an examination and found amoebæ in Lieberkuhn's follicles. The amoeba had caused ulcers with undermined edges. Even the external form of the ulcer was characteristic of amoeba invasion. (2) The secondary invasion in tuberculous enteritis. Here we had tuberculous peritonitis; on the inner surface of the intestine, however, there was no tubercle, but only amoebæ. Here possibly there were first tuberculous ulcers which had been invaded by amoebæ, whereby the tubercle was destroyed. Stenosis was also sometimes caused by the amoebæ, as was seen in one of the preparations.

At the Free Society of Surgeons, Hr. Frendenberg showed three cases in which

BOTTINI'S OPERATION

had been performed. The operation consists, as is known, in electrical cauterisation of the enlarged prostate. All three patients had been relieved of their troubles. The remarkable feature of the cases was the length of time during which the patients had been unable to empty the bladder. One patient had had complete retention of urine for ten years, the second for twenty-seven years, and both had been obliged during the whole of the time to empty the bladder by catheterisation, while the third case was remarkable from the fact that for four years and two months he had been perfectly well. In all the course after operation was undisturbed, but in the last case complete recovery did not take place until after the third operation. The delayed result in that case was due to an imperfect instrument, which had since been improved by the speaker. The retention of urine in prostatic hypertrophy was due to the prostate itself and not to the bladder.

Hr. Frank had met with a mishap in Bottini's operation, and believed it was due to the hypertrophy being towards the bulbous part of the urethra, and not towards the lumen of the bladder. In such cases the operation was unsuitable, and a prostatectomy was indicated.

Dr. Frendenburg, in reply to a question as to statistics, pointed to the cases published by himself in 1900. Since then he had operated in thirty-two cases with one death. In twenty-five the treatment was concluded. There were twenty recoveries, four improvements, and one failure. He considered cures as cures even when the urine was turbid this turbidity was often due to chronic pyelitis, and to expect to cure this by the operation was unreasonable. He did not agree with Frank in the least in his limits of indication for the operation.

Hr. Bauer then discussed

SOME TOXINES.

Bacteriological examination in septic diseases have during recent years given positive results with much greater frequency than had been expected, but the results as regarded importance in respect to prognosis had been overvalued. The occurrence of bacteria in the blood in infectious diseases, as well as in surgical infection, had not the significance formerly attributed to it. The questions pertaining to this should be tested experimentally. There were difficulties in the way of this, as in experimenting with strepto and staphylococci there was no standard of virulence; these developed their toxins—and in this they differ, for example, from diphtheria—first during growth on a living nutrient soil, and it was therefore extraordinarily difficult to determine a toxine unit.

The grave symptoms accompanying sepsis might arise from living or dead bacteria, or, finally, from the toxins formed at the infested spot.

As regarded the conditions of growth of the serum on blood, whether human or animal blood, the conditions were most favourable when a little grape sugar was added and the nutrient soil was kept fluid.

If he inoculated animals with strepto or staphylococci there were endlessly more germs in the blood than were ever found in human blood; if he inoculated them with the quantities here found the animals were made temporarily ill, but they recovered.

Dead bacteria were useless for experiment. In order to obtain the toxine found at the infected spot he took some tissue from the infected part, dried it in the exsiccator, and pulverised it. Chloroform was then poured over it ten to twelve times in order to kill any living germs, it was then washed and filtered through a clay cylinder. The filtrate must contain all the toxins. If some of this was injected a local swelling arose with fever, but it soon disappeared. If, however, along with this a very small quantity of virulent germs were injected, so small that injected alone they would set up no serious condition, then a progressing phlegmon was started, ending in death, with symptoms of sepsis.

If the local poison material was admitted directly into the blood current it alone caused death with septic symptoms.

If cocci were subcutaneously injected alone no bacteria were found locally, for the first few hours, but if a very small quantity of local poison was introduced into the blood tracts, in from thirty to forty minutes thousands of bacteria were found in the blood. He thought from the large number of germs in the blood that this must have before contained bacteria which increased in this immeasurable manner from the moment of the introduction of the poison. He looked upon the bacteria in the blood only as a symptom which was to be considered as the measure of the action of the local toxins. Treatment must therefore be directed to this, we must endeavour to destroy these. He thought electrolysis would be useful if a suitable armamentarium could be devised.

In any case, in all septic diseases energetic local treatment was indicated, and in case of new amputations was justifiable.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Feb. 22nd, 1902.

PROPHYLAXIS OF TUBERCULOSIS.

Koch wished to state before Weichselbaum commenced his prophylaxis that he did not agree with Klebs with respect to primary tuberculosis in the bowel being a very rare disease. If the statistics of *tabes mesenterica* be of any value, which they ought to be, 25 per cent. of the deaths occurring among children are due to tubercle of the bowel, which is acknowledged by Hnepppe as abdominal primary tuberculosis.

As to the transmission of tuberculosis from cattle to man, it is acknowledged that "Perlsucht" material, when brought into contact with cuts in the hands of attendants, produces tuberculous sores on the hands, arms, &c., with lupus in many cases, which may not be identical, but must be very closely connected, though still an open question.

It has also been stated that the poison passes from the bronchial glands to the lungs, but if closely followed it will be found that many of the lungs have been infected long before the bronchial glands.

According to Cornet and Flugge two primary modes are open for the introduction of the poison, viz., by small particles of dust in the air, which carry the germ into the lung (Cornet), or secondly, fine particles of fluid

air borne from coughing, which may be carried by the healthy into the lung (Flügge).

As to the disposition of the lung apex being more susceptible, many theories have been advanced. B. Hirschfeld locates the point to the posterior bronchus at the apex becoming more crooked, and therefore it retains the fine particles after they have once entered where the microbe subsequently germinates.

Schmarl has another cause for this retention in the apex, which he considers is due to a constitutional angular bending of the first rib, whereby the lung is turned sharply forward at the apex and pressed into a fork shape, which entangles the germ in the same manner as that affirmed by Hirschfeld.

Freund goes further, and tells us that the bending of the first rib takes place in the articular cartilage which is congenital. This congenital defect can be overcome by exercise, which puts a strain on the elevation, and produces a pseudo-arthritis of the manubrial connection. To prove the presence of tuberculosis it is not sufficient to diagnose "Säurefester" bacilli, but the anatomical, physiological and histological changes must be proved.

Weichselbaum said tuberculosis was sadly neglected in Vienna, and Austria in general. Such apathy was allowing the disease to increase, while scepticism in the contagion of the disease was still entertained. Every civilised state with the exception of Turkey had now made some effort to allay or ameliorate the disease. The most effectual method to deal with this would be central stations for examination and testing of suspected cases throughout the country. Such centres for diagnosis should be in possession of the latest methods of differentiation of the real bacilli and the "Säurefester" bacilli in the different secretions. To eliminate all doubt animal experiments and tuberculin would be absolutely necessary. The sero-diagnosis and agglutination tests are yet very vague to have any diagnostic value. In addition to this, the inhabitants should be instructed by advertisements and otherwise the need of precaution, and public institutions provided for the proper treatment of the disease.

How far "Perlsucht" can be transmitted in the human being is very difficult to say yet, but the bacilli of human tuberculosis will suffer, no doubt, in its transmission through the sputum either moist or dry. Such excreta would require to be destroyed. Fine handkerchiefs of Japanese paper are the cheapest and handiest things for the sputum, which can be burned, according to Flügge. Schrotter proposes spittoons of the same fabric that could be burned after use, while Kornfeld suggests the use of asbestos that could be burned and cleaned. In public places such utensils should be plentiful and within easy reach. Disinfection of the body, furniture, and bedding should be carefully observed. Isolation of severe cases would be the most effectual way of dealing with the disease, but where it is light the patient ought to be taught and warned to protect others.

Whether Koch is right or not in affirming that "Perlsucht" can be transmitted to man we should use such precaution as if it were transmissible, and use the tuberculin test as standard, or boil the milk. Butter should only be made from Pasteurised cream. Tuberculin injections applied in doubtful cases, and the animals killed. Notification is a necessary adjunct to

guide the central authority to take the necessary precautions against infection. In cases of parental infection the children should be sent to boarding schools or isolated in some way to overcome the hereditary susceptibility and obviate the transmission of the disease as far as possible, from inhalation or possible admission by food at home.

TREATMENT OF TUBERCULOSIS BY BLUE LIGHT.

Kaiser gave his experience of the treatment of tuberculosis by blue rays. The quality of the light was taken from the blue spectrum line of the solar analysis, with 32 candle power, and at a distance of 20 centimetres, or 7.88 inches. He used it on a tuberculous sore on his own hand that he had vainly laboured for two years to heal, which closed within two months after commencing the treatment. He showed other two cases of pulmonary tuberculosis with most favourable results.

He concludes that the blue light acts adversely on the tuberculous bacilli, either inhibiting or killing the germs. He thinks the action of heat may be excluded in our estimate of the efficacy. That the real effect depends on the distance and intensity of the light; that the blue rays alone penetrate the body and thus affect the bacilli; that the rays act as an absorbent, and that they still pain by their anæsthetic action.

Continental Notes.

THE RIVIERA IN WINTER, 1902.

[FROM OUR OWN CORRESPONDENT.]

To anyone accustomed to spend a part or the whole of the winter months in "The Sunny South," the change of sequence in the usual order of visitors this season appears somewhat unaccountable. That fashion changes in respect to localities as well as in dress is everywhere self-evident; and that Egypt has attracted many (since the sanitary condition of that country has been under British control) who previously came here may account for a percentage of the loss of English visitors. That other factors are at work cannot, however be denied, and it has occurred to my mind when endeavouring to solve the enigma, whether the "Mentone Manifesto" against consumptives and the variola rumour concerning Nice, industriously circulated by certain rival health resorts, are not mainly responsible for the present paucity. Whatever its cause one is struck by the absence of the typical invalid along the shores of the Mediterranean from Hyères on the French coast to Allassio on the Italian side, and with them the necessary concomitants—their relatives and friends. That ill-advised "boycott" of the Mentone hotel proprietors is probably meeting the fate it deserved, as the medical profession could scarcely be expected to send patients to localities where they were unwelcome, and their friends would, of course, go with them elsewhere. If this absence of visitors were noticeable in Mentone alone it would create no surprise, but the whole Riviera has been suffering in like manner, and one sympathises with the hotel proprietors of Hyères, Cannes, Nice, Grasse, San Remo, &c., where English visitors (whether invalids or not) have been specially catered for in the past, and who are now suffering alike with the aggressors. The paucity of American visitors is also a feature this year; these, it is reported

have deferred their visit to Europe until the Coronation of King Edward. The fiction of small-pox at Nice has, however, been removed, and that town is filling at last. Medical men at home may now safely advise their patients and friends that the entire Littoral is free of epidemics, and that English visitors will be welcomed as of yore.

The Operating Theatres.

ROYAL FREE HOSPITAL.

OPERATION FOR CHRONIC OTITIS MEDIA WITH SUPRACRANIAL COMPLICATIONS OF AN UNUSUAL CHARACTER.—Mr. ROUGHTON operated on a girl, *æt.* 7, who had had a discharge from the left ear for three years; she had suffered from pain for two days before entering the hospital. Her condition on admission was: Temperature 102° ; she was complaining of pain in the ear and towards the back of the head, but there were no other symptoms pointing towards anything definite, but there was a slight tenderness over the mastoid, and a little fulness under the extreme upper part of sternomastoid muscle. At first Mr. Roughton formed the opinion that the case was one of Bezold's mastoiditis, that is to say, inflammation and suppuration extending to the apical mastoid cell and perforating towards the digastric fossa; he therefore determined to open up the mastoid process; on doing this he found the process inflamed, but there was no collection of pus. The symptoms he considered were not sufficiently definite to warrant opening the cranial cavity. No improvement, however, followed this operation, the temperature remained high, and the child gradually relapsed into a semi-comatose condition, but did not develop any symptoms pointing definitely to any of the well-known complications of middle ear disease. Forty-eight hours after the first operation the patient's condition was so much worse that Mr. Roughton decided to make a more thorough exploration. He reopened the wound and explored the lateral sinus, which he found normal. He then trephined an inch and a quarter above and behind the external auditory meatus, and exposed the temporo-sphenoidal lobe; the pulsation of the brain was almost entirely absent. A trocar was introduced into the brain in several directions with a negative result; he then explored the upper surface of the petrous portion of the temporal bone, but again with a negative result. Mr. Roughton said that the case was an extremely obscure one. It was obvious that there was no involvement of the lateral sinus; the exploration of the temporo-sphenoidal lobe seemed to negative the possibility of an abscess in that situation, and exploration of the upper surface of the petrous portion of the temporal bone showed that there was no extension of disease through the tegmen of the antrum or tympanum. He considered it useless to explore the cerebellum, as there was complete absence of all symptoms which one is accustomed to associate with cerebellar abscess. He thought the prognosis extremely grave. No improvement followed the last operation, the coma deepened, and the child died the next day.

At the post-mortem the only condition found was a diffuse meningitis affecting the base of the brain in the posterior fossa; there was no cerebral abscess, and no disease of the lateral sinus. It was obvious that no

operative measure could have saved the child's life. Mr. Roughton regarded the case as one of extension of disease from the middle ear to the posterior fossa of the skull by means of the lymphatic or venous systems. In such cases, he pointed out, it is common to find either thrombosis of the lateral sinus or a subdural collection of pus; both these conditions in this case were conspicuous by their absence. There was no evidence of tuberculosis at the autopsy.

FRENCH HOSPITAL AND DISPENSARY.

ABDOMINAL HYSTERECTOMY FOR LARGE SUB-MUCOUS MYOMA OF THE UTERUS, COMPLICATED BY INTRA-LIGAMENTOUS FIBROID.—Mr. O'CALLAGHAN operated on a woman, *æt.* 48, who had been bleeding for four years without intermission, and, strange to say, she had never been examined until she came to the out-patient department of the French Hospital, although blanched and presenting the marked appearance of a patient constantly losing blood. On admission a large sub-mucous myoma, the size of a cocoanut, was discovered filling up the uterus and presenting at the os. It was thought that it might be possible to remove this growth *per vaginam* by morcellation, but owing to a hard mass in the left broad ligament the uterus was very high up and immovable, the vagina also being small. It was decided therefore to remove the uterus through the abdominal wall. The usual incision was made and the ovarian and uterine vessels tied on the right side, but on the left was found another large fibroid opening up the broad ligament, which made it difficult to tie the vessel on that side, so it was necessary to amputate the uterus with the large submucous myoma first and then enucleate the intra-ligamentous one. There was a great deal of bleeding from the bed of this last tumour, and the difficulty was to find the source of this hæmorrhage, as Mr. O'Callaghan pointed out ligatures cannot be tied promiscuously round these parts; therefore, the cautery had to be applied pretty freely, this being effectual in arresting the bleeding. A gauze drain was passed through the vagina, and the peritoneal vault closed over the stump of the uterus and the cavity in the broad ligaments. The abdominal parietes were closed in two layers, the peritoneum by catgut and the muscles and skin by silkworm gut. Mr. O'Callaghan said one of the most interesting points about the case was that it was evidently possible for a woman to live in this country with a continuous hæmorrhage *per vaginam* without treatment or even examination, and to arrive at a stage where the bleeding would soon have brought about fatal consequences. The complication of the intra-ligamentous fibroid, he remarked, made the operation difficult, and the final stages very tedious.

Four weeks after operation the patient, having made an unexpectedly rapid convalescence, was sent to the French Hospital Convalescent Home at Brighton.

Medical and Clerical Remuneration.

In the Stow Union the salary paid to the workhouse chaplain is £20 in excess of that paid to the medical officer, and this circumstance raises the question—not which ministrations are most valuable, but which are most appreciated by the recipients. We make bold to say that were it put to the vote of the inmates the doctor would carry the day.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 26, 1902.

THE TUBERCULOSIS COMMISSION AT WORK.

HAPPILY the bombshell exploded by Professor Koch at the recent British Congress on Tuberculosis has had an excellent effect in stimulating research in all parts of the world. In the United Kingdom the spirit of enlightened curiosity aroused among the general public has led to a notable increase in sanatoria and to a wide diffusion of special knowledge among all ranks of the community. A Royal Commission has been appointed to carry out experimental research upon tuberculosis, especially as to the relationship, if any, between the disease in mankind and that in the lower animals. Sir Michael Foster, readers may be reminded, occupies the chair, where he is assisted by Professors Sims Woodhead, Sidney Martin, Boyce, and Dr. Steegman. In such hands the issue may be left with entire confidence as to securing the best result attainable in our present state of knowledge. To say that their work is momentous and epoch-making is to state the matter mildly. On their decision rests the future treatment of the meat supply of the nation, to say nothing of milk, for the control of meat must clearly be determined in practice by the finding of the Commission as to the identity or otherwise and the capability of mutual interchange of infection between the tubercle of man and of the lower animals. The Commissioners have not been wholly equipped by the State, but their wants have been partly supplied by the munificence of a private citizen—namely, Sir James Blyth, who with characteristic generosity has placed two model farms at Stanstead, Essex, at the disposal of the Commission. The necessary bacteriological and other buildings are being rapidly erected, and will soon be ready for the elaborate scheme of investigation which has been promulgated, and which will probably extend over the next five years. The cost of apparatus and, so to speak, of the stock-in-trade

of the Commission, together with salaries and other expenses, will naturally be covered by Government grants. The contribution by Sir James Blyth is, nevertheless, substantial to a degree, and well worthy of the best traditions of British citizenship. So far as any national distinction can be conferred in recognition of such distinguished service it has certainly been earned by Sir James Blyth. Many a peerage has been bestowed upon individuals whose claims, so far as public weal is concerned, have had little or no justification. It is quite likely, however, that titular distinctions of the kind in question offer no attraction to so modest a philanthropist as Sir James Blyth. The Commission to which he has extended his hospitality was founded for experimental rather than for curative experiments. Its existence was rendered absolutely necessary as a logical step in determining the scope of preventive measures in dealing with human tuberculosis. The experiments at the Stanstead farms will be conducted upon monkeys, guinea-pigs, rabbits, calves and cows a fact that will doubtless awake the easily excited echoes of the anti-vivisectionist stronghold. Men of science, however, can afford to treat sentimental folly of that kind with contempt. The supreme end and aim of modern medical science is to preserve as far as may be the life of man from the ravages of accident and of disease. If the life of the lower animals is necessary to the testing of facts essential to the complete knowledge of diseased processes in man, and in that way to their cure, then he does not for a moment hesitate to sacrifice the interests of the lower to those of the higher animal. In his eyes the life of man is sacred above all things, and that of the lower animals subordinate for purposes of experimental science, as it is universally assumed to be for purposes of food, clothing, sport, or personal ornament. Moreover, those who profess to attach so vast an importance to the interests of the lower animals may rest assured that the Stanstead experiments will contribute many facts of value in the cure and prevention of tuberculosis among cattle and other domestic animals. The effectual prevention of tuberculosis is one of the most attractive prospects that could be offered to the imagination of the ardent sanitarian. A generation ago, the mention of a scheme to secure such an end would have stamped the man that made the proposal as dwelling outside the range of practical social politics. Yet the impossibility of twenty years ago will doubtless be more or less the accomplished fact of twenty years hence. One of the first points to be settled is whether milk conveys the infection of tubercle from cows to man, because, as everyone knows, the brunt of an enormous mortality falls upon the children under five years of age, that is to say, upon that portion of the community in which milk forms a main article of diet. There is still a great deal to be done in enforcing purity of standard in the food supplies of the population of the United Kingdom. In hardly any single article is it more absolutely necessary in the interests of the public

health to enforce a stringent and rational control than in the case of milk. Whatever the result of the Stanstead researches may be as regards that particular food-stuff, it cannot fail to leave a lasting mark in the literature of tuberculosis, and to serve as a stimulus to the future prosecution of scientific research, whether supported by the State or by private bounty, both in our own and in other countries.

SURGERY OF THE HEART.

THE progress of surgery is nowhere more seen than in the operative treatment of wounds of the heart. Within the past few years it has furnished the text for several monographs on the Continent (a). At the beginning of the eighteenth century the medical profession and the public looked on wounds of the heart as incurable—in no way amenable to treatment. No attempt was made to treat the wound, although it was well known from experience in the past that the heart tolerated handling, and that wounds of the heart had healed. Latour reported the case of a soldier from whose heart a bullet was extracted six years after he was wounded; and still earlier Searle had shown that puncture of the heart was, under certain circumstances, a justifiable operation. Randall, of Tennessee, reported the case of a negro boy who was wounded by the discharge of a fowling-piece, in whom, sixty-seven days afterwards, an autopsy revealed three cicatrised wounds in the right ventricle, and two in the right auricle. One of the early numbers of the *Lancet* contains Bougon's case, in which the patient died from other causes and the heart wound was found cicatrised. Withal surgeons had not the boldness to expose the viscus and suture the wound. As late as February, 1830, Baron Dupuytren and his colleagues looked impotently on as the Duc de Berry bled to death from a heart wound, no more capable of dealing with the injury than were their predecessors with those of Henry IV. or William the Silent. How long surgeons might have remained content to look on as helpless speculators it is idle to speculate. They fully recognised the risks of interference, not the least of which was subsequent pericarditis, but they did not see their way to overcome them. In 1873 Mr. Calender's successful removal of a pin from the heart of one of his patients was as the letting in of light on the doubts and fears of the profession; and when, ten years afterwards, Block's paper, "Wounds of the Heart and their Treatment by Suture," was read at the German Surgical Congress it excited much interest, even though his data were solely from experiments on the lower animals. It is but fair to our predecessors to say that until we learned the value of asepsis no advance was made in the direction of direct operative interference with the heart, and, indeed, we may add, none would have been justifiable. As late as 1888 we find Mos-

cow's successful case of operation on the heart was followed by a severe attack of pericarditis and a tedious recovery, and in that case the tumultuous action of the heart, which makes suturing so difficult, was well marked. To-day the question that the surgeon will be called on to decide is, what class of cases justify operation and when should the operation be performed. The most favourable cases are those of simple stabs through the wall of one of the ventricles, uncomplicated with injury of the coronary vessels. Wounds of the auricles are so quickly fatal, as a rule, that they scarcely admit of operation. Besides, they contract so suddenly that the suturing of a wound of any other part than the auricle demands great dexterity; on the other hand, the wall of the chamber is so thin that it is more readily perforated than is that of the ventricle. The diagnosis is not always easy. Bech's maniac stabbed his heart five times with a fine stilet, and the wounds were not suspected during life, and were discovered five weeks after their infliction by an autopsy. The suicide of Cours wounded her superior vena cava, from which she bled to death into the pericardial sac, with all the clinical symptoms of a fatal heart wound. When to operate? The consensus of medical opinion seems to favour the postponement of the operation until the patient has recovered from the shock. Patients that survive the shock and the first great loss of blood offer the most hopeful cases. The extent and position of the wound cannot, however, be decided from the prolongation of the patient's life; in the Greenock case, 1819, the murdered man had his auricles and the aorta at its origin shattered to pieces, yet he walked some twenty feet before he fell, and he survived some little time. So far as we have been able to discover, some eighty odd operations have been performed on the heart, and of these thirty-four made a recovery, or at least survived the operation for some time; perhaps twenty made a complete recovery. The statistics are not encouraging in this class of injuries more than in others. At first operative interference has a high mortality in all classes of cases. But in time, when the technique of the operation improves, when its dangers are better understood, the percentage of recoveries rises. Ovariectomy took one hundred years to secure its present position as a justifiable and safe operation, and it won its position by the aid of anæsthetics and asepsis. Of the twenty successful cases of heart surgery it may safely be said that they were twenty lives saved from impending death. Of the technique of the operation little can be said, for it must be dependent on the extent of the wound and its complications. In some cases the external injury has been so extensive as to lay bare the heart; in others, as in the Sardinian case, it may call for the closest scrutiny to detect it. On the whole, we think no surgeon in the future would be justified in not attempting to suture a ventricular wound if the case was otherwise favourable for operation.

(a) Signor Geral dini's "Ferite e Sutura del Aviere," 1899; Signor Giordano's "La Chirurgia del Aviere," 1900; M. Leunertz's "Quelques consid. sur les plaies de cœur," 1897; and MM. Horodynaki and Malasaki's "Oranach Serca; pryzczynek de operacyjnego leczenia Serca Wraz z apison trzecz własnych opoztrzen," 1898.

POOR-LAW MEDICAL SERVICE IN IRELAND.

It is doubtful whether medical men in England ever recognise the many extraordinary difficulties under which their brethren in Ireland labour. The manner in which appointments are made, the conditions which are in some cases attached to them, and the entire lack of compensation for putting up with such indignities, are sufficient to make one wonder what misfortunes have overwhelmed the candidates for Irish dispensaries to induce them to apply for such posts. Recently, two medical officers were appointed for a district in the north of Ireland, where the desire of reviving the Gaelic language was rampant. They were told that as they were ignorant of that language they would have to learn it, and were directed to present themselves for examination before the Board at a specified date. When the time came for the examination, the medical officers demanded their travelling expenses, and as the Board did not fall in with this suggestion, the proposed examination was allowed to lapse. Perhaps the most extraordinary and audacious attempt which has yet been made in Ireland to convert a medical man into a political partisan was attempted last week at Loughglynn, Co. Roscommon. A conference of tenants was held to protest against the payment of rent, and as Dr. M'Dermott, the dispensary medical officer, had paid his rent, the conference, presided over by the vice-chairman of the Roscommon County Council, declared Dr. M'Dermott's post vacant and ordered advertisements to be issued for another medical officer. It yet remains to be seen whether the Board of Guardians will obey their potential masters, and, if so, whether the Irish Local Government Board will meekly submit. If they do, we shall use every effort in our power to prevent a medical man applying for the post, and we fancy that the Irish Medical Corporations and medical bodies generally will do the same, and that other medical journals will assist. It is quite time for the medical profession to state definitely that its members, individually or as a body, will not allow the Poor-law Medical Service to be debased into a mere appendage of a political party. The Irish Poor-law Service was instituted for the relief of the sick, and not for the purpose of bestowing the political powers of patronage on rural nobodies. We regard the matter from no political point of view. Whether the Irish Nationalists, or the Irish Unionists, are affected by what we say does not concern us in the least, for, as a medical journal, we hold no political opinions. The medical man who gains the votes of an Orange lodge by professing to have been an Orangeman since he reached years of discretion, or the medical man who gains the votes of a Nationalist association by professing to have been a member of the National League since its inception, are alike bringing discredit on themselves, and lowering the status of the profession to which they belong. If the medical profession in Ireland is in danger of being reduced to the posi-

tion of a political appendage owing to the insistence of one party and the neglect of another, so that a medical man is in danger of losing his appointment because he fulfils his legal obligations, it is time for an outspoken protest to be made. It is time for the medical profession to state definitely that they will not allow their individual members to be turned into political counters.

Notes on Current Topics.

The Government and the Conscientious Objector.

VERILY theory and practice are far asunder as the poles, not only among the minnows but also at times among the Tritons. Mr. Balfour's Government, in their wisdom, reversed the beneficial policy of compulsory vaccination that had worked wonders in ridding the United Kingdom of a loathsome malady. Contrary to all established doctrines of legislation they decided that in this particular case the subject was to decide for himself whether he approved of the law and whether he would or would not submit himself and his children to vaccination. In the teeth of what would have seemed insuperable obstacles to any conservative upholder of the principles of statute law the "conscientious objector" was brought upon the scene. A few years later the invasion of the metropolis by a serious epidemic of small-pox has created the "conscientious assenter" to vaccination, who will in all likelihood outweigh the voting power of the small anti-vaccinationist sect at the next general election. The irony of the situation is shown in an amusing manner by the attitude of members of the Government, who describe grandiloquently to the Houses of Parliament the stringency and breadth of the measures they have adopted to combat the disease. Thus, Mr. Brodrick has announced to the civil servants of the War Office that any such person who declines to be vaccinated will have his or her pay stopped if absent owing to an attack of the disease. The Lord Chancellor has practically compelled all the officials in the Law Courts to be vaccinated. Why should not conscientious objectors be permitted in the Law Courts and in the War Office as well as elsewhere? We pause for a reply.

Latent Fracture of the Spine.

THE sequel to a most curious and ill-explained case of supposed latent fracture of the spine, to which we have already referred in these columns (Aug. 7th, 1901), occurred on Wednesday last in the Dublin Law Courts. As may be remembered, a chemist of the name of Murray fell down the stairs of a cellar and hurt his ankle. The apparent injury was not severe, and Mr. Murray was able to ride a bicycle to the Meath Hospital. He was also able to get in and out of a car. In the evening he complained of pain in his back, and in the morning he was found in his bed, dead. At the post-mortem examination a fracture of the left articular process of the fourth cervical vertebra was found, accompanied by extra-dural

effusion. Death was attributed to the pressure on the cord of the extravasated blood, and the coroner's jury found a verdict in accordance with this evidence. The sequel of the case was due to the fact that the deceased was insured in an accident insurance company, and that the company disputed the claim on the ground that the movements of the patient rendered it impossible that death could be due to fracture of the spinal column. The case was heard before the Master of the Rolls, and after medical evidence had been given on both sides, judgment was given in favour of the representatives of Mr. Murray. The case all through was a most puzzling one, but we do not think that on the medical evidence any other judgment was possible. The evidence went to prove that a fracture of the spine was present, that such a fracture could cause death, and that even though the usual symptoms of a cervical fracture were absent so was also any other discoverable cause of death. It is a case well worthy of being recorded in full.

Post-Mortem Examinations in Medico-Legal Cases.

THE young medical man can be called upon to perform few duties which cause so great a degree of trepidation as that of performing a post-mortem examination in cases of death from doubtful causes, or under suspicious circumstances. Those who have least fear are usually those who enjoy a pathologically high opinion of their own knowledge. It is especially perplexing for the tyro when he is called upon to make an examination in a case of suspected poisoning, unless he has a clear conception of the duties of an analyst. According to Dr. Harvey Littlejohn (a) there are four most important points, no matter how obvious the cause of death may be. First, in all medico-legal cases, examine every organ carefully. Secondly, in cases of suspected poisoning, after ligation and isolation, the stomach and intestines must be opened immediately in order to observe the condition of the mucous membrane as soon after death as possible. The entire contents must of course be saved and placed in a clean vessel, with the viscus which contained them, the vessel sealed, no preservative being added. If one must be added it should be alcohol, a specimen of which should be placed in another clean vessel and also sealed. Thirdly, the minimum of what should be removed and placed in separate bottles, securely sealed, labelled and initialled by the medical examiner, are:—I. the stomach and contents; II. the intestines and contents; III. half the liver with gall-bladder intact and its duct ligatured; IV. the spleen; V. a kidney; VI. the urine; VII. six ounces of blood. Fourthly, these articles should be kept in the custody of the medical examiner till he has handed them over to that of a duly authorised person, from whom he should obtain a detailed receipt stating that the seals are intact.

Small-pox Insurance.

EVEN so grim a subject as a wholesale outbreak of small-pox in crowded London is not without its humours. A few months ago some genius hit upon the happy idea of insuring himself against small-pox, and he accordingly secured a policy to that effect at Lloyd's, the great Exchange association where almost any risk upon earth may be covered by an insurance premium. With the growth of the epidemic the fashion for insurance against small-pox has increased until the craze has reached panic-stricken proportions. Instead of the modest £100 or £200 that represented the first ventures, policies of £500 and £1,000 are now plentiful as blackberries, while a number of people have insured for £5,000 in the event of their contracting the disease, and one gentleman has secured himself to the extent of £10,000. During the last week or two the rush of customers for small-pox insurances has been so great as seriously to interfere with the ordinary business at Lloyd's, and the underwriters have made a rule that henceforth all applications must be in writing and not by personal call. It is said that in a single week recently the small-pox policies taken out represented something like £250,000. Should any of the insured be attacked with modified small-pox it is interesting to speculate on the fierce conflict, medical and legal, that would probably be stirred up in the law courts. The extension of this branch of insurance work at Lloyd's to other diseases would open up an immense field of operations. Take the single malady of diphtheria. Many anxious parents would readily insure their offspring against the chances of that terrible disorder.

The Manual Induction of Anæsthesia in Java.

DR. M. L. STEINER relates in a German periodical a curious method by which Javanese medicine men induce general anæsthesia without the aid of any sort of drug. The anæsthetist, seated on the ground behind the patient, grasps the neck of the latter with both hands, pressing the index and middle fingers deeply in below the angle of the lower jaw until he reaches what they call the "Soporific Vessel," which he compresses strongly against the vertebral column. The patient, after a little time, begins to breathe more rapidly and more deeply and soon the head falls back, he being totally unconscious. As soon as the grasp is relaxed he regains consciousness and looks round with the surprise with which one is familiar in patients recovering from nitrous oxide. Dr. Steiner practised the method himself with considerable success but he found it easier to get at the internal carotid artery, this being the vessel aimed at, from the front. It is highly improbable that insensibility is induced merely by the pressure on the carotid. To begin with, this vessel cannot well be compressed without, at the same time obstructing the jugular vein, and there is reason to suspect that the compression of the pneumogastric nerve and certain sympathetic

(a) *Quarterly Medical Journal for Yorkshire*, February.

ganglia may also play a part in the production of unconsciousness. The ease with which anæsthesia can thus be induced, and the apparent innocuousness of the method, suggests that it may possibly be found applicable for operations of short duration. It would, however, be a curious irony if we should ultimately adopt a method practised by the ignorant and uncivilised inhabitants of this distant corner of the earth.

A Pill for the Anti-Vaccinationists.

DR. HARLEY BROOKS, the Medical Superintendent of the Mile End Infirmary, writes to the *Times* confirming the previously published statement that twenty-nine out of forty nurses actually on duty, who were revaccinated at periods of from one day to two years prior to the outbreak, have remained immune against small-pox. Four others were revaccinated immediately after the outbreak, two of them proving insusceptible, and these also have escaped infection. Three nurses had not been revaccinated, and they all caught the disease, as did four others who were revaccinated within the incubation period. To clinch matters, he adds that the steward, who was revaccinated, escaped, while his clerk, who eluded revaccination, was stricken down. If statistics such as these do not carry conviction the attempt to influence conduct by reason must be abandoned. At the same time it strikes one as singular that in an infirmary where the nurses and other employés are necessarily frequently exposed to infection any of them should have been permitted to remain unvaccinated. This fact may be likened to the straw in that it shows how the wind blows in Poor-law circles. Further light is thrown on this point by the grave indictment which the Vicar of St. Saviour's, Poplar, has brought against the Poplar Board of Guardians in respect of the resistance which they have persistently offered to his endeavours to facilitate the vaccination of the poor by opening a vaccination station in a room which he offered to place at their disposal. It is abundantly manifest that no future vaccination legislation will be worthy of commendation unless the administration of this branch of public health be taken out of the hands of these ill-informed and stiff-necked officials.

Early "Pestblatter."

THE January number of the *Library*, an extremely scholarly and artistic publication, contains *inter alia* some interesting reminiscences of the plague, pictorially illustrated by ancient engravings, between the years 1347 and 1500. The latter half of that period coincides with the rise of engraving, both on copper and on wood, and wood engraving, the more popular branch of the graphic arts, reflects with wonderful completeness, considering the scarcity of extant prints, the habits and modes of thought of the people who patronised it. Scientific remedies, so far at least as our documents go, were little in demand. There are three type-printed broadsides which recommend a certain regimen in time of plague, but only one

attempts to prescribe for a patient actually infected. The leading idea was that the Deity sent pestilence as a visitation for sin, much in the same light as it is at present the mode in certain circles to regard visitations of syphilis, and the only treatment thought worthy of attention was the invocation of saints. The point of view has since changed, and so, for the matter of that, has our system of therapeutics, although it is open to question whether the treatment proper of plague is attended by better results now than in the days which this little article brings before our eyes.

A Novel Point in Compulsory Notification.

A CURIOUS point was raised before the Southport Bench last week in some proceedings taken against one Alfred Plevin, of Birkenhead, for failing to notify a case of scarlet fever. It transpired that the defendant though holding "a number" of American diplomas was not a registered practitioner, and it was urged that the law did not apply to him. It was held, however, that as the law said "every medical practitioner" it was not restricted to duly qualified and registered practitioners, and he was accordingly fined £1 with costs. The validity of the conviction is questionable, for, since the defendant can lay no claim to the privileges of a registered practitioner he can hardly assume the responsibilities of one. On the other hand, he incurs certain responsibilities by posing as a medical practitioner; which some of the neighbouring practitioners ought to make it their duty to bring home to him as he seems to be doing quite a practice.

The Investigation of Cancer.

THE Royal Colleges of Physicians and Surgeons in London have adopted the recommendation of a special committee to the effect that the two Colleges shall consider and develop a scheme for investigating into the causes, prevention and treatment of cancer, for which purpose delegates shall be appointed by the Colleges to draw up a detailed scheme. The following gentlemen have been appointed delegates in accordance with the foregoing resolution:—As representing the Royal College of Physicians: The President, Sir William Church, Bart., Sir William Broadbent, Dr. Pye-Smith, Dr. Whipple, Dr. Payne, Dr. Rose Bradford, and Dr. J. F. W. Tatham. As representing the Royal College of Surgeons: Mr. H. G. Howse, President; Mr. J. Langton, Mr. H. Morris, Mr. H. T. Butlin, Mr. Watson Cheyne, C.B., and Mr. R. J. Godlee.

Whiskey and Small-pox.

DR. WOLSTENHOLME, of Abergele, has a special method of dealing with small-pox, which he described before a recent meeting of the Abergele Council. He first "puts a ring of vaccination round each infected house," and then feeds the people (? the patients) well and plies them freely with whiskey and water, whence his soubriquet of "the whiskey doctor." He claimed to have stamped out the disease in six weeks, which is more than the Metropolitan Asylums Board has been able to do in London.

The Fate of Dublin University.

A CORRESPONDENT writes:—"It is sad to learn that the fell disease of noble minds has attacked the ruling authorities of Dublin University. This renowned institution, which down from the days of great Elizabeth has been a kindly *mater doctorum*, is, though still a mere stripling of three hundred years, lapsing into a premature senility akin to dotage. Acted upon by the prevailing folly of the decadence of the nineteenth century, and perhaps harassed by nervous fears of threatened rivalry, the ancient University is contemplating the step of opening her doors to women. Weary of being the constant and faithful mother of learning in Ireland, she desires to conquer fresh fields, and to become the step-mother of blue-stockings. She fain would coquette with the Alexandra College, in order that in her fancied old age they might stroll along hand in hand down the paths of oblivion. Dublin University has many an enemy who will gladly welcome such a step on her part. Has she no friend who will check her? What will her sister Universities of Oxford and Cambridge say to her future feminine 'bachelors'? Will they recognise them, and, receiving them with open arms, confer *ad eundem* degrees upon them? We fear they will not, for they, though older corporations, have not yet lost their mental balance. Are women to be eligible for Fellowship? and may we expect to see a feminine provost filling the post once occupied by some of the most distinguished men of their day? Or are women to be allowed entrance on sufferance to scrape up the crumbs of learning which fall from their masters' table? The one arrangement is impossible, the other is undignified. Perhaps it is not yet too late, and Dublin University will still preserve her former calm and prescience in the midst of the clamour of female educationalists, and would-be constructors of new universities. Changes in Dublin University may be necessary if she is to maintain her old position, but not such changes as those which are at present talked of. To the authorities who would suggest such a 'reform' we fear the aphorism but too truly applies, *Quos Deus vult perdere.*" We deem it well to give publicity to these views, which, however old-fashioned they may seem to the rising generation, are held by unquestionably very respectable persons. There remains the question whether it is either dignified or useful to emulate the exploits of Mrs. Partington, of broom fame, in the apparently vain attempt to stem the tide of persuasive and invading womanhood. *Quod femina vult Deus vult.*

The General Medical Council.

A SPECIAL Session of the Council was opened yesterday (Tuesday) in order to discuss the questions at issue between the Council and the Royal Colleges of Physicians and Surgeons.

THE annual meeting of the National Orthopædic Hospital will take place on Friday next, 28th inst., at the Hospital at 4 p.m., his Grace the Duke of Marlborough in the chair.

Small-pox in London.

THE outbreak of small-pox in London continues to progress steadily. The number of cases under treatment in the Metropolitan Asylums Board's hospitals at midnight on Sunday, the 23rd instant, was 1316. On Tuesday, the 18th, there were 63 fresh cases; on the 19th, 54 fresh cases; on the 20th, 73 fresh cases; on the 21st, 54 fresh cases; on the 22nd, 44 fresh cases; on the 23rd, 25 fresh cases; and on the 24th, 47 fresh cases. The disease has invaded another Poor-law infirmary in the East End, namely, that of St. George's East, and several patients have been removed, including one seventy-four years of age. The chief incident of the week arising indirectly out of the London epidemic was the attempt in the House of Lords, by Lord Newton, to obtain the repeal of the exemption clause of the 1898 Vaccination Acts. The measure was thrown out on division, but the debate made it abundantly clear that the conscientious objector is not regarded favourably in the Upper House. Lord Newton's proposal was to bring that hybrid offspring of Mr. Balfour's Act to a premature decease in 1903, whereas it expires automatically twelve months later. In the Commons Mr. Corrie Grant, who is a well-known anti-vaccinationist, asked various questions as to the facilities Government would feel inclined to grant in order to secure the more efficient isolation of persons who had come in contact with small-pox cases. In the midst of the present disastrous outbreak few of the anti-vaccinationists have had the courage to air their fanciful theories as to the best means of preventing small-pox. It certainly argues a good deal of courage for any individual who aspires to be regarded as a serious politician to air his antivaccinationist views in Parliament at the present juncture. If Mr. Corrie Grant and his small band of fellow-faddists are right, then the medical profession are wrong. In this particular detail, however, it so happens that sanitary experts will cordially approve of any steps that are likely to secure the prompt isolation of "contacts." Up to Friday night last, the 21st, the gross number of admissions of small-pox cases to the metropolitan hospitals was 3,561, and the highest number in a single day 93.

A Hospital Dispute in Scotland.

A SOMEWHAT remarkable dispute has arisen between the honorary medical staff and the managers of a small hospital in Morayshire. The institution in question is the Forres Leanochoil Hospital, which has sixteen beds and receives paying patients. It appears that recently Dr. Bruce, a newcomer in the district, attended a patient at the hospital, under a rule which we quote on the authority of the *Aberdeen Journal* of February 15th, to the effect that the medical staff shall attend all patients "unless any of them express a desire to be under the care of their ordinary medical attendant or of the medical officer who sent them." Shortly afterwards Dr. Bruce received a round-robin from

the medical staff asking him to discontinue attendance or to remove his patients. Dr. Bruce declined to adopt either course, and a month later the managers requested him not to attend, pending a revision of the rules. He was duly elected an honorary medical officer to the charity, and the rest of the staff appear to have resigned in a body. In a dispute of this kind there are always wheels within wheels, and it is difficult to arrive at the exact truth of the matter. Whatever may have been the supposed justification of the medical staff for adopting so strong an attitude as that indicated in the report given by the *Aberdeen Journal*, it seems fairly evident that Dr. Bruce was within his rights if his reading of the rules be correct, namely, that the wards were open to every qualified man in the burgh of Forres. It is to be hoped that it is not yet too late to come to some amicable understanding in a dispute that must detract from the dignity of the medical profession.

Kitchen Hygiene v. Kitchen Physic.

DR. W. T. FERNIE has recently published an interesting little work bearing the somewhat ambiguous title of "Kitchen Physic." While much might be said in praise of the contents of this book, it is not easy to defend the rather striking appellation adopted by the author. The kitchen is hardly suited for a dispensary, and its presiding geniuses are not usually considered as trained in the science and art of medicine. Physic concocted under the direction of the cook and administered by the housemaid is certainly open to serious objections. But it is not our purpose to consider the merits or dangers of kitchen physic; we wish merely to point out that the ignorance, neglect, and sometimes superstition, only too prevalent in kitchen administration, leads not infrequently to a widespread need for effective and scientifically selected "physic." An Englishman rightly considers his house his castle, but most householders go through life in profound ignorance of the doings in the kitchen. Most men pride themselves on the sanitary arrangements of their home. They take a minute interest in all pertaining to drains, lavatories, and bath-room. Much study and considerable labour is expended in the selection of materials in the decoration of the house which shall be perfectly innocuous. Endless trouble and expense is undertaken to guard the home from infectious diseases and toxic ills. The inmates are often carefully educated in matters pertaining to the prevention of disease and the preservation of healthy life. The modern nursery is now simply "run" on hygienic principles. The doctrine of fresh air, pure water, and much light is being carried out with vigorous practice. But amidst all this reform a stubborn conservative spirit is still dominant in the kitchen. It is remarkable that hygienists and physicians but rarely venture to face the realms devoted to the culinary art. The practitioner often blames the drains, complains of the water, grumbles at the lack of air; but when does he ven-

ture to enquire into the ways and means of the cook? There would be no difficulty in showing that the selection, preservation, preparation and serving of the food of a household are among the most vital factors in influencing its health. Much of the problem of life can be expressed in terms of food, and much of the indisposition and many of the minor ailments of every-day life are directly the outcome of a neglect of hygienic practice in the kitchen. If the illnesses met with in "high life" are to be effectually dealt with, the ignorance and neglect often made manifest in "low life" must not be forgotten. We hope Dr. Fernie will see fit to supplement his discourse on "Kitchen Physic" by a work dealing with "Kitchen Hygiene," and we would suggest that it should be written for and dedicated to those who serve our comfort and sometimes ruin our health from the mysterious and religiously guarded "kitchen."

The Disruption of Victoria University.

THE threatened disruption of the great federal university of the North is a matter which deeply concerns all interested in the educational welfare of this country. To the medical profession the question is of great importance. At a time when co-operation and co-ordination in matters educational, and particularly in medical training are essential, the proposal to smash up an existing institution in the height of its vigorous life is little less than a national peril. We are glad to see that at a largely attended special meeting of Convocation of Victoria University, on Wednesday, a resolution was carried: "That Convocation disapproves of any policy involving the disruption of the Victoria University as being detrimental to the best interests of higher education." We understand that Earl Spencer, the Chancellor of the University, is arranging for a special committee to consider the whole question. Each College is to nominate four members; the Chancellor has selected as his nominees: Sir Richard Jebb, M.P., Sir Henry Roscoe, and Dr. Clifford Allbutt, and Convocation have chosen Professor Smithells, of the Yorkshire College, Leeds, to represent them."

"Faith-healing" in Germany.

IF there be any saving virtue in Royal autocracy, it may surely be witnessed in the present attitude of the German Emperor towards the irregular medical practices known as "faith-healing," "Christian Science," *et id genus omne*. It is reported from Berlin that astounding revelations have recently been made in the Press and in the Imperial Diet concerning the practices of certain persons who call themselves "prayer doctors." These reports have drawn the attention of the Emperor to the fact that belief in the efficacy of prayer unaided by medical science has many adherents in aristocratic Potsdam circles. With characteristic energy, his Majesty is adopting measures forthwith to sweep this Augean stable free of its mass of mystical and revolting quackery. The attitude of Germany with

regard to irregular medical practice has always been ahead of that adopted here at home in the United Kingdom, where the General Medical Council exhausts its energies in harassing and controlling qualified medical men, while it ignores the inroads of unqualified persons both upon the health of the public and the pockets of the profession. As regards practices of the faith-healing type, which have roused the just indignation of the German Emperor, it may be asserted that they flourish in the United Kingdom to a well-nigh incredible extent. Among the followers of these mystic faiths may be found a host of persons of rank and position in Society. A good strong medical Act would do much to advance the general health of the nation and to sweep away these parasites of society. What steps are the General Medical Council and the profession taking to secure a reform of the present defective Acts?

Robert Barry, M.D., R.U.I., D.Sc., F.R.C.S.I.

WE regret to announce the death of Dr. Robert Barry, of Limerick, which took place on the 8th inst. Some time since he fractured his leg, and since then has been in poor health, but it was only a few days before his death that his condition gave rise to any anxiety. Dr. Barry was Medical Officer of Health for Limerick, and Medical Officer of the Railway Labourers' Union. He was very popular, and his death is deeply regretted by all classes of citizens.

Osteopathy and British Readers.

OF all the foolish quackeries ever foisted upon credulous humanity one of the silliest and most grotesque is that which flourishes in the United States under the title of osteopathy. An attempt has been made in that country to induce the New York Legislature to recognise the followers of this cult and to place them on the same level as the allopaths and homœopaths. For the credit of our American cousins it is to be hoped that they will continue their refusal to have any commerce with that particular form of medical quackery. Like the Christian Science fraud, which seems to be a kind of first cousin, it is cruel and heartless, inasmuch as it professes to cure all kinds of dangerous maladies by methods that are on the face of them worthless. It is somewhat surprising under these circumstances to find a respectable provincial journal, to wit, the *Manchester Daily Despatch*, publishing a prominent illustrated article upon osteopathy. The subjects dealt with pictorially are enough in themselves to condemn the whole thing. A girl is being stretched on a table to cure consumption "by removing the compression of the lungs"; another is having her neck massaged to cure diphtheria. Writer's cramp, which is usually supposed to attack the hand, is being treated by manipulation of the neck; whilst insanity is tackled by "setting a bone in the neck." The fantastic basis for the the "discovery" is said to be the manual readjustment of parts of the body that have become mechanically deranged, and have thence given rise to various

kinds of illness. Should osteopathy be adopted by any weak-minded inhabitant of Manchester, we do not envy the Editor of the *Despatch* for the part he has played in introducing such dangerous matter to the notice of his fellow citizens.

How to Avoid Small-Pox.

AT the present moment, when the air is thick with small-pox and rumours of small-pox, the subject has an evergreen fascination for catchpenny journalism. Thus, in a London evening newspaper, last week, appeared an article under the heading, "How to avoid Small-pox." It is hardly needful to say that the advice given beneath that sensational title was absolutely worthless. The main direction was to wear smooth-faced outer clothing that would harbour as little dust as possible, and to supplement the outer husk with an inner one of flannel underclothing. This grotesque absurdity is crowned by the grave statement that "flannel clothing alone will preserve the wearer from infection when he would otherwise inevitably fall a victim." This rigmarole of nonsense—that is to say, viewing the situation from a medical point of view—suggests the question whether there is really any scientific way of avoiding small-pox. It need hardly be remarked that no imaginable sort or kind of clothing whatsoever would protect a person from infection were he brought into contact with the germs of the disease. He would "take" the malady with equal ease and certainty were he clothed in rough clothes or in smooth clothes, in silken attire or in rags, in flannel, broadcloth, fustian, muslin, satin, or what not. The best way would undoubtedly be to keep away from infection, but unfortunately that is just what we are not able to do, for the poison may lurk in cabs, or omnibuses, or theatres, or churches, or shops, or railway carriages, or be brought to our houses by the milkman, or the charwoman or even in the clean clothes basket. The only other thing worth mentioning is vaccination and revaccination, which reduce the chances of catching small-pox almost to vanishing point. That sums up the view of a medical journalist on the alluring topic "How to avoid small-pox."

Tuberculosis and the Postal Service.

IN view of the rumour that consumption was common among the staff of the Postal Service, Mr. Austen Chamberlain has explained that, comparing the mortality from phthisis and cognate diseases occurring among the employés of the Post Office with those in the country at large, the former returns are the more favourable. This is, perhaps, reassuring, but it is very desirable that the authorities should see that such steps as are advocated by the Association of British Postal Medical Officers for the prevention of tubercle among postal employés should be adopted. Considering the large number of young females living an indoor life in various Post Offices departments, it is most necessary that a thorough periodical examination should be made. This is not only desirable for the sake of the

employés, but necessary for the well-being of the community.

The Manchester Medical Guild and the Midwives' Bill.

THE Manchester Medical Guild have circularised members of Parliament in reference to the Midwives' Bill now before Parliament, pointing out that the Bill in question does not prevent practice by untrained women, and makes no provision for qualified medical assistance even in difficult cases, and moreover, makes no provision for nursing after labour. On the other hand, it contravenes the Medical Acts, threatens to cause considerable friction between the newly-instituted midwives and the medical profession, and creates the dangerous precedent of allowing a non-elective body, *e.g.* the proposed Central Midwives' Board, to make a requisition at will, and without limit on the local rates. The scheme of a Bill which would not be open to these objections accompanies the circular.

The Quarantining of the Inmates of Infected Houses.

THE Local Government Board has issued a circular deprecating the quarantining, unless under special circumstances, of the inmates of houses infected with small-pox, on the ground that such course is unnecessary in districts in which sanitary matters are properly administered and vaccination and re-vaccination are efficiently carried out. In the case of laundries and similar institutions, however, it is admitted that some such steps may be desirable. Nevertheless, local authorities may supply food, &c., to inmates of a temporary shelter provided while the dwellings are undergoing disinfection.

Patrick Manning Kelty, M.B., L.R.C.P.Ed., L.S.A.

WE regret to announce the death, which took place on the 21st inst., of Dr. Patrick Manning Kelty, a prominent practitioner in Blackpool, in his seventieth year. Dr. Kelty was the son of Fleet-Surgeon T. Kelty, R.N., and was educated at Dublin. For many years he carried on a large practice at Walsall until, his health breaking down, he moved to Blackpool some twenty years since, where he was very successful, and became very popular with all classes of his patients, thanks to his genial disposition and sterling character.

No Apology!

DR. THOMPSON, one of the public vaccinators for Northampton, was called upon a day or two since to answer a charge of having vaccinated certain children without their parents' consent. Although it appears that the children came to his surgery for the purpose, he was directed to make an apology in the public Press, a step which, it may be hoped, he will firmly refuse to take.

AMONG the influential names recently added to the long list of Vice-Presidents of the Vaccination League are those of the Bishop of London, Arch-

deacon Sinclair, and Lord Newton. It will be remembered that Lord Newton recently introduced a Bill into the House of Lords on the question of vaccination. Those who are desirous of obtaining free literature dealing with the advantages of vaccination, or of organising popular illustrated lectures on the subject in their respective districts, should apply to the offices of the Vaccination League, 110, Strand, W.C.

SIR JOHN TUKE has given notice of his intention to move the rejection of the Midwives' Bill at present before Parliament.

PERSONAL.

DR. ALFRED HILL has resigned the post of Public Analyst to the Birmingham Corporation, in consequence of the great increase of work in the Health Department.

MR. HARRY CROOKSHANK, F.R.C.S.Ed., has had conferred upon him the Grand Cordon (First Class) of the Imperial Order of the Medjidie, in recognition of the signal services which he has rendered in Egypt.

PROF. VIECHOW continues to make satisfactory progress towards recovery, and is now allowed to walk about his room. Hopes are entertained that he will ultimately regain the full use of the injured limb.

DR. HUDSON, of Scarborough, met with a nasty accident last week, as the result of which he fractured three ribs and sustained some severe bruises. We regret to hear that he is likely to be incapacitated for work for some time.

DR. BARR, of Leeds, and Dr. West Symes, of Halifax, met with an alarming accident last week when sleighing in the neighbourhood of the latter city. The horse bolted, and they were thrown out, fortunately sustaining comparatively slight injuries.

MR. FRANK POSTLETHWAITE, M.B.C.S., of Perranporth (Cornwall), has been awarded the silver medal of the Dutch Humane Society for boarding the wrecked vessel "Voorspoed" off Perran Beach in March, 1901, in order to render assistance to the survivor of the crew.

DR. W. H. DAVIES, of Abercarn, has had to apply to the Bench for protection against the wife of an electrical engineer, who for some reason has taken a dislike to him, which she manifested a day or two since by firing a revolver at him through the window, an offence for which she will shortly be tried.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE HEALTH DEPARTMENT.

A CONSIDERABLE time ago we referred to a certain element of unpleasantness existing in the Health Department of the Corporation of Glasgow between Dr. Chalmers, the Medical Officer of Health, and Mr. Fyfe, Chief Sanitary Inspector. Both gentlemen are recognised as able and competent servants of the Corporation, but considerable friction has unfortunately been maintained between them for a long time now. Dr. Chalmers, who should unhesitatingly have, and believes he has, the supreme charge, has frequently given instructions

to officials, which Mr. Fyfe has resented, he thinking that the medical officer of health has no right to interfere with his (Mr. Fyfe's) department. If his duties are clearly defined in that direction, it is a state of matters that does not generally obtain. At any rate, the acute stage has now arrived, and the Corporation has now discussed the unpleasant state of affairs which has continued for several years, and has sent back for the reconsideration of the Health Committee, a minute which it presented to the Town Council after long and laborious consideration, to the effect that an extra medical officer of health should be appointed, with supreme charge. This proposal has been much discussed and severely commented upon. To carry it out would certainly place the present medical officer of health in a very invidious position, and at the same time we do not see that it would be an arrangement that would lead to amity existing between the two gentlemen referred to. The matter is now in the hands of an enlarged committee of business gentlemen, who in the interests of a large city, at present suffering from an epidemic of small-pox, must not shrink from discharging as expeditiously as possible what may be an unpleasant duty in a business-like way. Whatever decision may be arrived at we would emphatically repeat that the medical officer of health should be invested with supreme power, and apparently that was recognised by the Health Committee when they proposed the appointment of an extra medical officer, who was to have complete control of the health department of the city.

GLASGOW SMALL-POX EPIDEMIC.

After a short respite Glasgow has again been visited with an outbreak of small-pox which is now assuming somewhat serious dimensions. There are at present in Belvidere Hospital 172 cases. Last year the epidemic was largely confined to the east-end, but on the present occasion the cases in hospital have been received from various districts of the city, and the recrudescence is still showing a tendency to diffuse itself over a much wider area. The Health Committee of the Corporation displayed admirable zeal last year, and were most energetic in their efforts to stamp out the disease by urging re-vaccination in a very thorough manner, and offering to the citizens, rich and poor alike, every facility for getting free vaccination promptly performed. Notwithstanding the hearty response on the part of a numerous section of the community to the appeal issued by the Corporation for speedy re-vaccination, there remained a large residuum who failed, or refused, to avail themselves of the offer made, even after a house-to-house visitation on the part of the medical men. This considerable residuum is a serious menace to the lieges at the present moment, and the problem requiring immediate attention is how to get these recalcitrants persuaded to submit to re-vaccination for their own sakes, as well as that of their neighbours. A solution of the matter might be found by an appeal to all employers of labour again, and for them to ascertain the number of unvaccinated in their employment. There are, of course, other means which might be adopted. With the clear and pronounced knowledge we now possess of the efficacy of vaccination in arresting the spread of small-pox, and having the disease stamped out, it becomes an economic question of the most urgent importance to have every individual vaccinated. In Scotland infants require to be vaccinated within six months of birth, but at a time like the present parents should have their children vaccinated within a month or two of birth. At a meeting of the Corporation a few days ago, Mr. John Carswell, who is a medical member of the Town Council, made the somewhat startling statement, to the surprise of many present, that the near proximity of the small-pox hospital was a source of danger to the lieges, and was probably responsible for the spread of the disease, at least in the east end of the city. Mr. Carswell, being a member of the Health Committee, was found fault with for not making his statement at a committee meeting, instead of reserving it for a meeting when reporters were present, and through the channel of the Press reaching the public ear. Coming from a member of the medical profession it was calculated to attract considerable atten-

tion, and on the whole has elicited rather unfavourable comment.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

THE ANDERSON FUND.

THE Committee forward the appeal for aid for the widow and two sons of the late Mr. B. B. Anderson, F.R.C.S., and beg to announce that the subscriptions now received amount in all to £202 5s. 6d., and to request intending subscribers to kindly forward their donations at once, marked "For the Anderson Fund," to the Manager, of the Union Bank of London, Chancery Lane, London, as it is definitely proposed to close the account on the 28th inst.

A strong hope was entertained of collecting at least £500, the sum, it might well be remembered, fixed by the jury by their verdict in Mr. Anderson's favour in "Anderson v. Gorrie and others."

It is still earnestly desired that the £202 now in hand may be largely augmented before the Fund closes on the last day of this month.

I am, Sir, yours truly,

WALTER MONNINGTON, Hon. Sec.

7, Fig Tree Court, Temple, E.C.,
February 18th, 1902.

The following is the further list of subscriptions to date, exclusive of those kindly collected and already announced by Dr. Alfred Cox, of Gateshead:—

	£	s.	d.
Surg.-Major H. de Tatham, Ret. I.M.S., London ...	...	3	3
Dr. W. B. Haggard, Davos Platz ...	...	2	0
Dr. T. M. Watt, Goxhill, Lincs... ..	...	1	1
Dr. A. Smythe, Harrogate	...	2	0
Lord Hawke, Yorks.	...	1	1
Dr. Brazil, Bolton	...	1	1
O. S. M.	...	0	10
Dr. W. D. Stone, Cricklewood	...	1	1
Dr. Walter Edmunds, London	...	1	1
Dr. E. B. Fennell, Kirkby	...	1	1
Dr. H. P. Snook, Weymouth	...	1	0
Dr. Petch, York	...	1	0
Dr. A. E. Porter, Leeds	...	1	1
Major G. Gallen, R.A.M.C., Malta	...	3	0
Dr. W. Douglas, London	...	1	1
Dr. E. W. Emtage, Holsworthy	...	0	5
Dr. C. J. Warry, Surbiton	...	1	1
Surg.-Major Poole, Norwood	...	0	10
Dr. Robert Barnes, Eastbourne... ..	...	10	0
"Kirkham"	...	0	4
"L.R.C.P.," Sheffield	...	0	2
Dr. Clement Duke, Rugby	...	1	1
Dr. F. H. Alderson, Bourne-mouth	...	0	10
Dr. Alfred Cox, Gateshead	...	1	4
Surg.-Gen. Stewart, Lymington... ..	...	0	5
The Almoners, <i>Lancet</i> Relief Fund, London ...	...	20	0
Dr. T. E. Lombes, Torquay	...	1	1
Eleanor A. Forge, Newhaven	...	8	3
Dr. G. McCoull, Stocksfield	...	0	5
"A.S.," Southport... ..	...	0	10
Dr. Coda, Bromley	...	1	1
Dr. J. Johnson, Fulham, S.W.	...	0	5
Surg.-Maj. F. P. Maynard, Bankipur, India... ..	...	2	0
Dr. Jamieson Brodick	...	0	10
Bamsgate Medical Society	...	2	0
Per Dr. E. H. Wolstenholme for Medical Guild, Manchester	...	12	4

(Details of this last amount will be announced in next list.)

Literature.

WHITLA'S DICTIONARY OF TREATMENT. (a)

THE appearance of the fourth edition of this excellent work is sufficient evidence of its value to the medical practitioner. The field of modern therapeutics is so wide and developments so rapid that it becomes necessary for all in busy practice to have at hand some such means of ready reference. In reviewing a book of this kind it would be clearly out of the question to attempt to deal with the subjects *seriatim*, especially as a general survey shows that the matter is upon the whole accurate, and up to date. Turning to the section upon gall-stones, one finds a thoroughly practical summary of the

(a) "A Dictionary of Treatment." By William Whitla, M.A., M.D., Professor of Materia Medica, Queen's College, Belfast, &c., &c. Fourth Edition. London: Henry Renshaw, 1902.

treatment of that painful condition contained in about five pages. The advantage of olive oil is fully discussed, and the question of operative interference summed up fairly in the following sentence: "The practice of opening the gall-bladder early is steadily on the increase, though there can be no doubt that many lives are lost by a blind persistence in medical treatment." The author then adds to the value of his description by giving a concise account of the various methods of operation. Under the heading of "ganglion" no mention is made of the extremely common occurrence of simple and compound ganglia in cases of rheumatoid arthritis—to use the old-fashioned name for that disorder. The attempt to deal with conditions that are mainly surgical, however, is not always satisfactory. Under "periostitis" a meagre and inadequate description is given of the surgical aspects of that condition and of osteitis, while no notice is taken of their important relation to various bacterial invasions of the body. Under "acute rheumatism," researches into the bacteriology of the disease are dismissed with a brief and obscure allusion. That position hardly coincides with the attitude taken by some of the leading modern authorities, who boldly place acute rheumatism among the specific febrile invasions. Under "chronic rheumatism" the writer gives several pages of methods and of drugs that may be used in that obstinate malady. Few physicians of experience, however, would undertake thereby to do more than afford their patients some temporary relief, nevertheless, the most modern and efficacious remedy, superheated air, is dismissed in a brief sentence as follows: "The method of surrounding the affected limb with a dry heat of 250° or 300°, produced either by the gas burner or by an electric heat generator, has often given excellent results." The dry hot air at the temperature named was introduced by Mr. Tallerman, who applied it by means of gas, oil, or electricity. It is hardly fair, then, that the author should refer elsewhere (p. 344) to that method in the following way:—"For the stiffness and pains of chronic gout troubles the new electro-thermic generator is of much use, and A. S. Myrtle has obtained excellent results from it by a forty-minute local application of heat from 300° to 360° F." The apparatus thus described may be "new" in the sense that any flagrant plagiarism offers freshness, but there the "newness" ends. The history and the clinical results of the Tallerman treatment were published in scientific form years before the appearance of the apparatus mentioned in this volume. Apart from these few criticisms we have nothing but praise for this most excellent dictionary of treatment. The modern aspects of diphtheria are admirably discussed, and the article upon that subject may be taken as a type of the general erudition and practical way of handling up-to-date scientific knowledge. Dr. Whittle's book is a familiar object upon many a consulting-room table, and the present edition cannot fail to insure an increasing popularity. The book forms one of the well-known series of manuals.

PHARMACOPŒIA OF THE HOSPITAL FOR DISEASES OF THE THROAT. (a)

To every well-appointed hospital a special pharmacopœia is almost a necessity. Particularly is this the case when the study and treatment of special forms of disease are undertaken. The pharmacopœia of the Golden Square Hospital has rightly made for itself a position and a name. The present, the sixth edition, is based upon the former editions which were compiled by the late Sir Morell Mackenzie. Fortunately it has been reduced in size, owing chiefly to the fact that recent advances in the surgery of affections of the nose and throat have rendered obsolete much of the therapeutics formerly in vogue.

The present edition is in every way praiseworthy. It is well arranged, conveniently presented, the formulæ

are judicious and have been selected with great care and wise discretion. All formulæ comprised in the British Pharmacopœia have been excluded. The introduction of several valuable new drugs have rendered it necessary to add many fresh formulæ. Many useful additions have been made to the list of nasal douches, local anæsthetic solutions, and mixtures and pills for internal use. Most wisely an advance has been made in introducing the metric system of weights and measures alongside the old and time-honoured method. Throughout the arrangement is alphabetical. On grounds of convenience, both for patient and dispenser, many of the formulæ have been arranged so that they may be readily prescribed in the form of compressed tablets. There is also a well-designed diet table. The whole work has been well thought out and excellently carried through. It not only affords a necessary guide for the working of the hospital under the auspices of which it is published, but it will serve as an admirable model for other institutions, and will furnish much that is valuable and suggestive to the specialist and necessary to the general practitioner. We heartily commend this valuable collection of formulæ.

CAPITAL PUNISHMENT.

WITH all due deference to the powers of writing possessed by Mr. Josiah Oldfield, we must admit that his plea for the abolition of capital punishment under the title "The Problem of Capital Punishment" fails to convince. The book is undoubtedly clever, but its value for practical purposes is impaired by the idealistic tone of most of the arguments. One cannot but feel that in his endeavour "to be true to the humane within," the author has somehow allowed his enthusiasm to run away with him. Every rational person will agree that mercy and tenderness are often very effective agents in the reformation of character, but were they permitted the undue activity suggested here, punishment could not fail to generate into the sorriest of shams, and although, under these conditions, the world might become a Paradise to the criminal, to the law-abiding citizen it would speedily prove something quite the reverse. To destroy a man's faculties in the way described on page 177, and thereby render him paralytic or imbecile or both, will strike some people as a somewhat horrible alternative to capital punishment; but the author appears to find its justification in the idea that a man should be kept alive at all costs until he is "saved," though he at the same time omits to suggest a method by which, the "lay arm" having succeeded in destroying the mind, the "spiritual arm" may hope to prosper in the business of saving the soul. The chapter devoted to Anarchism is free from the extreme of sentiment which tends to lessen the worth of certain earlier passages, and its well-reasoned arguments merit close attention. Taken altogether the book may be said to be well written and interesting, but regarded as an attempt to elucidate the difficult problem of capital punishment it cannot be pronounced a success.

BROUARDEL AND GILBERT'S TRAITE DE MEDECINE. (a)

THIS volume deals with diseases of the pleura and mediastinum, and of the cerebro-spinal axis, treated by well-known authorities, such as Landouzy, Labbé, Galliard, and others. The chapter on pleurisy is an interesting monograph on the subject, in which Dr. Landouzy treats very thoroughly the question of tuberculous and non-tuberculous pleurisy, pointing to the inevitable conclusion that a very large proportion of cases of pleurisy are of tuberculous origin. This relationship, now generally recognised, has only been established on an irrefragable basis during the last twenty years or so; indeed, it was not until the discovery by Koch of the specific bacillus of tuberculosis that the relationship admitted of conclusive demonstration. We know now that two-thirds of all cases of

(a) "The Pharmacopœia of the Hospital for Diseases of the Throat, Nose, and Ear (Golden Square)." Edited by H. Lambert Lock, M.D., and Charles A. Parker, F.R.C.S. Ed., Surgeons to the Hospital. Sixth edition. Pp. 75. London: J. & A. Churchill. 1901. Price 2s. 6d.

(a) "Traité de Médecine et de Thérapeutique, publié sous la direction de MM. P. Brouardel et A. Gilbert. Vol. 8. Paris: J. B. Baillière et fils. 1901.

pleurisy are tuberculous, a fact which possesses an inestimable importance in prognosis. Another fact very clearly brought forward is the variable origin of the non-tuberculous cases, our old friend, pleurisy *a frigore*, being left quite out in the cold. Pneumothorax is another morbid state our knowledge whereof has greatly advanced of late years. This is also in from 70 to 80 per cent. a collateral symptom of tuberculosis, though it is a comparatively rare symptom in regard to the total number of phthisical patients, occurring as it does only to the extent of about 1 per cent.

Glandular and other tumours of the mediastinum are dealt with in what is really an admirable monograph by Dr. Boinet. Improved methods of diagnosis permit of much greater accuracy than was previously the case, and practitioners in general are more alive to their existence. The subject is a wide one, and we commend the author's comprehensive review of the clinical and pathological data to our readers.

The series of monographs which deal with the pathology of the cerebro-spinal axis occupy two-thirds of the volume before us. They are contributed by Ballat, P. Marie, Achard, and Vilippl, and are fully up to the standard we are entitled to expect from authors of their eminence. The various clinical phenomena are handled in a way which renders their comprehension easy to others than specialists in this department. The work is thoroughly up to date, the most recently discovered aids to diagnosis being described and applied.

This magnificent system of medicine, published as it is at the extremely moderate price of 12 frs. (about 10s.) per volume, constitutes a library in itself, invaluable to those who are sufficiently conversant with the French language to have recourse to it.

British Medical Benevolent Fund.

THE annual general meeting of subscribers to the British Medical Benevolent Fund was held on February 18th, Sir William Broadbent, Bart., the president, being in the chair. The report of the Committee and the Treasurer's financial statement for the past year were presented and adopted. In the Grant Department subscriptions amounting to £1,110 9s. 2d., and donations amounting to £369 8s. 3d. had been received, and £1,614 1s. had been distributed to 161 applicants in sums varying from £5 to £20. In the Annuity Department the income from capital had been £2,419 8s. 5d., of which £2,288 6s. 8d. had been paid to pensioners of the age of sixty and upwards, the number being now 114. The working expenses of the fund had been, as for so many years past, less than 5 per cent., and the accounts had been subjected to the usual strict investigation by a chartered accountant. The report stated that it was impossible to give adequate help even to the most distressing cases on account of the restricted means at the disposal of the Committee, and expressed a hope that every subscriber would endeavour to interest others in the work of the charity. Hearty votes of thanks were passed to the President and other officers, who were unanimously re-elected, and the meeting concluded with a warm acknowledgment of the support always given to the charity by the medical Press.

Death under Chloroform.

A DEATH under chloroform was the subject of an inquest at Liverpool on the 14th inst., the victim being a woman, age 22, who had just undergone an operation for the removal of a goitre at the Royal Infirmary. Death took place suddenly before consciousness was restored. The usual verdict was returned.

Dublin Death-rate.

THE average annual death-rate in the Dublin registration area for the week ending Saturday, February 15th, 1902, represents a rate of mortality of 27.5 in every 1,000 of the population. Diseases of the respiratory system caused 48 deaths, tuberculous disease caused 34 deaths, diseases of the circulatory system caused 18 deaths; 40 infants died during the week, 22 of whom were under one year old. In 12 instances the deaths were uncertified, there having been no medical man in

attendance. Within the city the death-rate in Clarence Street district, Summer Hill district, Blackhall Place district, and Castle Street district was 31.9 per 1,000, 36.9 per 1,000, 32.9 per 1,000, and 48.8 per 1,000 respectively.

A Practitioner Sentenced.

MR. JAMES WILLIAMS AYRES, L.R.C.P.Ed., of Liverpool, was tried at the Liverpool Assizes last week on a charge of manslaughter, and was sentenced to four months' imprisonment. In pushing a man out of his house he caused him to fall, fracturing his skull. The jury strongly recommended him to mercy.

A Bogus Doctor Convicted.

A MAN who went under the name of James Joseph O'Donnell was found guilty at the Liverpool Assizes of various frauds. His career was one extraordinary series of fraud and imposture. Representing himself as a qualified medical man, he negotiated with Dr. Wilding, of Hindley, for the purchase of his practice, obtaining possession of his horse, carriage, &c. The prisoner's real name is Burroughs, and he began life as a chemist's assistant in Tottenham Court Road. It is significant reflection on the lack of care sometimes displayed in such matters that the prisoner on one occasion actually obtained the appointment of House Surgeon to the Hope Hospital, Salford. Sentence has been deferred, but as he also pleaded guilty to bigamy, Mr. O'Donnell, *alias* Barrows, is not likely to resume his career of crime for some time to come.

Indian Medical Service.

THE following is a list of the candidates for His Majesty's Indian Service who were successful at the Competitive Examination held in London on February 10th, 1902, and following days. Thirty candidates have been passed instead of seventeen as previously announced:—

J. Macpherson ...	3,210	H. Halliday ...	2,629
W. C. Ross ...	3,086	F. E. Wilson ...	2,610
J. C. C. Kunhardt...	3,051	B. B. Paymaster ...	2,577
G. D. Franklin ...	3,026	H. Croesle ...	3,560
J. H. Gill ...	3,011	L. Cook ...	2,546
R. A. Lloyd ...	2,878	J. Forrest ...	2,490
F. A. F. Barnardo...	2,870	L. B. Scott ...	2,483
C. A. Gourlay...	2,853	J. H. Ferris ...	2,456
E. A. Walker ...	2,750	W. S. Patton ...	2,445
F. W. Sime ...	2,746	N. W. Mackworth...	2,409
L. L. Hirsch ...	2,713	W. L. Trafford ...	2,393
H. Ross ...	2,684	L. Eundall ...	2,365
H. E. J. Batty ...	2,666	E. C. C. Maunsell...	2,342
G. J. Davys ...	2,656	G. C. J. Robertson	2,277
A. J. V. Betts ...	2,650	D. T. A. O'Keefe ...	2,062

Royal College of Surgeons in Ireland.—Fellowship Examination.

THE following candidates have passed the examination for the Fellowship:—Mr. F. J. C. Heffernan, Miss M. R. Kapadia, Mr. H. Pringle, and Mr. M. J. Russell. The following have passed the primary part of the examination:—Mr. F. J. S. Heaney, Miss C. McCrea, and Mr. R. S. Pryce.

Society of Apothecaries of London.

THE following candidates passed at the February examinations in:—

Surgery.—W. V. Braddon (Section I.), T. S. Davies, E. N. de V. Dawson (Section II.), J. C. S. Dunn, E. Gauld (Section II.), S. F. Hickman (Sections I. and II.), H. Jacques (Sections I. and II.), C. C. Morgan (Section II.), E. Osborne (Section I.), P. G. Sheppard (Sections I. and II.), J. H. Williams.

Medicine.—J. E. Bolton (Section II.), E. Gillett (Sections I. and II.), C. E. A. Huddart (Sections I. and II.), M. E. S. Scharlieb (Sections I. and II.), C. Watson (Sections I. and II.).

Forensic Medicine.—D. Fletcher, M. E. S. Scharlieb, C. Watson.

Midwifery.—W. C. P. Bremner, I. Griffith, M. E. S. Scharlieb, R. H. Terry.

The qualifying diploma of the Society in Medicine, Surgery, and Midwifery was granted to the following candidates:—J. E. Bolton, E. N. de V. Dawson, D. Fletcher, E. Gillett, C. E. A. Huddart, P. G. Sheppard, and C. Watson.

Notices to Correspondents, Short Letters, &c.

CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

WINTERING ON THE RIVIERA.

J. E. B. (Liverpool).—We referred your inquiry to our special correspondent now on the Riviera. He replies that the present season along the Mediterranean has not brought so many English visitors as usual. Consequently your patient will find no difficulty as to hotel accommodation for himself and friends. Rheumatic subjects do well at Cannes and Grasse, as the air is drier and more bracing than it is farther along the coast. At the former the Continental Hotel is a well-appointed establishment much frequented by English visitors, and is conveniently near the sea, the railway, English church, &c. Grasse is a few miles in the rear of Cannes, 1,150 feet above sea level, its views of sea and landscape being unrivalled on the shores of the Mediterranean. Nature has showered her favours here with a lavish hand, and one seems to breathe the scent of flowers—violets, roses, the mimosa, &c.—at every turn in this sunny corner, whilst we in England are enduring the rigours of winter. Grasse is surrounded with high mountains on whose slopes palms, orange trees, olives and pines luxuriate, rendering it a paradise for convalescents. Unlike Cannes, which is full of hotels, Grasse has but one important establishment of the kind, viz., the Grand Hotel. Of this we can speak personally in the highest terms, its homelike comforts and its magnificent prospect being unapproachable elsewhere. Our correspondent refers to the other subject of your inquiry in another column.

LIVERPOOL.—In our next.

A NEW SHAVING PASTE.

MR. EDMUND WHITE, in the *St. Thomas's Hospital Gazette*, gives the formula for an antiseptic shaving paste which our readers, or some of them, may be glad to have. It is an emulsion of paraffin wax made by mixing twenty-five parts of wax with two parts of tragacanth previously made into an emulsion, and a small quantity of lard or stearin, ten parts of alcohol, and q. s. of lavender oil or other scent (rose geranium would be preferable). An ounce of this paste is sufficient for six shaves.

AMENDE HONORABLE.

We are requested to publish the following:—

9, Manchester Square, W.
To Herbert William Allingham, Esqre.

DEAR SIR—I am very sorry to learn that certain references to you by name in my work entitled "What's What" have caused you annoyance, and that you consider them "calculated to damage you with the public and the medical profession."

I sincerely regret their insertion and shall omit from any future edition any such references, and, indeed, all mention of your name whatsoever.

I wish also to state that the references referred to were absolutely unauthorised by you or anyone on your behalf, and that you were in no way whatever responsible for, or a party to, such reference.

I need hardly say that it was very far from my intention to cause you damage or vexation, and, as it appears that my words have unwittingly done so, I authorise you to make any use of this expression of regret which you may think fit.

Yours obediently,

HARRY QUILTER.

February, 1902.

Meetings of the Societies, College Lectures, &c.

LONDON.

WEDNESDAY, FEB. 26th.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND (30, Hanover Square, W.).—5 p.m. Meeting.

HUNTERIAN SOCIETY.—8.30 p.m. Mr. Reginald Harrison: Some Points in Practical Surgery suggested by the Study of the Life and Work of John Hunter. (Hunterian Lecture.)

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m. Prof. W. McAdam Eccles: The Imperfectly Descended Testis, its Anatomy, Physiology, and Pathology.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. J. Smith: Clinique. (Surgical.)

POST-GRADUATE COLLEGE (West London Hospital, Hammersmith Road, W.).—5 p.m. Mr. L. Williams: Hygiene of Mouth.

THURSDAY, FEB. 27th.

SOCIETY OF ARTS.—4.30 p.m. Mr. N. B. Wagle: The Industrial Development of India.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 p.m. Dr. Corfield: The Etymology of Typhoid Fever and its Prevention. (Milroy Lecture.)

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Clinique. (Surgical.)

POST-GRADUATE COLLEGE (West London Hospital, Hammersmith Road, W.).—5 p.m. Dr. Davis: Medical Anatomy and Physical Diagnosis.

THE HOSPITAL FOR SICK CHILDREN (St. Ormond Street, W.C.).—4 p.m. Dr. Voelcker: Demonstration of Selected Cases.

CHARING CROSS HOSPITAL.—4 p.m. Mr. Wallis: Surgical Cases. (Post-Graduate Course.)

FRIDAY, FEB. 28th.

CLINICAL SOCIETY OF LONDON (30, Hanover Square, W.).—8 p.m. Exhibition of Clinical Cases followed by Discussion. Patients will be in attendance from 8 p.m. to 9 p.m.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m. Prof. W. McAdam Eccles: The Imperfectly Descended Testis, its Anatomy, Physiology, and Pathology.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. W. Dodd: Clinique. (Surgical.)

POST-GRADUATE COLLEGE (West London Hospital, Hammersmith Road, W.).—5 p.m. Dr. Abraham: Skin Cases.

THURSDAY, MARCH 6th.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m. Paper:—Mr. F. L. Daniel: Some Rare Cases of Sarcoma of the Thyroid. Clinical Cases will be shown by Dr. Cantley and others.

ROYAL SOCIETY.—Ordinary General Meeting at 20, Hanover Square. The chair will be taken at 8.30 p.m.

DUBLIN.

FRIDAY, FEB. 28th.

ROYAL ACADEMY OF MEDICINE IN IRELAND.—Section of Surgery, College of Surgeons, 8.30 p.m.

Appointments.

BERRY, H. POOLE, M.B. Lond., Medical Officer of Health to the Grantham Corporation.

COOPER, ARTHUR, M.R.C.S., L.B.C.P. Lond., Honorary Consulting Surgeon to the Westminster General Dispensary.

CROWE, DANIEL, M.B. B.Ch. Dubl., Certifying Surgeon under the Factory Acts for the Ulceby District of the County of Lincoln.

DRAFFIN, DAVID KENNEDY, L.R.C.S., L.R.C.P. Irel., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., Public Vaccinator for the Merthyr Vale District of the Merthyr Tydfil Union.

FRY, CRADOCK A. M.A., M.B., B.C. Cantab., Honorary Assistant Surgeon to the Essex and Colchester Hospital.

MACRAE, F. ALBERT, M.B., M.S. Aberd., Medical Officer of Health for Dingwall.

POWELL, W. WYNDHAM, F.R.C.S. Eng., Honorary Surgeon to the Westminster General Dispensary.

ROBERTS, D. J., M.B., Ch.B., Medical Superintendent to the Westmorland Sanatorium for Consumption.

THOMAS, WILLIAM JOHN, L.R.C.P. Lond., M.R.C.S., Public Vaccinator for the Barroed District of the Merthyr Tydfil Union.

TROOP, WINIFRED, L.S.A., House Surgeon to the Mater Infirmarium Hospital, Belfast.

TURNBULL, C. C. L., House Surgeon to the North Devon Infirmary.

Vacancies.

County Borough of Blackburn.—Medical Officer of Health. Salary £550 per annum. Applications to Robert E. Fox, Town Hall, Blackburn.

Durham County Asylum.—Junior Assistant Medical Officer. Salary £150, with board, apartments, laundry, and attendance. Applications Medical Superintendent, Durham County Asylum, Winterton, Ferryhill.

Galway Hospital.—Resident Medical Officer and Compounder of Medicine. Salary £30 per annum. Applications to S. J. Leonard, Clerk to the Hospital. (See Advt.)

Manchester Royal Infirmary.—Honorary Assistant Physician. Applications to W. L. Saunders, General Superintendent and Secretary. (See Advt.)

Manchester School Board.—Medical Officer. Salary £250 per annum. Applications to the Charles Henry Wyatt, School Board Offices, Deansgate, Manchester.

Rural District of Doncaster.—Medical Officer of Health. Salary £300 per annum. Applications immediately endorsed "Medical Officer" to F. E. Nicholson, Solicitor, Clerk to the Council, Union Offices, High Street, Doncaster.

Tottenham Urban District Council.—Medical Officer of Health. Salary £500 per annum. Applications to E. Crowne, Clerk of the Council, Coombes Croft House, 712, High Road, Tottenham.

Births.

CREE.—On Feb. 22nd, at Park Villa, Cheltenham, the wife of Major Gerald Cree, R.A.M.C., of a son.

Deaths.

BRODIE.—On Feb. 21st, at 1, Buckland Hill, Maidstone, Kent, of pneumonia, Lt.-Colonel J. F. Brodie, R.A.M.C., aged 48.

GALTON.—On Feb. 21st, at Shelsley Grange, Worcester, Frances Anne Adèle, widow of Robert Cameron Galton, Esq., M.D., aged 67.

MOXON.—On Feb. 20th, suddenly, at his residence, Loraine Place, Holloway, N., John Moxon, M.R.C.S.E., aged 67, only son of the late John Moxon, surgeon, of Leeds.

PORTER.—On Feb. 18th, Julia, relict of the late Henry Porter, M.D., F.G.S., of Peterborough.

STRAHAN.—On Feb. 21st, suddenly, S. A. K. Strahan, M.D., of the Middle Temple, Barrister-at-law, aged 48.

WAGGETT.—On Feb. 20th, at Perivale, Bournemouth, Florence Blechynden, the beloved wife of John Waggett, M.D., aged 78 years.

WOODHOUSE.—On Feb. 5th, at sea, on board the s.s. 'Ulunda,' Joseph Parker Woodhouse, L.R.C.S., L.R.C.P., second son of the Rev. Joseph T. Woodhouse, of Caterham Valley, formerly of Southport, aged 31.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXIV.

WEDNESDAY, MARCH 5, 1902.

No. 10.

The Hunterian Lectures

ON THE

ANATOMY, PHYSIOLOGY AND PATHOLOGY OF THE IMPERFECTLY DESCENDED TESTIS. (a)

By W. McADAM ECCLES, M.S.LOND.,
F.R.C.S.,

Hunterian Professor of Surgery; Senior Assistant Surgeon, West London Hospital; Assistant Surgeon, City of London Truss Society; Examiner in Anatomy to the Society of Apothecaries, &c.

ABSTRACT OF LECTURE I.

MR. PRESIDENT AND GENTLEMEN,—The imperfectly descending testis has during recent years claimed an increasing amount of attention, and while there has not been advanced much that is novel, yet the importance of the lesion from a surgical point of view has been more clearly demonstrated. It is my intention in these lectures to bring together the chief facts so far as they are known at the present time concerning the anatomy, physiology, and pathology of the testis which has not reached its normal position in the scrotum.

ANATOMY.

The human testis may be arrested at some spot in the normal route along which it migrates, namely, within the abdomen, in the inguinal canal, just below the superficial abdominal ring, and in the higher part of the scrotum. These constitute non-descent, partial descent, or retention; or the testis,

FIG. 1.



A right testis in Scarpa's triangle. The right half of the scrotum is developed, but not distended. From a photograph of a man, æt. 35, who said his right testis had always been in this position.

having proceeded as far as the exit of the inguinal canal, may pass into an unnatural position, such as the perineum, Scarpa's triangle, the root of the penis, or upon the superficial surface of the aponeurosis of the external oblique muscle of the abdomen. These constitute abnormal descent or ectopia.

It would occupy too great an amount of time to do more than indicate the several conditions which have been considered to be the causes of the arrest of the human testis in its passage along the normal route of its transition. 1. Conditions associated with the mesorchium. 2. Conditions associated with the testis and its component parts. 3. Conditions associated with the gubernaculum testis. 4. Conditions associated with the cremaster. 5. Conditions associated with the route along which the testis has to pass. 6. Other conditions, such as the wearing of a truss preventing the onward passage of the organ into the scrotum. In some cases the body of the testis may be retained in the canal, while the epididymis and vas pass into the scrotum.

There are probably only two causes of the abnormal descent of the human testis, or ectopia of the organ: one is that the testis is drawn into its usual position by the traction of certain sets of fibres of the gubernaculum testis; the other is that the testis is pushed into its abnormal site by an advancing hernia. The actual regions in which they have been observed are the perineum, Scarpa's triangle, about the root of the penis, and towards the anterior superior spine of the ilium in front of the aponeurosis of the external oblique muscle of the abdomen.

FIG. 2.



A right testis at the root of the penis. The right half of the scrotum is developed, but not distended. A case of Mr. Bilton Pollard's recorded in the *Medical Chronicle*, December, 1895, p. 193.

(a) Delivered before the Royal College of Surgeons of England on Feb. 24th, 1902.

It is extremely doubtful whether the testis has ever reached the upper part of the thigh by a spontaneous passage through the femoral ring. The classical instances which are quoted in support of this view are not altogether convincing as to the exact path along which the testis moved, some of the cases being very inadequately reported. Nearly always with the testis in Scarpa's triangle the spermatic cord can by careful manipulation be traced, not through the femoral ring, but up to and through the superficial abdominal ring, thus proving that the organ left the abdomen by the inguinal canal, and it was only after its exit from the superficial abdominal ring that it passed into the upper part of the thigh. That a hernia in its advance may force a testis from its normal course into a position which is altogether unusual for it is fairly certain, and most, if not all, of those instances in which a testis is found lying on the aponeurosis of the external oblique muscle superficial to the inguinal canal are in reality examples of this pushing and not of the drawing action exerted by the fibres of the gubernaculum.

While thus reviewing the imperfect and the abnormal descent of the human testis it is well to remember in connection with the pathological conditions that may be associated with the same that what may be imperfect or abnormal descent in the human subject may be the natural or perfect condition in other animals.

The lecturer then reviewed the position of the testis as found in the various classes of the vertebrata.

There is some subtle influence at work in the testis of the higher vertebrates which renders full descent in the vast majority of cases necessary to, or concomitant with, full development. It is also a fact that the various pathological conditions associated with imperfect descent in the human subject are unknown, or almost unknown, in those animals in which the testes never transgress the limits of the abdominal wall.

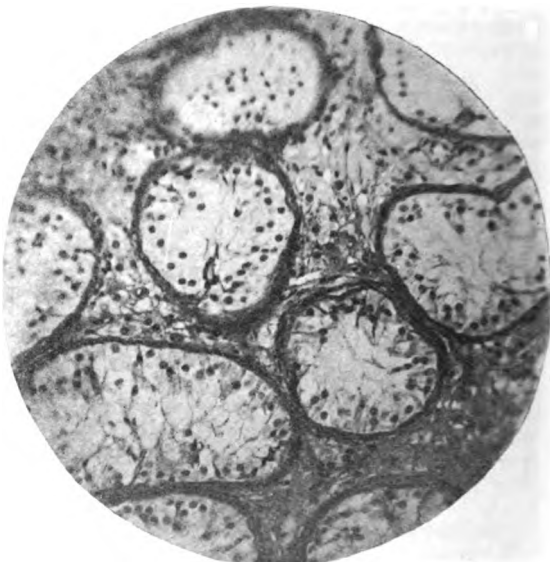
The effect of imperfect descent upon the testicle itself, in so far as its anatomical characters are concerned, lies chiefly in the fact that, as a rule, the organ is smaller than its normally-placed fellow, or, at any rate, smaller than a testis should be of an individual of the same age whose testes are in their proper position. While, however, it is a truth that the testis is so frequently not of its usual magnitude when it is imperfectly descended, yet it must be remembered that this want of growth is not invariable, and that about 5 per cent. are of normal size in spite of their occupying situations other than the lowest limit of the scrotum. This proportion is undoubtedly a comparatively small one, and even in these, without confirmatory microscopical examination of the glandular structure, it is impossible to be quite certain that the testis, although apparently of its proper size, has not its ultimate tissue imperfect in its development.

There are at least three ways in which the abnormal condition of the imperfectly descended testis can be viewed. The first is that there has been an initial want of proper formation of the organ altogether apart from the want of complete descent. The second is that the organ proceeds in its usual growth up to the period of the commencement of sexual life, but never enlarges and undergoes that full development which should accompany the onset of puberty. The third is that the testis does acquire its normal size, and with it its complete physiological function at puberty, but that owing to its abnormal position it is soon involved in retrogressive changes, producing in the end entire atrophy of the seminal tubules and a consequent loss of activity. It must be confessed that there is still a want of clear evi-

dence in favour of any one of these three suggestions, and it may be possible that each should have its quota of cases placed under its respective heading.

Of recent years a considerable amount of attention has been paid to the want of development of the imperfectly descended testis, chiefly from the fact that there has been much difference of opinion as to what is the correct method of dealing with the organ when it is met with in the course of a radical operation upon an associated hernia. From a review of a large number of records, both published and unpublished, as well as from the examination of a considerable series of sections of imperfectly descended testes, as to the exact condition of the seminal tubules, of the presence or not of spermatozoa or of their partial formation, it would seem that it may be accepted as a working hypothesis that the testis so arrested is one that has very definite divergences from the structure of a normally placed and fully-developed organ.

FIG. 3.



Section of a testis removed from the inguinal canal of an adult, showing tubules fairly well-developed, but inactive, and numerous interstitial cells. ($\times 150$.)

When the structure of the tubules of a testis that has not reached its proper level is examined there will be found a very different histological picture in the majority of the instances. The tubules are fewer in number, smaller, and more widely separated from one another by interstitial tissue, consisting of loose connective tissue which is rich in blood-vessels in spite of the otherwise ill-development of the gland. Scattered throughout this will be seen nuclei belonging almost certainly to interstitial stroma cells. In some sections these appear to have undergone considerable increase both in number and size. Such interstitial cells are present in the connective tissues of the normal adult organ, but in comparatively few numbers. What their significance and function may be is still problematical. Possibly they are associated with an internal secretion of the gland, a secretion that may be needful for the full bodily development or sexual perfection of the man. The fact that they are found in apparently larger number in particular instances of imperfectly descended testes is a matter of great interest both from a physiological and a pathological point of view. The connective tissue, moreover, here and there contains some large lymph spaces. The basement membrane of the tubules derived from the connective tissue as well as the membrana propria are well-developed. The lumen of the tubules is

most commonly found occupied by a mass of granular debris containing a large number of nuclei of various shapes and sizes, these being probably separated from the cells lining the tubule. As a rule, neither spermatoblasts nor spermatozoa can be demonstrated in the tubules of imperfectly descended testes. In some instances, however, it is possible to show that there has been actual spermatogenesis, and this most usually in those testes which have passed into the perineum.

HUMANISED LYMPH.

By GEORGE FOY, M.D., F.R.C.S.,

Surgeon to the Drumcondra Hospital, Dublin.

ONE of the most marked objections to vaccination in this country in the past was the dread lest some impurity in the blood of those yielding the humanised lymph might be conveyed to those to be vaccinated.

The Government wisely decided on using pure calf lymph only, and the public showed their appreciation of the change by a much more ready acquiescence to the vaccination law. Of course there are those who oppose vaccination, conscientious objectors, and unconscionable objectors who gain a little cheap notoriety by their resistance to the law and have the momentary gratification of reading their observations on vaccination and preventive medicine in the evening paper.

Readers of a medical paper do not need any argument to tell of the blessing of vaccination and of the wonderful preventive power of calf lymph. But my readers may not be aware that humanised lymph may be used for an almost indefinite time without in any way losing its valuable properties or becoming the vehicle for the conveyance of disease. In the Republic of Mexico for close on a hundred years humanised lymph has been used; and in the opinion of Dr. Eduardo Liceaga, President of the Supreme Board of Health of the Republic, the humanised lymph is the more trustworthy. At least they consider that a person properly vaccinated with it needs not to be revaccinated, which is more than is, or can be, claimed for the preventive power of calf lymph.

To ensure good results and obviate all risk of infection by disease, the securing and selecting of the lymph is entrusted to four physicians in the city of Mexico, who keep four healthy children vaccinated; from these they take the lymph, and with all aseptic precaution preserve and distribute it throughout the country. To-day in Mexico they follow the system introduced by the Spaniards when they carried humanised lymph to their American colonies.

How this was done may interest those who take an interest in medical history, for such I translate it, from the writings of Don A. Gomez Ranera, and from a copy of the Royal decree and the "Estudios Historico" of the late Don Emilio Castelar. I give it with all the more pleasure for the expedition that carried the lymph to America was the one praiseworthy act of Carlos IV., The Unfortunate, King of Spain and of the Indies. In 1802 Europe had a short breathing-time from the succession of wars commenced by the French Republic and continued by Napoleon. The treaty of Amiens, signed March 27th, 1802, terminated the war between Spain and her ally, France, and Great Britain, and soon afterwards Dr. Francis Xavier Balmis, a name ever to hold in honour, induced Don Carlos IV. to fit out an expedition for the beneficent purpose of carrying lymph to the Spanish Indies. This humanitarian project was difficult of accomplishment at the time. Spain was impoverished and humiliated by the war just finished. Godoy, the Prince of Peace, Judas-like, had sold his country, and had a foretaste of the

sweets of his treachery. Don Carlos IV. was sold into exile, Don Fernando, his son, afterwards Fernando VII., was disinherited, and Spain and Portugal were already marked out into separate kingdoms for Godoy and the other instruments of Napoleon. Yet before the crash came the expedition was ready, and on November 30th, 1803, Dr. Balmis sailed from Coruña with the sole object of conveying to the Spanish possessions in both the Eastern and Western Hemispheres the priceless gift of vaccine lymph. He had the assistance of a number of medical assistants, and his second in command was Don Francis Salvani. He carried four healthy children, in whom the vaccine papule was ripening, and twenty-two healthy unvaccinated children, of whom he vaccinated four at once, at intervals of a week for each set.

The expedition first made the Canary Islands, then Porto Rico, hence they sailed to Caracas. On leaving Venezuela the expedition, having previously taken some children on board, divided into two, one division under Dr. Francis Salvani going south, and the other under Dr. Balmis going north, this latter called at Cuba and from thence passed west to Yucatan. At Yucatan the lymph being abundant, the northern division was further sub-divided, one portion under the charge of Dr. Francis Pastor undertaking the supplying of Central America, and the other under Dr. Balmis's care sailed for the port of Vera Cruz, and making his way inland, Dr. Balmis carried his humanised lymph into the Royal City of Montezuma, where for more than ninety years his scheme of its production, preservation and distribution has been followed.

On Sunday, September 7th, 1806, Dr. Balmis returned to Spain, where he had the honour of kissing his Majesty's hand. Since his departure he had crossed the continent of America, carried the precious knowledge of preventive medicine to the islands of the Pacific, to the Portuguese colonies, the Chinese Empire, and some of the British possessions. At Canton he left the balance of his stock of lymph with the physician of the English factory, and left for Macao, where he took ship in a Portuguese vessel for Lisbon.

In the following year Dr. Francis Salvani returned to his unhappy country to find his King a prisoner, his country a province of France, and the "puppet," King Jerome, masquerading in the palace of the Bourbons.

NOTES ON A HUGE ABDOMINAL CYST. (a)

By W. J. THOMPSON, M.D., L.R.C.S.I., M.R.C.P.I.

Surgeon to Jervis Street Hospital.

E. B., mechanical engineer, for some time working at Woolwich Arsenal, æt. 36, unmarried, was admitted to Jervis-street Hospital on October 9th, 1901, with the following history:—In April, 1899, while at particularly heavy work, he felt that he strained himself about the region of the stomach, and from that time he always felt uncomfortable about the upper part of the abdomen. In the following July he got an acute attack of English cholera and was obliged to remain from work for some days. From that period he was frequently subject to attacks of pain in the upper part of the abdomen accompanied with vomiting, but no diarrhoea. These became so frequent and severe that he had in the spring of 1900 to give up work. About this time he attended as an out-patient one of the London hospitals for what he himself described as dyspepsia. In May, 1900, he first noticed a swelling in the region of the liver and this gradually increased until it attained

(a) Read before the Section of Pathology, Royal Academy of Medicine, Ireland, Feb. 21st, 1902.

its present size. From the commencement of the swelling he had no pains—only a tight feeling—but the vomiting continued. He had a good family history; had himself always been strong and healthy, was 5 ft. 8 in. high, and before his illness weighed about 12 stone. He was temperate and regular in his habits and denied ever having syphilis or gonorrhoea. On admission he was found to be thin and emaciated, weighing 10 stone. The upper part of the abdomen was greatly distended in the right hypochondria, the epigastria and part of the left hypochondria, the right lumbar and umbilical regions—the point of most prominence being at the junction of the 8th costal cartilage on the right side; the costal cartilage was everted at this point. There was well marked bulging in the right flank and back, even when the patient was placed in the prone position. The swelling was absolutely dull on percussion, and fluctuation was with difficulty obtained. The face borders could easily be defined in the left hypochondria, left lumbar and inguinal regions. The following measurements were recorded:—Circumference at level of junction of 8th costal cartilage, 39 inches; at umbilicus, 38 inches; distance of top of ensiform cartilage from umbilicus, 8 inches; distance of umbilicus from pubes, 6½ inches. The urine was found to be normal in quality and quantity. No change could be detected under the microscope in the blood; he was not jaundiced; had not fatty stools; temperature was normal; heart and lungs sound; respirations quickened and shallow due to the pressure. The vomited matter was ordinary gastric, sometimes mixed with that of biliary origin; but at no time did he vomit more than what he consumed. For the first two weeks after admission he seemed to improve and put on 5 lbs. in weight; was able to take and retain more nourishment and be up and about. After that time he gradually got worse, the vomiting became more persistent, so much so that he had to be fed by nutrient enemata. He lost flesh rapidly, and shortly before his death, which took place on December 13th, he only weighed 8 stone 4 lbs. During the latter part of his illness the cyst became movable, and could easily be displaced from one side to the other. He was frequently urged to allow an operation, but would never consent. It seems from cases recorded that operations are frequently successful. Osler in his recent work on abdominal tumours, describes a case with history and symptoms almost similar to this one. His case was operated on and made a good recovery. The contents of the cysts evacuated was found to be dark, coffee-coloured fluid, containing granular *débris* and much altered blood with some fresh red blood corpuscles. The diagnosis arrived at was that it was a huge cyst, and that it was either in connection with the pancreas or omentum, or that it was situated in the lesser sac of the peritoneum; the first, that of the pancreas, being the most likely. The origin of such cysts is rather obscure; as usual, different authors put forward different theories. It is now generally held that they are of traumatic origin, and that they first commence as blood cysts. As far back as 1892 Mr. Jordan Lloyd, in a paper published in the *British Medical Journal*, then suggested that such cases were the result of contusions or traumatism in the upper part of the abdomen, and that this might be either attached to the pancreas or to the omentum, or to the lesser sac of the peritoneum. With this view Osler and other prominent writers agree. At the *post-mortem* examination, on opening the abdomen, there were a great number of adhesions but no ascitic fluid. The cyst was very movable, and, as you see, had the stomach stretched out and adherent to the anterior surface. The pancreas and descending aorta are embedded in its walls. Its circumference measured 32 ins. All the other abdominal organs seemed healthy, and there were no enlarged glands.

SMALL-POX has broken out at Sandhurst, and special precautions have been ordered with the object of preventing the infection gaining the Royal Military College.

A CASE OF SYRINGOMYELIA, (a)

By JAMES TAYLOR, M.D., F.R.C.P.,

Physician to the National Hospital for the Paralysed and Epileptic, &c.

THIS young woman, æt. 23, is the subject of syringomyelia. I saw her at the hospital a month ago. Five years ago, after bathing, she had what was called a poisoned hand. Apparently there was a gathering at the base of the index finger of the left hand, and that was opened. What attracted attention at that time was, that although a considerable incision was made into it she did not seem to mind the operation, and was complimented by the surgeon on her pluck and composure. The wound did not readily heal. As a fact there was no pluck, because she did not feel it. Afterwards the hand was contracted, and in the few years which elapsed there had been a gradual development of symptoms in the shape of weakness of the left arm, with claw hand and the vaso-motor disturbance of which evidence could be seen. Frequently bullous sores appeared on the fingers and hand, not, so far as the patient knew, caused by any external application, but probably from hot and irritating things which she could not feel, such as burning. There was wasting of the hand and shoulder, but she said she could walk fairly well. The knee-jerks were both exaggerated, ankle clonus could be elicited on both sides, as well as the extensor plantar response in the left foot. She had very marked anaesthesia to all forms of stimulation over the hand and lower part of the forearm. Higher up in the arm she had a certain degree of thermal anaesthesia and analgesia. Over the trunk there was a similar condition. On the left side of the face she had distinct thermal anaesthesia, and marked analgesia on the left side of the forehead. There was marked nystagmus, which was not uncommon in such cases, and lateral curvature of the spine. Apparently, until five years ago she was quite well, and he thought the condition probably depended upon some inherited peculiarity of the spinal cord, which, after the age of puberty, took on some modification which had resulted in a spread or greater dilatation of the canal, consequent encroachment upon the anterior horn of the left side in the cervical region, and the pressure probably also resulting in some degree of sclerosis in both lateral columns.

There is no doubt that in the five years the condition has progressed, but as the patient had been under my care only a month, I do not know the rate of progression. It seemed to be extremely slow, as was usually the case. As to dilatation, it is difficult to be sure, and one can only theorise. I have seen a large dilatation in the cord in which the canal undoubtedly played a part, because the epithelial lining of the canal was quite recognisable. Probably there is some congenital defect in the cord, the defect being associated with dilatation, which spreads so as to affect the cells in the anterior horns, probably by pressure, or possibly by the formation of gliomatous tissue in the neighbourhood of the canal, and that by means of that process the cells are encroached upon and their function interfered with, leading to the wasting which is present in this case. It also probably leads to encroachment on the strands which conducted the sensory impulses. A similar process probably also leads to sclerosis in the pyramidal tracts, giving rise to symptoms which the present patient has, namely, lateral sclerosis. In the first cord of that kind he examined there was evidence of those conditions.

In some cases one has to deal with a process of new growth, and in another cord which I examined, in which the symptoms were quite distinct but much more extensive and rapid, was one in which there was a gliomatous growth from the top of the cord to its termination. So in cases of syringomyelia there are two conditions; first, a cord with a congenital abnormality which took on some slowly progressive change, probably under some condition of stress, and another kind in which it is conceivable that the whole process was one of new growth starting in the way in which new growths did, of which

(a) Read at meeting of Harveian Society, Feb. 20th, 1902.

very little was known. Charcot's disease in such cases is rare. I have seen only one case, namely, in the elbow, which Dr. Galloway published in the *Lancet* ten years ago.

With regard to flushing, no doubt girls subject to the condition have the pretty pink and white complexion shown by the present patient, and I am inclined to associate that with some vasomotor disturbances analogous to what is present in the hands of this patient. This is all the more likely in a case in which there is definite evidence of involvement of the nerve.

A CASE OF CONGENITAL HYDRONEPHROSIS. (a)

By DANIEL F. RAMBAUT, M.D., B.Ch., L.M.,
Rotunda Hospital, Dublin.

The male patient from whom I removed post-mortem the hydronephrotic kidney which I have exhibited to-night, died on Jan. 8th, 1902. The cause of death was pulmonary phthisis. He had shown no symptoms or signs of kidney disease, and his urine was free from albumin. The right kidney, which showed the hydronephrotic change, appeared a little larger than the left, and weighed five and a-half ounces, or half an ounce more than the left. Its capsule was non-adherent, and its cortex appeared normal. Much absorption of the pyramids have taken place. The ureter was not dilated. The left kidney, the bladder, the prostate and the urethra appeared normal. Beneath the commencement of the right ureter there was a pouch of the pelvis, of the size shown in a rough pencil drawing. The urine in this pouch probably exerted at first a pressure in the commencement of the ureter which caused an obstruction to the flow of urine into the ureter. As the tension in the pelvis increased, this obstruction was removed and a flow of urine took place. In this manner it is possible to understand how an intermittent flow may have occurred. Perhaps this condition should be more accurately defined as one of congenital hydronephrosis, which is due to malformation of the upper end of the ureter or the junction of pelvis and ureter. Very rarely at the point of union of the ureter with the pelvis a kinking of the ureter occurs which causes an incomplete or intermittent obstruction. Intermittent obstruction is necessary for the development of hydronephrosis, for should the obstruction be complete the tension within the calyces will prevent the secretion of urine. Orth, in his "Pathological Anatomy," treating of hydronephrosis, says: "There is a congenital valvular formation in the ureters themselves, and likewise an abnormal valvular oblique insertion of the ureters into the pelvis, which may become closed with a pouch of mucous membrane. In such cases generally the ureter is not inserted in the usual position in the pelvis, but higher up, so that an emptying of the pelvis in the erect posture can only be established when the pelvis is filled above the orifice of the ureter." (Orth, "Lehrbuch der Speciellen Pathologischen Anatomie," II. Band). I should mention that there was no abnormality in the position of the renal artery, and the kidney was in no way a movable kidney.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, FEB. 28TH, 1902.

MR. HOWARD MARSH, F.R.C.S., President, in the Chair.

CLINICAL EVENING.

THE PRESIDENT showed a man who had sustained a dislocation of the semilunar bone, the displaced bone having been removed by operation; a skiagram thereof was shown by Mr. Mackenzie Davidson.

CASES ILLUSTRATING THE TREATMENT OF BRONCHIAL DILATATION AND BRONCHIAL CATARRH BY POSTURE AND RESPIRATORY EXERCISES.

Dr. EWART described the method which consists of keeping the foot of the bed raised, sometimes to a considerable height, whilst the shoulders are kept low, only the head resting on the pillow. The first case in which it occurred to him to carry out this indication has been published; others, including some cases of phthisis, have been under treatment. The method, however, had been previously thought of and described by Quinke. Posture such as that described, particularly if kept up continuously, fulfils the first essential by saving the tubes from accumulation and from irritation, and may thus in advanced cases afford protection against serious complications whilst freeing the patient from the evils of cough strain. Any other treatment is in this way given a considerable advantage. The respiratory exercises, the other part of the treatment which he recommended, are intended to improve the ventilation and the circulation in the damaged lung, and to reclaim for pulmonary tissue the bronchial spaces vacated by the previously retained secretions. Two patients were shown to illustrate the effects of the treatment.

LOCOMOTOR ATAXIA (?)

Dr. JOHN R. LUNN showed a man, *æt.* 65, whose present condition was as follows:—No paralysis of muscles, walks fairly well, no ataxia, can stand with his eyes shut and feet together. No tremors of extremities. Patellar reflexes absent on both sides. Plantar reflexes increased. Left pupil small, reacts to light; the right pupil dilated, and does not react to light. Sometimes there is incontinence of faeces and urine. The left shoulder-joint flail-like, very movable, and when moved does not complain of pain. The muscles of the upper arm (left) are not markedly wasted. Slight grating in the joint. The last phalanx of the right thumb atrophied, and can be hyper-extended on the proximal phalanx, and most of the joints are deformed in the right hand in some way, which the patient attributes to an accident. The patient seems to have improved somewhat under antisiphilitic treatment.

POLYARTHRITIS IN A MAN, *ÆT.* 30.

Dr. LUNN also showed a man, *æt.* 30, who three years ago noticed pain on the left ankle, which began to swell, and remained swollen for twelve months, and then the right began in exactly the same manner. About eleven months later both wrist-joints began to swell, and then the right knee. At present there is a good deal of thickening round both ankle-joints, and fluctuation can be obtained; they are tender, but not red or hot. There is also well-marked flat-foot (bilateral) and swelling in the right knee-joint; muscles of the calf are much wasted. Both wrist-joints are swollen and painful; also the metacarpo-phalangeal joints of the first, second, and third digits on the right side, and first and second on the left hand. Thenar eminence on the right side is wasted, but not on the left. No headache or vertigo. The pupils act to light and accommodation. The knee-jerks are brisk on the left side, not obtainable on the right, apparently owing to the swelling of the knee-joint. Never had any rise of temperature. The patient had not improved under any treatment.

OSTEITIS DEFORMANS, WITH SKIAGRAPH.

Dr. LUNN also showed a man, *æt.* 72, who presented the characteristic lesions of osteitis deformans, together with skiagram of same.

EXCISION OF THE LOWER END OF THE ULNA FOR AN OLD COLLES' FRACTURE.

Mr. CUTHBERT T. WALLACE showed a man, *æt.* 55, who was admitted in August, 1899, for loss of power in the hand in consequence of a Colles' fracture, which he had received some time previously. The grasp of the hand was very weak, and incapacitated him from doing any useful work. There was much abduction of the hand, and flexion was extremely limited, owing to the lower end of the ulna overlapping the carpus. About three quarters of an inch of the ulna was removed through an incision on the inner side of the wrist.

(e) Read before the Section of Pathology, Royal Academy of Medicine in Ireland, Feb. 21st, 1902.

Skigrams showed the condition before and after operation. Power has returned, so that the patient can follow his occupation.

SARCOMA OF THE SYNOVIAL MEMBRANE OF THE ANKLE-JOINT.

Mr. G. H. TURNER showed a man, *æt.* 28, who three weeks after a blow, noticed swelling in front of right ankle, which had increased slightly in size since. He cut down upon the tumour, which was found to be a solid growth springing from the synovial membrane of the joint, the latter being opened as the tumour was removed. Dr. Rolleston reported the growth to be "a mixed-celled sarcoma containing a few giant-cells."

UNION BY SECONDARY SUTURE OF AN ILIO-LUMBAR INCISION AFTER THE SIMULTANEOUS EVACUATION OF AN ABSCESS AND THE EXCISION OF THE DISEASED APPENDIX, THE ABSCESS HAVING RECURRED FOR THE FOURTH TIME.

Mr. W. G. SPENCER showed a man, *æt.* 38, who was operated on January 9th for an abscess extending from the liver downwards, behind and external to the ascending colon and cæcum, into the pelvis, containing foul pus and gas. Within three years an abscess had formed three times before, and had been incised or had been allowed to burst through the scar. The incision gave room for the evacuation of the abscess, the breaking down of its loculi, and then the removal of the diseased appendix, which was buried in inflammatory tissues behind the cæcum and ascending colon. The cavity was then filled with iodoform gauze. A week later healthy granulations lined the cavity, and the temperature had become normal. The whole wound was therefore sutured, and sound union has followed.

PARALYSIS OF THE CERVICAL SYMPATHETIC.

Dr. PUEVES STEWART showed a man (soldier) who was wounded fourteen months ago by a Mauser bullet, which entered the left side of the neck one and a-half inches below the mastoid process, and came out in the seventh right intercostal space in the posterior axillary line, lodging in his bandolier. The bullet thus passed in front of the vertebral column. He had temporary total paralysis of the right arm, which gradually cleared up. There was some hæmoptysis and slight dysphagia for a few days only. Ever since the injury the sight in the right eye has been less acute than in the left, and he has noticed that he does not sweat on the right side of the face, scalp, neck, or upper limb. The lesion is apparently one of the first dorsal nerve-root on the right side.

SPLENIC ANEMIA WITH A SPLENIC BRUIT.

Drs. ROLLESTON and LAWRENCE JONES showed a man, *æt.* 22, a carpenter, who had noticed a swelling in his abdomen for four years, increasing in size. No history of malaria or syphilis. Two years ago he had an attack of epistaxis, and since then he has had repeated attacks of epistaxis, hæmatemesis, and mælena. He has considerable enlargement of his spleen. The blood shows anæmia of what is usually called the chlorotic type. Red blood corpuscles 2,400,000, Hg. = 25, and some diminution of the leucocytes; the highest number counted after a febrile attack (? influenza) being 4,600 per c.c., the lowest 3,530. There is apparently no change in the relative numbers of the varieties of leucocytes. There is a distinct blowing continuous murmur to be heard over the spleen, most distinct at the back in the ninth space, just outside the scapular line, and in front, in the ninth space, just posterior to the anterior axillary line.

Mr. W. G. SPENCER suggested removal of the spleen.

IDIOPATHIC MUSCULAR ATROPHY ASSOCIATED WITH PECULIAR PIGMENTATION OF THE LEGS.

Drs. S. VERR Pearson and ROLLESTON showed a man, *æt.* 22, who eight years ago had scarlet fever, in the second week of which there were rheumatic pains and swellings in the knees. Weakness in the back noticed a week later, followed by wasting of the thighs. Steady progress of the disease since onset. No similar affection in his relations. Pigmentation of legs noticed for one year. Has never taken medicine continuously for more than six weeks, and believes he has never taken

arsenic. He cannot explain the pigmentation, though at one time he stood in front of the fire for rather long spaces of time. There is now atrophy of both thighs, tibiales antici, ext. commun. digit. ped. peronei. Slight foot-drop, talipes equinus, and pes cavus. The sternal halves of both pectorals, the latissimi dorsi, teres major, subscapulares, and erectoræ spinae are wasted, and there is lordosis. The gastrocnemii are large. Although most of the muscles show A.C.C. > K.C.C. there are no other reactions of degeneration. Sensation is normal. The skin of legs is uniformly discoloured, and is a reddish-brown. Beginning above indefinitely, it becomes more intense, until it abruptly stops just above the ankle, where the tops of the boots would come. Below this level there are some scattered discrete patches of yellowish-brown pigmentation, with a few patches of rather a redder colour.

ERUPTION OF PSORIASIS TYPE BUT OF A SOMEWHAT UNCERTAIN NATURE.

Dr. J. A. ORMEROD showed a woman, *æt.* 39, married, who presented a peculiar rash of uncertain nature. It came out on the second day of a febrile attack in October last. She had been treated with liq. hydrarg. perchl. internally, and lotio nigra to the leg. The ulcers on the leg are nearly healed, the throat is no longer sore, and the face has improved a little; but in the rash as a whole there is no difference.

It was suggested that the eruption might be mycosis fungoides, and a committee was appointed to investigate and report thereon.

ATROPHIC PARALYSIS OF HANDS AND WRISTS, BEING THE REMAINS OF A RECURRENT GENERALISED PARALYSIS (? PERIPHERAL NEURITIS).

Dr. ORMEROD also showed a man, *æt.* 28, an ex-soldier, who was admitted to St. Bartholomew's, October 16th, 1901, with marked weakness and wasting of the upper limbs from the scapula downwards. In the lower limbs, some wasting of thighs, legs normal, knee-jerks feeble, plantar reflexes normal. No affection of sphincters, no affection of sensation. Electrical reactions normal, but feeble in some of the affected muscles. Has much improved, and the paralysis is now limited to the extensors of wrists and fingers, and the intrinsic muscles of the hands; but even these are better. This is the fourth attack of the kind. He had a chancre in 1893, slight malaria, but not enough to lie up, when in Bengal (this was prior to present illness); dysentery on voyage home (after present illness). There was no similar case in his regiment. The patient's urine darkens, after standing, to an intense brownish black. This appears to be due to some rare kind of pigment, which is under investigation by Dr. Archibald Garrod.

A FAMILIAR TYPE OF PARALYSIS ALLIED TO THE MYOPATHIES AND TO FRIEDREICH'S DISEASE.

Dr. F. E. BATTEN showed a girl, *æt.* 15, the eldest member of the family, who had always been weak on her legs, but during the past nine months she had become obviously weaker on her legs, especially in the peroneal and anterior tibial muscles, and in the extensors of the toes. There is foot-drop and pes cavus. The knee-jerks are absent, and the plantars cannot be obtained. No reaction to a strong faradic current can be obtained in the muscles of either leg, not only in the muscles obviously affected, but also in those not obviously weak. The arm muscles just react to a strong faradic current, and even the muscles of the face react badly. To galvanism there is no reaction to either the anodal or kathodal current in the anterior tibial peroneal or extensor muscles of the toes, but a slight contraction is obtained in the gastrocnemius. Four other children of the family on examination exhibited nervous abnormalities of a somewhat similar kind in a greater or less degree.

PROBABLE HYDROMYELIA IN A CHILD.

Dr. F. L. PENROSE showed a lad, *æt.* 6, whose head was small. Measurements: circumference eighteen and a-half inches; across from one external auditory meatus to the other twelve inches; from glabella to external occipital protuberance thirteen and a-quarter inches. Intelligence is apparently below normal. He is com-

pletely helpless to change his position; and if set up, his head falls forwards, so as almost to allow his chin to touch his chest; if unsupported he falls forward in a heap. He has never had any real incontinence of urine or faeces, but frequently has "accidents" owing to his not stating his wants clearly. The organs of special sense appear to be normal, and there is no paralysis of any cranial nerve to be detected. The diagnosis lay between the following conditions: (a) Hydromyelia or syringomyelia; (b) the infantile type of idiopathic muscular atrophy; (c) mental deficiency from microcephaly.

GENERAL PARALYSIS OF THE INSANE IN A CHILD.

Mr. C. H. FENNEL showed a girl, *et. 9*, whose father had syphilis before marriage, and died last year in Hanwell of paralytic dementia. The patient is the result of the third pregnancy, the first two having produced miscarriages; two healthy children were subsequently born. No definite history of congenital syphilis could be obtained; the child was mentally bright up to the onset of symptoms six months ago, when she gradually became apathetic and dull. Her speech is slurring. There is a congenital squint; the pupils do not react to light, and contract but feebly with accommodation. Bilateral optic atrophy is present with numerous patches of old retino-choroiditis. The facial muscles show intention tremor, and the tongue is tremulous on protrusion; the gait is hesitating and slightly ataxic. The knee-jerks are exaggerated; there is no sensory defect.

TWO CASES OF FILARIASIS,

one treated by a new operation, the other untreated.

Mr. RICKMAN J. GODLES (in the absence of Dr. Manson) showed a man, *et. 21*, native of Hayti, who came to England eight months ago with a view to treatment. He states that ten years ago swelling appeared in the right groin; later similar swelling appeared in the left groin; these have gradually increased to their present dimensions. Four times in the ten years he has had attacks of lymphangitis, during which the swellings have become tense, hard, and painful. The legs feel as if they would burst, and there is pain in the loins and abdomen, at the same time there is high fever and much suffering. These attacks, which he describes as "crises," may last for a month on end. He has had none for two years. In other respects his health is good, he can take exercise, and beyond the feeling of tension in the swellings and pain in the right loin, he is in good health. On inspection, two massive lobulated swellings occupy the upper part of Scarpa's triangle and the region of the inguinal glands. That on the left being about the size of three clenched fists, that on the right about half this size. From the lower border of the latter a dilated vessel can be traced downwards and inwards almost to the knee. The tumours are non-adherent to the skin, not freely movable, subfluctuating and doughy. They are irregular in outline, stand well out from the general plane of the thigh. On the patient lying down tension in the tumours is quickly relieved, and by pressure with the palm of the hand they may be made almost to disappear, on resuming the erect posture the swellings slowly return. They are dull on percussion. The patient's abdomen is unusually full for a youth of his age who is not over fat. He has never had chyluria nor any sign of elephantiasis. His blood contains rather a small stock of *filaria nectuma*.

The other patient was a man, *et. 31*, born in Calcutta, civil engineer, lived in India till 1898, then went to Gold Coast. *Filaria* discovered at the end of 1900, but has had slight swelling in groins for five or six years. The testicle (? scrotum) has also swelled. Patient was sent to him by Dr. P. Manson, Nov. 1901. He had a large swelling (varicose lymphatics) in right groin. There were a few *flaris* in the blood. On Dec. 4th at Dr. Manson's suggestion he cut down on the lower part of the tumour and with much difficulty anastomosed a dilated lymphatic vessel with a tributary of the internal saphenous vein. The fluid in the glands and lymphatics was a mixture of lymph and chyle. The result had been the almost complete disappearance of the lower part of the

swelling. The upper part of the swelling remained. In January, 1902, he anastomosed one of the dilated lymphatic vessels of the cord with one of the spermatic veins. The operation was easily performed. The lymphatics contained pure lymph. The swelling has diminished and apparently is continuing to diminish. It is probable that the obstruction to the thoracic duct is opposite the lymphatics accompanying the spermatic vessels, and thus, although there is an obstruction to the return of lymph from their radicles, there is no regurgitation of chyle.

ROYAL ACADEMY OF MEDICINE IN IRELAND. SECTION OF PATHOLOGY.

MEETING IN THE ROYAL COLLEGE OF SURGEONS,
ON FRIDAY, FEB. 21ST, 1902.

The President, Dr. E. J. McWENNEY, in the Chair.

Prof. E. H. BENNETT presented a cast and skiagraph of an example of fracture of the lower end of the radius with displacement of the lower fragment forwards (reversed Colles' fracture, Smith's fracture), and described the details of the injury which had occurred six months before its examination by him; he also discussed the treatment.

Professor E. H. BENNETT recorded the history of a case of impacted intracapsular fracture of the neck of the thigh-bone; he discussed the history, symptoms and diagnosis of the injury, and presented to the Academy a skiagraph which showed very fully the details of the bone lesion, a fracture in which the lower fragment was driven into the upper, and so by the impaction fixed the pieces in apposition.

Dr. KNOTT observed that the Irish school of surgery had now registered another of the many landmarks of the advance of osseous pathology which had been laid during a long series of years by Mr. Robert Adams, Professor E. W. Smith, and his successor, Professor E. H. Bennett. The fracture, which received its name from the great Dublin surgeon, had received its best and most apt illustrations from the author of the present communication. With regard to the fracture of the neck of the femur, Dr. Knott congratulated Professor Bennett on having secured a skiagram of impacted fracture of the neck. He would like to ask Dr. Bennett's explanation of the universal rule of non-union in cases of non-impacted intracapsular fracture of the femur. The direction of impaction in this case agreed with Professor E. W. Smith's rule that the neck always penetrated the other fragment.

Professor BENNETT, in reply to Dr. Knott's query, said he thought all surgeons were now agreed that the non-union of non-impacted intracapsular fractures was due to want of contact of the fragments and want of rest of the part. In all the specimens he had seen the lower fragment was impacted in the upper.

Professor Bennett, having been called to the chair, Professor E. J. McWENNEY, M.D., read his paper:—

CULTIVATION OF THE TUBERCLE BACILLUS ON LOEFFLER'S SERUM DIRECT FROM THE HUMAN SUBJECT.

He demonstrated a case of tuberculous pleuro-pericarditis in which the bacilli were unusually numerous, so that cultures made direct on Loeffler's serum gave abundant growths. He exhibited these primary cultures, showing the lichenoid appearance of the colonies, and their characteristic tendency to grow on to the glass. Secondary cultures on glycerinated potato were also shown. They were most luxuriant, of a light reddish hue, and the bacilli formed a corrupted scum on the dilute glycerine below the constriction in the tube. He also exhibited tertiary cultures on glycerine agar which were succeeding well. On this medium the colonies were whitish. The case was one of much interest. Patient, a male, *et. 55*, had a left tuberculous pleurisy. In the right lung were nodules of tuberculous broncho-pneumonia, but the pleura was free. The superior pericardial glands were tuberculous, and the parietal layer of the pericardium was much thickened and infiltrated with caseous matter. The visceral layer was normal, save for a single

spot on the anterior surface of the heart, where a slight roughness indicated that the process had begun to extend owing to friction with the parietal layer. The spleen was much enlarged so as to form a tumour readily palpable during life. It was studded with yellowish necrotic masses larger than miliary tubercles, and containing tubercle bacilli in large numbers. The kidneys and liver were likewise studded with minute necrotic foci, entirely devoid of giant or epithelioid cells, but remarkably rich in tubercle bacilli. Sections of these were shown, and the speaker pointed out that this was an example of the inverse ratio so often remarked between the number of the bacilli and the toxicity of the tuberculous structure. In the affected parts of the pericardium the bacilli formed masses large enough to be seen with the low power in the stained preparation. The affection of the spleen, kidneys, and liver was doubtless to be regarded as the result of a terminal inundation of the blood stream. There were appearances on the *intima* of the aortic arch where the tuberculous pericardial glands were adherent to it, that seemed to indicate that the rupture might have taken place into that vessel. But as yet he had not proved this microscopically. He concluded by adverting to the frequency of this form of pericarditis, which was pointed out by Osler, and stated that since his attention had been called to the matter he had found it very frequently in the *post-mortem* room.

The President also showed a specimen of Colloid Cancer of the Cæcum that had occurred in an elderly woman.

The President, having again taken the chair, called on the Secretary of the Section to read Dr. Rambaut's paper, "A Case of Congenital Hydronephrosis," which will be found on page 239.

Dr. McWENNEY from the appearance of the specimen exhibited said he would be slow to describe the case as one of pure hydronephrosis. To him it appeared to be a case of dilatation of the pelvis, and calyces of the kidney, rather than one of hydronephrosis.

On being called on to read his paper on Hypertrophic Cirrhosis of the Liver, Dr. W. J. Thompson informed the Academy that with the permission of the President of the Section, his paper on the subject was held over to allow of a more exhaustive examination of the specimen. He then read his notes on a Huge Abdominal Cyst, which will be found on page 237.

Dr. E. J. McWENNEY said that his extremely interesting cyst was preserved unopened on his (Dr. E. J. McWenney's) advice. It was a good illustration of the rapid growth to an enormous size that pancreatic tumours, or tumours connected with the pancreas, may attain. Some time ago he exhibited to the Section a tumour which, before removal, he looked on as of pancreatic origin, but on dissecting it out he found that, although the pancreas was attached to, and might be said to form a part of its posterior wall, it was a hæmatoma of the lesser peritoneal cavity, with walls, such as one found in large aneurysms, of organised blood-clot.

The meeting then terminated.

HARVEIAN SOCIETY OF LONDON.

MEETING HELD AT STAFFORD ROOMS, TITCHBOENE STREET, W., ON THURSDAY, FEB. 20TH, 1902.

Mr. WATSON CHEYNE, F.R.S., President, in the Chair.

CLINICAL EVENING.

PSORIASIS AFTER VACCINATION.

Dr. WHITFIELD showed a young woman, the subject of psoriasis, which came on fourteen days after vaccination. The vaccination marks on the left arm were very severely affected, the right arm being more or less clear. The chest and back and knees and shins also showed the condition. He had not previously noticed such a strong tendency for the condition to affect the vaccinated arm as in this case, and he had no theory to advance to account for it. He was using creosote, which was especially useful in acute cases.

CASE OF CONGENITAL HEART DISEASE.

Dr. MORISON showed a boy, æt. 5, the subject of congenital heart disease, there being an abnormally placed heart, giving a considerable amount of dulness to the right side of the sternum. The second sound was felt by the hand very clearly over the precordial region, and very clearly indeed to the right of the sternum. There was a systolic bruit, which gained in intensity towards the pulmonary area, and was very loud over the front of the chest. It was also propagated very widely over the back and flanks. It was also audible in the neck, and it was sometimes mentioned as a diagnostic point that if a bruit of that description was audible in the neck, there was some defect involving the base of the aorta as well as the pulmonary artery. His own belief was that in the present case there was pulmonary constriction.

Dr. CALVEY thought there must be pulmonary stenosis in the case, because of the features of the bruit and the hypertrophy of the right ventricle; possibly there was in addition an incomplete intra-ventricular septum.

Dr. CAUTLEY pointed out that there was no thrill, and his own experience was that pulmonary stenosis was much more commonly diagnosed ante-mortem than post-mortem. He referred to the case of a child who during life had practically no cyanosis, had a systolic murmur all over, and subsequently was found to have atresia of the conus pulmonalis. The orifice was so narrowed that it would only admit a fine probe, yet there was no cyanosis. There was, in addition, a patent septum ventriculorum. That led to the question as to the cause of cyanosis.

Dr. MORISON, in reply, said he did not feel certain that the stenosis in the case was a tight one.

CASE OF BAZIN'S DISEASE.

Mr. H. L. BARNARD showed a young woman, the subject of Bazin's disease, who has had the ulcers on her legs for the last five years. They appeared first as nodules under the skin, and felt something like erythema induratum. Those burst and broke down and formed little round ulcers about the size of a shilling, punched out, and extraordinarily like specific ulcers, for which they were often mistaken. They were supposed to be tuberculous, and he regarded the present patient as tuberculous. She had had tuberculous disease of the spine and of the left ankle, the latter having got well after being put into a plaster of Paris case. The ulcers left a pigmented scar which looked extremely like that left by a specific ulcer. The patient was very subject to chilblains.

Mr. CAMPBELL WILLIAMS thought there was no doubt about the diagnosis, but one point about the case was abnormal, namely, its asymmetry. In his original description of the disease Bazin said he had never seen it extend above the knee. That was obviously wrong, because it was not only there, but might be limited to that region. Recently he saw a lady who had a patch on either knee, on the vastus internus, the lower part of the limb being free. It might occur on the hands. The present case was typical, because it had ulcerated. Occasionally resolution occurred without ulceration, leaving a fawn-coloured depression. The lesions were often mistaken for tubercle, but more frequently for syphilis, the patient being dosed with iodide of potassium. When the condition did not get well under that, it was found that treatment by tonics, cod-liver oil, and warmth, with antiseptic dressings to keep the part clean, did much good. If the patients could go to a warmer climate they got rapidly well.

Mr. EDDOWES said most of such patients had a good deal of standing, and a fair number of them were washer-women. The condition was worst in the winter, indeed it occurred in some cases only in the winter. Mercurial ointments and pressure to the legs were of great benefit.

Mr. BARNARD, in reply said that he put the girl upon a good course of iodides and mercury, but the original ulcers got well under treatment by strapping with Scott's dressing. The last crop of lesions had got well under boric acid ointment with bandaging, combined with a tonic.

Mr. BARNARD showed a girl with an anomalous con-

dition of the hand, and asked for opinions upon it. She came three or four months ago for what was regarded as an erysipelas rash, though he did not know whether at that stage it was erysipelas or cellulitis. The vesicles came up at night, then burst and left linear marks. It was interesting to notice that the marks were upon the left hand and in a direction from right to left. When first seen they were symmetrically arranged, and in almost a mathematical pattern. He thought no one who saw the case doubted its artificial origin. The girl was left-handed.

Dr. CAMPBELL WILLIAMS said the case was about the most typical one of dermatitis factitia which had been produced before this or any other society.

Dr. EDDOWES related the case of a woman who, by means of an elastic band placed around her arm near the axilla, produced an enormous swelling, and as a result allowed a surgeon to make five incisions, under the belief that it was a case of phlegmonous erysipelas. The next stage contemplated was amputation. He was able to stop that by telling the patient how the swelling had been produced, and obtaining the band by means of which it was done.

CASE OF SYRINGOMYELIA.

Dr. JAMES TAYLOR showed a young woman suffering from syringomyelia, whose history will be found under "Clinical Records."

Dr. MORISON, the President, Mr. BARNARD, Dr. CANTLEY and Dr. DALLOWAY took part in the discussion.

OBSCURE AFFECTION OF THE NAILS.

Dr. EDDOWES showed a schoolmaster, *et. 23*, who suffered from separation of the nails. The man for nine months found a tendency for his nails to separate, but there was no other indication of disease about him. There was no indication of psoriasis. The nails had been carefully examined for a fungus or other parasitic cause, but with a negative result. There was not the ordinary appearance of a disease such as ringworm or favus. He invited suggestions as to treatment and cause.

Dr. PHILLIPS said he had never seen an exactly similar case, but a somewhat analogous condition had existed in his own person in the big toe nails of both feet. For many years the inner three-fourths died, and he had to cut that portion away. Underneath was a horny, pulpy matter, which he also cut away. He suffered from bad circulation, and attributed it to that, combined with a neurotic origin. Both his hair and his nails were of very slow growth.

Dr. EDDOWES also showed a nurse who presented a swelling in the right forearm, which appeared to have been aggravated by sewing. Sometimes she complained of a good deal of pain and tenderness.

Dr. BOYD JOLL suggested that the condition might be neuroma or neuro-fibroma. There was a diffuse swelling under the skin, which he thought was separated from the muscle.

Mr. LONGBRIDGE suggested the possibility that it was phantom tumour of the muscle. He suggested anæsthetising the present patient to see if the tumour disappeared.

Mr. CAMPBELL WILLIAMS said one sometimes saw a nævoid condition occurring in muscle which might be quiescent for many years and then take on activity. The patient pointed out that the tumour got better when the arm was in a certain position, namely flexion. It was unusual for that muscle to be affected by nævoid growth. There were many points in the case against tubercle and specific disease. It had a different feel to gummatous myositis.

The PRESIDENT thought the tumour was muscular. He had seen a similar tumour mistaken for neuro-fibroma.

Dr. EDDOWES said his first impression was that the condition was a muscular swelling, and probably the special exercise coming on after prolonged rest might have been sufficient to cause it. But she had good movement in the hand, and he could find no indication of paralysis or weakness. He once saw the forearm of a man very tender and hard, following a new occupation—namely, milking. A few weeks of the work left

him so exhausted that he could not pick a penny off the table. The tumour was smaller than a fortnight ago.

AURAL EXOSTOSIS WITH MASTOID DISEASE.

Dr. TILLEY showed a girl, *et. 14*, who had an aural exostosis with extensive mastoid disease. She came to hospital because she had some obstruction in the right ear passage. When first seen there was no discharge, but the occlusion was so great that the finest probe could not be passed into the auditory meatus. Last August some post-nasal growths were removed, and some weeks afterwards a moist discharge came from that ear. To get rid of it he reflected a post-aural flap, as in the mastoid operation, in preference to trying to burr away the growth through the auditory meatus. There was no difficulty in gouging out the broad-based exostosis. He found the passage full of inspissated pus. That was cleared away, and the tympanic region reached. The ossicles were not to be found. He thought it better to look into the antrum to see if it was clear, because he could pass a probe from the end of the passage to the antrum. The antrum was full of the same inspissated material, and it extended halfway down the mastoid. That was cleared out and the complete post-aural operation was done. The external wound was sewn up and the packing done through the meatus. The membranous portion of the meatus was slit up, and the flap made in the usual way. The wound healed at the back by first intention. A fortnight later he reopened the wound and produced a clear surface by scraping away the granulations and putting in a large flap from the inside of the thigh, after the method introduced by Mr. Ballance. The skin graft had taken there, and there was practically a dry cavity. She was now able to hear a whisper at four inches, and the hearing was fairly good considering what had been done and that she had no tympanic membrane nor ossicles. He showed the case to illustrate what extensive disease could be present without symptoms. He could get no history of earache or headache, or anything which would lead one to think there was trouble behind the ear. It was easy to see that if she had an attack of influenza or one of the acute specific fevers there would have been very serious trouble.

CASE OF ABDOMINAL ANEURYSM.

Dr. CALVEY showed a case of abdominal aneurysm in a man, involving the aorta and the right common iliac. His age was 39, and he came to the surgical out-patient department in January, 1900, on account of a varicose condition of the veins of the left leg and thigh. When first seen there was a large pulsating tumour commencing three inches above the umbilicus, and extending along the course of the right common iliac artery. The right margin of the tumour was well-defined and hard. There was marked expansile pulsation, and on pressure a slight systolic thrill and bruit. There was no perceptible pulse in the right external iliac or femoral arteries, but exaggerated pulsation in left external iliac and femoral arteries. With prolonged rest in bed, restricted diet, and potassium iodide (*gr. xx t.d.s.*), the pulsation much diminished in extent and in degree, the tumour became more solid, and the distension of the veins of the leg almost disappeared. For the last eighteen months the improvement has been maintained, and for some months past he has been able to resume his work. The chief points of interest are, the absence of pain, the considerable vertical extent of the arterial lesion, and the degree of improvement under strict treatment.

Mr. BARNARD said a man at the London Hospital had a superior mesenteric aneurysm which was twice published as an example of cure by different treatments. In the first place it was said to have been cured by gelatine treatment. Then it relapsed and was treated with antiphtheritic serum, and was cured under that. Now, three years afterwards, it was in the London Hospital again, being treated with morphia, and it was suggested that the surgeon might like to ligature it. But the risks were too great for the man to consent to run them, and he would not allow a wire to be introduced into the sac.

Dr. CALEY, in reply, said there was a clear history of specific trouble fifteen years ago, but no history of injury.

LIVERPOOL MEDICAL INSTITUTION.

RUSHTON PARKER, M.B., F.R.C.S., President, in the Chair.

CEREBELLAR ABSCESS WITH THROMBOSIS OF THE LATERAL SINUS.

MR. DAMER HARRISSON described a case in a young man, who had suffered from ear disease for eleven years. There was some dulness of the intellectual faculties, paresis of the right facial nerve, with a tendency to fall to the right side. There was some swelling over the mastoid process, and fulness in the upper part of the neck. No optic neuritis. The antrum was cleared, the necrosed inner wall removed, and the abscess cavity opened up. The patient became very collapsed, and further operation was deferred. After a few days the temperature being still irregular, the internal jugular vein was exposed, and ligatured below the thrombus, an excised bit of vein contained a softening clot. Patient made an excellent recovery.

MR. C. G. LEE had seen some thirty cases of cerebral and cerebellar abscess, resulting from ear disease. In many cases it was often impossible to say in which situation the abscess was. Optic neuritis, Mr. Lee said, was as frequently absent as present in cases of cerebral and cerebellar abscess. Cerebral abscesses were frequently multiple, and Mr. Lee referred to the case of a child who had paralysis of one arm and leg, and in which he opened and evacuated the abscess. This was followed by complete recovery of the limbs. Ten days later the child died, and the post-mortem showed the whole of one occipital lobe necrosed, and several small abscesses scattered about the cerebrum.

Dr. PHILIP NELSON asked if the source of the discharge from the ear had been definitely ascertained, for, owing to difficulty of drainage, mastoid and other complications were more liable to occur when the attic was the seat of the trouble, the perforation being in the m. flaccida. Referring to the facial palsy, Dr. Nelson pointed out the frequency of this trouble in tuberculous disease, particularly in children.

The President, Drs. Permewan, Grünbaum and Mr. Murray spoke, and Mr. HARRISSON replied.

CÆSARIAN SECTION TWICE, EMBRYOTOMY ONCE, IN THE SAME PATIENT.

Dr. NATHAN RAW showed a woman, upon whom he had twice performed Cæsar section. There was no evidence of rickets. The conjugate diameter of pelvis was 2½ ins., the promontory of the sacrum projecting markedly. At the time of the first section the patient had been twenty-six hours in labour, and general cutaneous emphysema was present. The child from the second section was shown, and attention drawn to the circular shape of the head. Dr. Raw raised the question as to what the correct procedure was in this case. The patient was unmarried. He thought she must take the consequences, but it was a most difficult question to answer.

The President, Dr. Moffe Campbell, Dr. Briggs, Messrs. Paul, Harrison and Newbolt spoke, and Dr. RAW replied.

X-RAY AND FINSEN TREATMENT OF LUPUS AND RODENT ULCER.

Dr. DAVID MORGAN showed three cases of very obstinate and extensive lupus and rodent ulcer cured by the X-rays and violet light. The first case, a woman, æt. 34, had suffered from childhood with lupus of the nose and cheeks. Every variety of surgical treatment had been adopted, including over forty scrapings, but the benefit was only temporary. X-ray treatment had proved quite successful, the patient exhibiting a very healthy white scar. The second case was a tuberculous ulcer of the cheek of limited size treated by the violet rays. A healthy cicatrix formed in six weeks. The third case was a large rodent ulcer over the scalp and forehead in an

elderly spinster. The disease had been in progress for many years and was too extensive for excision. Three months' treatment with X-rays had cured the disease.

Dr. FRANK H. BARNETT thought that the results produced by the X-rays and light treatment in Dr. Morgan's three cases had been unattained by any method hitherto practised. The case of healed serpiginous rodent ulcer of twelve years' duration showed an excellent result. No previous treatment had any permanent effect, and now the former site of the ulcer was occupied by a smooth and, to the naked eye, sound scar; moreover, there was a total absence of any return. The dermic results of the X-ray and light treatment could not at present be explained; it was futile to theorise about their therapeutic effects in the absence of definite knowledge of the nature of the rays which have produced such remarkable results as portrayed in these cases.

Dr. STOFFORD TAYLOR congratulated Dr. Morgan upon his interesting and instructive demonstration. He said the effect of the "light" treatment was largely superficial, and the number of cases to which it could be applied were limited in numbers on account of the necessity of actually placing the lamp in contact with the surface. With the X-rays it was quite a different matter as they certainly penetrated much more deeply, and can be therapeutically applied to every part of the body.

Mr. ARTHUR WALKER mentioned that Dr. Finsen had found Bang's iron electrode lamp unsuccessful in the treatment of lupus on account of the lack of penetration of its rays.

The President and Mr. PAUL emphasised the need for microscopical confirmation of the diagnosis. Drs. Permewan and Holland also spoke, and Dr. MORGAN replied.

THE PREPARATION OF THE HANDS FOR SURGICAL OPERATIONS.

Dr. GRIMSDALE described the method he had used for some time. The hands were cleaned with a nail brush and boiled water for a definite time, then soaked in a solution of potassium permanganate, the colour was discharged by washing in oxalic acid solution, the acid neutralised by washing in sterilised lime water, and finally the hands were washed in sterilised water. The results of this method had been rigorously tested on several occasions by Drs. E. E. Glynn, Abram and Hill. In every instance Dr. Grimsdale's hands and those of his assistants were sterile, and in his opinion, therefore, the hands can be made practically sterile. Moreover, of all the methods he had tried this one had the least roughening action on his skin; in fact, it did not roughen it at all. He did not think the method was simply mechanical in its action.

The President, Drs. Briggs, Hill, Grünbaum, Messrs. Harrison, Paul and Hawkins-Ambler discussed the paper, and Dr. GRIMSDALE replied.

THE GENERAL MEDICAL COUNCIL OF EDUCATION AND REGISTRATION. SPECIAL SESSION.

SIR WILLIAM TURNER, President, in the Chair.

TUESDAY, FEBRUARY 25TH, 1902.

THE Special Session of the Council was inaugurated on Tuesday by the President, who recalled that a committee had been appointed at their last session to report on the differences that had arisen between certain licensing bodies and the Council in respect of the courses and conditions of study and the recognition of the institutions and schools in which the required courses might be taken. It was to consider the report of this committee that the Council had been called together.

Before proceeding to do so, however, the Council gave precedence to the Midwives' Bill, which was down for second reading in Parliament on the following day.

Dr. ATTHILL moved that the Council should adhere to its previous resolutions in regard to the Bill, and that the Lord President of the Privy Council should be informed that in the opinion of the Council the provisions of the Bill were at variance in several important respects with the principles adopted by the Council, and do not embody the safeguards for the protection of the poor which the Council regarded as essential; and urging that the Bill as now before Parliament should not be allowed to become law.

The resolution, with sundry modifications, including the insertion of the words, after Bill, "in its present form," was agreed to after some discussion; and it was further agreed, on the motion of Mr. VICTOR HOESLEY, that in the event of the Bill passing the second reading Sir John Tuke be requested to communicate the Council's resolutions to the Grand Committee on Law.

The Council then took into consideration

THE REPORT OF THE SPECIAL COMMITTEE ON THE CURRICULUM.

The Report having been received and entered on the Minutes subject to certain modifications, its adoption (leaving the recommendations over for subsequent consideration) was moved by Dr. McVAIL.

The Committee's conclusions are as follows:—

I. The Medical Council has decided that the scientific institutions other than Universities or recognised medical schools, at which the courses of study in chemistry, physics and biology may be taken by students as part of their medical curriculum, are to be approved by the Medical Council prior to registration in the *Students' Register* of students commencing their studies at those institutions.

II. The Conjoint Board of the Royal College of Physicians of London and the Royal College of Surgeons of England, notwithstanding repeated remonstrances made to these Colleges by the Medical Council, continues to recognise courses of study in a large number of teaching institutions that have not been approved by the Medical Council, and does not now require registration in the *Students' Register*, nor that the students should have passed a preliminary examination recognised by the Medical Council, but a preliminary examination the recognition of which is determined by itself.

III. The Conjoint Board of the Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow, although requiring evidence that candidates who present themselves at their first professional examination, which includes the subjects of physics, chemistry and biology, shall have been registered in the *Students' Register*, and thus must have taken the courses of study in these subjects at institutions which have been approved by the Medical Council, nevertheless admits candidates to its second and subsequent professional examinations when such candidates produce evidence that they have passed the first professional examination of the Conjoint Board of England, and the regulations of the Scotch Conjoint Board do not require in such cases evidence that the courses of study in chemistry, physics, and biology undergone by such candidates have been so undergone at scientific institutions which have been approved by the Medical Council.

IV. The Society of Apothecaries of London, although requiring evidence that candidates who present themselves at its first professional examination, which includes the subjects of chemistry, physics and biology, shall have been registered in the *Students' Register*, and thus must have taken the courses of study in these subjects at institutions which have been approved by the Medical Council, nevertheless admits candidates to Part II. of its primary professional examination when such candidates produce evidence that they have passed the first professional examination of the Conjoint Board of England, and the regulations of the Society of Apothecaries do not require in such cases evidence that the courses of study in chemistry, physics and biology undergone by such candidates have been so undergone at scientific institutions which have been approved by the Medical Council.

V. The University of Oxford prescribes practically no curriculum of study to be undergone by candidates previous to their admission to the professional examinations conducted by that University for its degrees in medicine, nor does it require candidates to have been engaged in medical study for any definite minimum term of years, and it does not require evidence of registration in the *Students' Register*. It asks only that candidates for its second or final examinations for the M.B. degree "must present certificates of instruction in infectious diseases and mental diseases, and of attendance in labours and of proficiency in the practice of vaccination."

VI. The University of London admits candidates to its Preliminary Scientific Examination, which is one of the examinations for the medical degree, altogether irrespective of evidence of study in these subjects at any scientific or teaching institutions. As regards the remaining subjects of the medical curriculum the University of London requires evidence only that five of eleven subjects which it enumerates shall have been taken in Universities, Schools of Medicine and Hospitals approved by it. The University does not require evidence of registration in the *Students' Register*, but it does require that candidates for its medical degrees shall have been engaged for five years in medical study subsequently to their having passed their matriculation examination, and four years subsequently to having passed the Preliminary Scientific Examination.

Dr. McVAIL said the report would open the eyes of

many members of the Council to the widespread non-conformity of various licensing bodies with the principles which it was the right and the duty of the Council to maintain, and he expressed surprise that the Council should not have taken cognisance of the fact long before. He maintained that the Council had a perfect right to indicate what the minimum should be, and if it were decided that certain courses of study now being pursued were insufficient, they would have to take the matter to the Privy Council. If not, within twelve months, each body would be doing just what it pleased, and the function of the Council in supervising medical education would be at an end.

Dr. YOUNG seconded.

Dr. NORMAN MOORE, on behalf of the Royal College of Physicians, protested that unless the Council investigated the whole subject, it had no right to assert that a secondary school was not a suitable place for imparting scientific instruction. The College had inquired into the matter and had inspected the schools, and they had no apprehensions concerning a possible reference to the Privy Council. He asked whether it was really asserted that the University of Oxford and the Royal Colleges had been granting the right to practise to persons who had not the requisite knowledge and skill.

WEDNESDAY, FEBRUARY 26TH, 1902.

SIR WM. TURNER IN THE CHAIR.

Dr. PAYNE, representing the University of Oxford, expressed surprise that after the lapse of so many years it should suddenly be proposed to pass resolutions which would render it necessary for the Council to take action against the bodies concerned, and he warmly defended the University which he represented against the imputation of admitting to graduation men not efficiently trained.

Sir CHRISTOPHER NIXON doubted whether the points which had been raised in reference to the recognition of certain institutions for the teaching of preliminary scientific subjects were of sufficient gravity to make a representation to the Privy Council necessary. How, he asked, could the Council know whether these institutions were defective or not. He urged that they might well be content provided a certain minimum of education were maintained, and pleaded for abstention from any interference which would arouse hostility and ill-feeling.

Mr. THOMAS BRYANT challenged the power of the Council to enforce all its edicts and pointed out that after all they could only issue "recommendations." He suggested that the Council would be wise in adhering to the lines hitherto followed which had led to much good work. He thought they would run the risk of forfeiting some of their political power if they appealed to the Council on such a manner.

Dr. HERON WALTON congratulated the Committee on the task it had accomplished, but said that Dr. McVAIL was in error in asserting that the Scotch Board accepted the grant of the English Conjoint Board without question. That was not the case. Their policy in Scotland was to recognise only institutions and private teachers under their own auspices, and they invariably inspected the premises and apparatus for teaching, but they certainly recognised institutions which were recognised by the Conjoint Board in England and Ireland, no other course being open to them.

Sir HUGH BRVOR said that the Society of Apothecaries only in the most indirect way recognised institutions not adopted by the Council.

Sir HECTOR CAMERON thought the non-conformity of the Conjoint Board was more apparent than real. Their position was what it had always been.

Mr. YOUNG hoped the report would be adopted.

Dr. MACALISTER discussed the legal argument with regard to the procedure of the Privy Council, and pointed out that the General Council could alone be heard by the Privy Council.

Sir WILLIAM GAIRDNER was strongly opposed to any appeal being made to the Privy Council.

After some desultory discussion the motion was carried by 17 to 4.

THE RECOMMENDATIONS.

Dr. McVAIL admitted that there might be a difficulty in getting the Council to pass the recommendations, and suggested an alternative which, it transpired, had already been embodied in a motion by Dr. MACALISTER to the effect that the Examining Board in England be required to furnish the Council with certain details regarding the courses of study in chemistry, physics and biology to be gone through by candidates for the L.R.C.P.Lond., and M.R.C.S.Eng.

Dr. McVAIL seconded the resolution, adding that the original recommendations had not been withdrawn; they were simply not moved. It was urged, however, that if they were not to be moved they ought to be formally withdrawn, and after a sharp discussion this was done, and Dr. MacAlister's resolution was agreed to.

MIDWIVES BILL.

It was announced that the Bill had been read a second time, and the names of Sir John Williams and Mr. G. Brown were added to the committee to watch its further progress.

The Special Session concluded with a vote of thanks to the President for his able and courteous conduct in the chair.

Lunacy Department.

PROPOSED PSYCHIATRIC WARDS IN THE
EDINBURGH ROYAL INFIRMARY.

AN important step towards the furtherance of this most desirable object was taken on the 20th ult., when a special meeting of the Medico-Chirurgical Society, attended not only by the members of that society, but also by a number of the Infirmary managers, members of the Board of Lunacy, and several prominent citizens, was held to discuss "the treatment of incipient and transient mental disorders in the infirmary." The chairman explained that the subject had been brought forward by Dr. John Macpherson, Commissioner in Lunacy, and Sir John Sibbald, who formerly held that office. They had in the first instance to define what kinds of mental disorder might be beneficially and properly healed in the infirmary, and also to let the public know what accommodation was required, how many cases were proposed to be treated, what the probable cost would be, and in what respects treatment in the infirmary would confer benefits on the patients and the public. Sir John Sibbald opened the discussion by indicating the twofold defects of the present methods of dealing with insanity, first in the treatment being limited (so far as the poorer classes of the community are concerned) to that in asylums, with its inevitable stigma; and second, in the teaching being limited to clinics on cases which were so far advanced as to be certifiable. Little was needed to show that the wards would be useful from a charitable point of view, as patients in the early stages of insanity were almost entirely neglected at present, and a considerable number of persons were thus allowed to fall into incurable insanity who should have been saved from that fate. That many cases of incipient insanity could be successfully treated in ordinary general wards was fully demonstrated by the great benefit which asylum physicians now found to accrue from treatment by rest in bed and careful nursing. It was found in asylums that the bulk of the nursing in male wards could be entrusted to female nurses, and the modes of treatment, massage and hydrotherapy, which, combined with rest in bed, had proved of greatest service in asylums, were all such as could be readily applied in general wards. The wards would in no way differ from the ordinary hospital ones. This was of the greatest importance in order to avoid every suggestion of an asylum and to impress the patient and his friends with their true character as a part of an institution whose object was the cure of physical disease. In regarding as suitable wards which did not differ from those of a general hospital, it must be borne in mind that neither compulsory detention nor a long period of residence on the part of patients was intended. Personally, he would be satisfied by a limit of six weeks.

He then pointed out how in this country we were behindhand in our clinical teaching, and that psychiatric wards formed a part of every medical school in Germany, whereas here the ordinary student received no instruction whatever on the treatment of incipient mental disorder. The Master of Polwarth, Chairman of the General Board of Lunacy, said that it had been the policy of the Board to encourage every new movement which seemed likely to conduce to the benefit of those who had the misfortune to suffer from one of the most terrible forms of disease. He could assure the meeting that they would look with a sympathetic eye on any such scheme as this, which would remove the stigma attaching to mental disease, and which would, he hoped, by curing the patients before their malady had advanced, relieve the ratepayers of what was daily becoming a heavier burden. Sir John Batty Tuke expressed his satisfaction at the practical shape which the proposal was taking. He had preached this doctrine in season and out of season for twenty years, and when the infirmary buildings were in process of erection, Sir Arthur Mitchell made a strong effort to get wards such as those proposed, but even his great influence failed. The scheme would reduce the number of lunatics, and would exercise a widespread educational influence. The burden on the rates was due to the chronic lunatic, and whereas money was now poured out to take care of him, not a penny was spent in trying to prevent incipient cases progressing to that stage. His belief was that if they excluded general paralytics and epileptics, and treated cases in the earlier stages they would get 70 per cent. of recoveries. The increase of chronic lunatics was not in the upper classes, who could afford early and efficient treatment, but among the poor, who could not. Above all, the gradual education of the public mind would rapidly do away with the stigma attached to insanity, which had no more right to attach to it than to any other form of disease. Dr. Clouston mentioned that of 900 admissions to Morningside Asylum, only 80 were discharged within six weeks, and 160 within 2½ months. This pointed strongly to the conclusion that it would be a very economical thing for the parish council to come to some business arrangement with the infirmary to treat incipient cases, and thereby prevent the rates being burdened by their becoming chronic. He estimated that about forty beds would be necessary. Drs. Bruce and Affleck, speaking as physicians to the infirmary gave their hearty support to the scheme, the latter pointing out certain difficulties as to site, which, however, he did not regard as insuperable. What was, however, in many respects, the most convincing speech of the meeting was that by Dr. Carswell, adviser in lunacy to the Glasgow Parish Council, who was in the fortunate position of being able to advance the most effective of all arguments—that of facts. For a scheme has been in operation in Glasgow for several years, and is now about to be put on a permanent footing, for the treatment of insanity in its early stages, and a mental block for fifty patients is now being erected in connection with one of the poorhouse hospitals, where patients will be treated on hospital lines. Last year, in temporary and smaller premises, 212 patients were treated; of these, twenty-eight were afterwards removed to asylums, ten died, seven remained under treatment at the end of the year, and 167 were discharged recovered. These were all patients who applied to the parochial officers for certification in the usual way, and nearly all would, but for the existence of the wards, have been certified and sent to an asylum. With better facilities he hoped to pass not less than 300 cases of mental disorder through the ward annually—that is, about one-third of the total applications made in the Glasgow parish with its population of close on half a million souls. He hoped also to establish an out-patient clinique.

The discussion was most hopeful from a medical point of view, but, considering that so many laymen attended the meeting, it was a little to be regretted that the proposals were not more clearly explained. That misconception existed was shown by one of the lay infirmary managers asking what amount of ground would be required, he being evidently under the impression that

the statutory area required for asylums would have to be given by the infirmary. It was not made sufficiently plain, either, that no certification of patients was necessary, while perhaps a little too much was made of the educational advantages which the wards would afford to medical students. It seems a pity that none of the speakers had come prepared with the facts and figures as to recoveries in foreign clinics, for one cannot but remember that if the scheme is to come to anything it must rest on a demonstrable benefit to the public. Again, the physical nature of insanity might have been more strongly insisted upon, and the fact that modern physicians depend almost entirely on ordinary therapeutic measures. It seems clear that to carry out any such scheme the main argument must be that insanity is a disease like any other, and in many cases responds like any other to rest and nursing; that it is the one and only disease in which the poor man is *absolutely* deprived of the benefits which wealth affords his more fortunate brother, and that there is no reason whatever, save conservatism, and use and wont, why a hospital should refuse its help to incipient cases of insanity, any more than to early cases of cancer. As secondary arguments we should place the immense educational advantage which would accrue if the lay mind could be persuaded that the insane are not the subjects of demoniac possession, and that a man who has once been insane is no more a suspect than he who has had pneumonia; and subsidiarily, the ultimate relief to the rates by the cessation of a system which manufactures chronic lunatics. Finally, we would place the argument from clinical teaching. But this, as Dr. Bruce rightly said, is of minor weight. The wards in which clinical teaching is most actively pursued are those in which the patients are most carefully examined and most thoroughly treated. Only one point in the proposal requires mention—that is, as to which would be the most suitable medical officer for such a ward, an alienist or a general physician. The subject is a delicate one, and rightly did not occupy the meeting, the only expression of opinion being that of an asylum superintendent, who said that the superintendent of an asylum ought to have no time for such work, and that the post should be filled by a physician, or at least should be entirely separate from any asylum appointment.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, March 2nd, 1902.

CHLOROFORM AND HEART AFFECTION.

At the meeting of the Académie de Médecine M. Guyon spoke on the subject of chloroform as an anæsthetic on persons suffering from heart disease, and said that he at least found that in such persons chloroform was well tolerated. Consequently he arrived at the same conclusion as that of MM. Huchard and Bucquoy, which was that chloroform was not more dangerous in individuals with heart disease than with others. However, he would make certain reserves in cases of fatty *dégénérescence*, for it was, in his opinion, to that affection of the myocardium that two of his patients succumbed on the operating table. Yet he did not pretend that chloroform was exempt from danger; on the contrary, he considered that it should be closely watched. There was no necessity to give large doses; small quantities were attended with less danger, and were sufficient to produce the desired result. The respiration of the patient was at all times the object of much solicitude on the part of the operator, but the pulse should not be forgotten, especially in the third stage of the anæsthetic; if it became small, rapid, and irregular danger was at hand.

M. Brouardel said that out of twenty-five post-mor-

tems he practised on persons who died under chloroform not one presented any signs of valvular disease; three of them had the heart loaded with fat. In all the other cases the fatal termination was attributed to cardiac syncope. Amongst the lesions discovered at the autopsies he would mention the relative frequency of renal disease, yet he did not consider that they constituted a counter-indication to the administration of chloroform. It should be borne in mind that the use of anæsthetics had not created a new form of death by inhibition of the heart or of the respiration; the danger was not from the mode of administration of the anæsthetic, but frequently from the susceptibility of the patient.

The same subject was treated at the Société de Chirurgie. M. Tuffier said that he lost a patient he was about to operate for anal fistula, but he could not incriminate the quality of the anæsthetic. The arrest of the respiration preceding always that of the heart, it was necessary to stop the administration of the chloroform as soon as the respiratory rhythm became irregular; the practice of artificial respiration was generally sufficient to revive the patient. On the other hand, we were disarmed against cardiac syncope.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, March 1st, 1902.

At the Free Society of Surgeons, Hr. v. Bergmann made some remarks on

GUNSHOT WOUNDS OF THE HEAD.

He had several times pointed out that in time of peace gunshot wounds of the head made with small bullets, 5 to 9 mm. were best left untreated, and attempts made to heal them so long as the bullet could not be felt lying superficially. Some cases observed recently served to confirm this teaching. It was very difficult to determine from the clinical symptoms the track of the missile with any degree of certainty, as the effects due to direct injury and those at a distance could not well be separated from each other, even when the Röntgen rays in different directions had shown fairly well the situation. Only too easily could more mischief be done by operating than the bullet itself would do. Three very instructive cases were shown in illustration of the view expressed.

At the Medical Society Hr. Schäffer read a paper on ALCOHOL AS A MEANS OF DISINFECTING THE HANDS.

Mechanical means alone did not sufficiently free the hands from germs. The nearest approach to an ideal disinfection was obtained by the use of the method proposed by Ahlfeld, hot water and alcohol. First the hands were to be scrubbed well for at least five minutes in very hot water with a sterile brush and soft soap. This alone, however, would never sterilise the hands. He himself after half-an-hour of such brushing had obtained 120 colonies of germs at the close. The second act was washing for from two to five minutes in alcohol. This would act in three directions. First as a bactericide. It would by no means kill the spores of anthrax, at most the vegetative forms of staphylococci. Secondly, it caused contraction and hardening of the skin. Thirdly, it loosened the fat and epithelium. This important property was however only possessed by concentrated alcohol, not by that which was diluted. It was

necessary, moreover, to wash in several vessels containing alcohol one after the other.

The speaker made a series of disinfection experiments with his own hands, and the nearest to freedom from germs that he could get was from one to five only on inoculating. The nearest approach to the number was obtained by the use of Mikulicz spirit of soap. The usual methods of disinfection by the ordinary antiseptic substances gave results far behind these.

A more important question than the number of germs found after disinfection was their virulence, but we had no means of determining the comparative efficacy of the different methods in regard to this, and we could only proceed on the principle that virulence was in proportion to numbers.

The most trustworthy method of disinfection of the hands was therefore the following: energetic scrubbing of them in hot water with soap for from five to ten minutes, drying with a sterile or at least a clean towel; washing with alcohol for from three to five minutes, and then rinsing in a one-tenth per cent. solution of sublimate.

Hr. Blumberg said the best chemical substance to use after good washing was mercury ethyl diamine, known in commerce as sublimine. It was used in the same concentration as sublimate; it does not make the hands rough.

Hr. Fürbringer thought that some error had crept into these investigations as to disinfection. Beyond all doubt he still believed that washing in alcohol was of the greatest importance in disinfection of hands, and alcohol had certainly a bactericide property. He did not rely upon alcohol alone, but put it in between the scrubbing and washing with the chemical substance.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, March 1st, 1902.

DEBATE ON THE PROPHYLAXIS OF TUBERCULOSIS.

CONTINUING the important discussion referred to in my last, Hans Rabl said he could not see what benefits they would derive from Weichselbaum's isolation, &c., in the case of scrofula, which had distinctive characteristics of its own. The organism was one with very low power of resistance, which might take on either a purulent or a genuine tuberculous form. One can, therefore, divide cases of scrofula into two distinct groups; the first is characterised by diseases of the mucous membrane, scrofula eyes, otorrhœa, eczema, enlargement of the glands, thickening of nose, lips, &c.; the second group comprehends changes, such as fungoid growths, ulcerations, abscesses, diseased joints and bones.

Winternitz thought the prophylaxis of tuberculosis would be a sham, even when the bacilli were found. Imagine, he said, all these precautions taken, thereby knowing or acknowledging that the disease is as infectious as has been stated when the bacilli are demonstrated! It is admitted that the sputum may prove infectious when, for instance, a patient or rather a sufferer from the disease is sitting opposite one in a railway train, sputtering the finely-divided mucus about, to be swallowed by the fellow passengers; but that is precisely because the bacilli are not in a spittoon

Again the kidneys and bowels are sources of the disease from which the bacilli may also be transmitted. In his opinion the best prophylaxis is constant attention to maintain the strength of those in good health in order to neutralise the disposition.

LUPUS MILIARIS DISSEMINATUS.

Kreibich brought forward a young girl suffering from lupus miliaris disseminatus on the face. One night it disturbed her sleep from the acute burning and pricking pain that it produced, with great swelling of the face from œdema. Next day the swelling subsided, leaving miliary nodules on the brow, cheeks and chin. Under the microscope each tubercle contained the large lymphoid cell. In thirty-five of these tubercles the "Saurefester" bacilli was present. The infection appears to have been conveyed through the blood, judging from the area so suddenly attacked. In the cervical region there were seen old cicatrices, leaving no doubt as to the existence of previous outbursts in the glands of the tuberculous veins. Kreibich drew a distinction between the large tuberculous cell, and those of lichen pilaris, sarcoma, &c. The large tuberculous cell is certainly more frequently met with and has a finer granular protoplasm with several rounded nuclei, while the "Fremdkörper-riesen zellen" are rarely met with, having little protoplasm and very few nuclei of moderate size. In addition to the tubercle in many parts granulation cells of syphilis and leprosy may be found which may possibly be due to the degenerative influence of the toxines.

Lang thought the "Gelone" prepared plaster which Hr. Bauer used with glycerine was the best prophylactic for lupus that could be devised. It could be sterilised with sublimate or incorporated with any other substance in its application. It was comfortable to the skin, being soft and pliable.

Klein drew attention to the peculiarity of immunity as we knew it by experiment. He found that if he washed the blood corpuscles of an animal with sand quartz and extracted with "isotonic solution of salt" it will not only agglutinate the blood corpuscles of other animals of the same order but it will also agglutinate the blood corpuscles of the same animal from which the blood corpuscles were obtained. Such agglutinated corpuscles are not hæmolytised by the pancreatic extract. From this we may conclude that inactive serum contains active blood corpuscle extracts. This may account for the results obtained in animals with inactive serum when tested, the immunity residing in the corpuscle of that animal and not in the serum.

Benedikt said the ineffectiveness of tuberculosis has been acknowledged since the days of Galen, and did not need to be so laboriously tested in this remote age when people are brought together. Galen asserted that he had seen the husband frequently attacked after the wife had died from tuberculosis and *vice versa*; yet they must all admit, as Skoda and Oppolzer had demonstrated long ago, that the infection is not so easily transmitted as it is generally believed, a fact which had given rise to the conviction in some minds that it could not be directly transmitted. The best cultivating medium was to be found in many of the homes of the people, which were dirty, small, and without ventilation or sunlight. Even many of our so-called "curorts" (hydropathics) are little better than cultivation areas,

where insufficient cleansing, small rooms, and no disinfection was ever practised in regard to either clothing or rooms. There is yet another centre of infection to be found in hospitals and lunatic asylums, where innocent creatures were confined without the slightest precaution. Waiting rooms, barracks, casemates, prisons, &c., are usually accused of having the highest death-rate from tuberculosis, a reproof which was not undeserved. Injuries seem to be very accessible points for the admission of the germ, the vehicle being the sputum, although Galen did not absolve perspiration from them. The collection of the sputum in a conical glass with a disinfecting fluid was a good precaution, but the foundation of all was washing the clothes well and disinfecting with hot air.

The Operating Theatres.

CENTRAL LONDON THROAT AND EAR HOSPITAL.

COMPLETE RADICAL MASTOID OPERATION (STACKE).—Dr. PERCY JAKINS operated on a lad, *et. 12*, who had been admitted for a suppurative discharge from the left ear, which commenced two years ago, preceded by severe pain which lasted twenty-four hours and then the abscess burst. The parents did not then have any special advice. Twelve months later the mother noticed a swelling behind the left ear; she took the patient to a medical man who made an incision into the swelling and let out a little pus. In a week's time the wound had healed up, but the discharge from the external meatus still continued. Twelve months afterwards the child was brought to the hospital. On examination there was found perforation in the upper and posterior segment of the left membrana tympani; bare bone could be felt with a probe, also cholesteatomatous material was seen. The lad had at the same time enlarged tonsils and adenoids which Dr. Jakins decided to remove at once. Fourteen days later the lad came back to the hospital complaining of pain over the left mastoid, and a swelling which was at once incised, and the patient admitted into the hospital. Two days after admission under chloroform a semi-circular incision was made behind the mastoid, the periosteum reflected, the cartilaginous part of the meatus turned out of the osseous and slit into two, the upper flap being removed; with chisel and burr the antrum was next exposed, and a large sequestrum of bone removed; it was found that the cavity was filled with a cholesteatoma; the posterior wall of the osseous meatus was divided, and then the bone covering the facial nerve was found carious. This was gently curetted. It was now apparent that the disease had extended down to the apex of the mastoid; therefore the mastoid cells were all removed. The disease had also involved the attic, and this was well curetted, and all overhanging bone taken away. The large bony cavity was filled with iodoform paste (iodoform suspended in *lotio. acidi. carbolic.* 1-20); the upper part of the wound was stitched up, the lower part being plugged with double cyanide gauze, and the meatal canal kept patent by a large sized drainage-tube. Dr. Jakins said that he had no doubt that the primary cause of the patient's trouble arose from inflammatory or septic material spreading along the Eustachian tube

and so causing acute otitis interna, without doubt due to the adenoids and enlarged tonsils. He thought that if the enlarged tonsils had been removed immediately after the attack of acute otitis then the radical operation he had done need not have been performed. With regard to the operation itself, he pointed out that the complete radical mastoid operation consisted in laying open the antrum, knocking away the posterior wall of the osseous meatus, and cutting a flap in the cartilaginous part of the meatus, thus converting a bottle-shaped bony cavity into a trough. The object of the cartilaginous flap, he explained, was to give more room for inspection and cleanliness. There is, he said, an operation which he used to perform which consisted in exposing the antrum, clearing out all *débris*, and allowing the wound to heal from the back; this is called Schwartz's; but should inflammatory mischief occur again after this operation, there is no outlet for the pent up pus, and serious trouble can arise (as shown in the case published in "Operating Theatres," Jan. 1st, 1902, Cerebellar abscess following chronic discharge from the ear); on the other hand, in the operation just performed (Stacke's) a full outlet remains, so that should any discharge arise, it can be easily treated through the external meatus. The prognosis in these cases, he thought, was extremely good, the mortality is nil; as regards the deafness, in the majority of cases it improves. The only anxiety to the surgeon is when the facial nerve has been irritated during the operation, then facial paralysis supervenes, which lasts from three to nine months.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 5, 1902.

THE MIDWIVES' BILL.

ONE of the most important measures of recent years, so far as the medical profession is concerned, last week occupied the attention of Parliament. The Midwives' Registration Bill was originally brought forward by a body of laymen with the purpose of rendering compulsory the training and registering of all women practising midwifery. That proposal did not commend itself to the medical profession

as a whole, nor after mature consideration was it endorsed with the approval of the General Medical Council. Speaking broadly, the gist of the proposed measure lay in the recognition by the State of a new order of midwives, entitled by a registrable license to practise obstetrics for gain, and that without direct medical control. In the Bill that fell through in the House of Commons in February, 1900, the two fatal points appear to have been, first, the compulsory nature of the registration, and secondly, the fact that it was left entirely to the judgment of the individual midwife to determine whether a labour was "natural" enough not to demand the calling in of a medical man. The view taken generally by the profession was that a new branch of unqualified practice would be deliberately and unnecessarily called into being by the passage of the Bill, for there was no guarantee that the licensed midwife would not assume duties that fall properly to the medical man to discharge. The general feeling of the profession with regard to the Bill of 1900 may be judged from the fact that out of 6,300 practitioners who responded to a request from the *Lancet* for an expression of their opinion, 4,000 declared their hostility to the proposed legislation, while on the other hand it was regarded favourably by 1,311 only. In the Parliamentary debate of 1900 the definition of a midwife was laid down as "a woman who undertakes for reward to attend women in childbirth where no registered medical practitioner is employed." At the same time an amendment to call such women "midwifery nurses" was rejected, and thereby confirmed the view that the creation of an inferior kind of medical practitioner was in contemplation. The right of the Obstetrical Society to certify the new order was established. Fortunately this projected measure did not become law. Last week the second reading of a new Midwives' Bill was moved by Lord Cecil Manners. It differed from the previous measure in the all-important fact of the omission of the penal clause of 1900. The present Bill, therefore, does not exclude existing incompetent midwives, and in that way clearly defeats the object of its promoters. It resembles a warship without guns. To place a kind of hall-mark upon good midwives is not to prevent the dangers arising from ignorant and drunken women who choose to call themselves midwives. A partial step of that kind does not represent the kind of legislation required to remedy an admitted evil, and merits the opposition which it has met from the General Medical Council and from something like 95 per cent. of the medical profession. The present Government deliberately rejected the united voice of the profession when they threw out the principle of compulsory vaccination. Do they propose once again to run counter to the judgment of the majority of medical practitioners and to their governing body? If so there is likely to be sown a crop of dragons' teeth that will one day exact a reckoning as armed enemies. The second reading of the pre-

sent Bill was secured by the tact of Mr. Ritchie, who urged that all were agreed on the common ground that the poor should be protected against ignorant midwives; but the opposition came from those who urged that more inquiry was needed in order to produce a more drastic measure. To pass a Bill which would be so drastic as to prevent the poor from availing themselves of the assistance of midwives in time of need would be, he remarked, a most unfortunate piece of legislation. Mainly owing to his diplomacy the Bill escaped the peril of being referred to a Select Committee, a procedure which would have infallibly prevented any chance of its being passed, at any rate during the present Session. By a compromise it was referred to the Standing Committee on Law. As matters stand there is every prospect that the Midwives' Bill, in its present permissive form, will shortly become law. It is not at all likely, however, that the promoters of the Bill will be satisfied with their partial success. It will be well, therefore, for the medical profession to maintain a careful hold of the question, and to keep the matter before the attention of the General Medical Council and of the British Medical Association. Even now, every effort should be made to amend the proposed constitution of the Central Midwives' Board, which Lord Manners proposes to constitute as follows:—Four registered medical practitioners; two persons (one of them a woman) to be appointed for three years by the Lord President of the Council, and one person appointed for the same term by the Association of County Councils. A more ridiculous constitution could hardly be imagined for a body entrusted with the responsible task of drawing up rules and regulations and granting certificates. The formation of the controlling board and the framing of rules should beyond a doubt be vested in the General Medical Council and not in the Privy Council.

THE TEACHING OF OBSTETRICS IN ENGLAND.

FOR some reason or other the teaching of practical obstetrics in England has always left much to be desired. While in Continental schools the *manœuvres obstétricales*, or practical training classes, have always been held in high esteem, and attendance thereat duly enforced, here this all-important part of the training is greatly neglected. One naturally wonders where the English student is expected to acquire the *tactus eruditus*, and how he is to learn to recognise the presentations. The only part of the obstetrical curriculum which is carried out in full is that of systematic lectures, which, however useful as a basis for practical work, is of itself of little service in the direction of preparing the student for the actual work of his profession. The weakest part of the system, however, is the very department to which one would look to educate the student, viz., the clinical part. The universal custom in our medical schools is to send the student to attend outside maternity cases, which he does in a more or less

perfunctory manner, for the most part without any assistance beyond his own intelligence and a total lack of experience. It is not that there is any scarcity of lying-in institutions, but these have never been methodically resorted to by students, possibly from a dislike to pay extra fees for something which is not compulsory. What a startling contrast this haphazard system, if system it can be called, presents with the well-ordered and comprehensive instruction imparted at such an institution, for instance, as the Clinique Baudelocque, at Paris. There students are thoroughly grounded in the ordinary everyday work of the lying-in room, they are admitted to assist at the operations and manipulations rendered necessary by pelvic and other abnormalities, and they are carefully instructed in the importance of asepsis and in the invaluable art of diagnosing fetal positions by means of abdominal palpation. Just as medicine and surgery can only be effectually acquired at the bedside, so the art of obstetrics can only be mastered in the lying-in room. The septic terrors of an age long since past brought about the abolition of maternity wards in our general hospitals, and no serious attempt has ever been made to remedy the lapsus thus created. From time to time a feeble and isolated voice has been raised in favour of re-establishing the indoor maternity departments, but so far have found no echo, and so students are left to go on in the same old unsatisfactory way to work out their own salvation, when they get the chance, in private practice. All attempts to improve matters by insisting on more adequate practical teaching of the subject have fallen to the ground simply because the General Medical Council has felt that, under existing circumstances, it would be idle to insist upon the impossible. But reform is impossible only because those who could initiate it are oblivious of, or indifferent to, the urgent necessity therefor. We are confronted with the possibility that if midwives are adequately trained they may, in some instances, know more than the medical attendant, should the latter be a young man fresh from the schools. If hospital managers will not rehabilitate the maternity wards arrangements should be made whereby the ample store of material available in our lying-in institutions and infirmaries should be made available for purposes of the methodical instruction of students. Until that is done the English school of obstetrics will remain a by-word among nations.

THE GOVERNMENT AND LONDON WATER SUPPLY.

THE history of the water supply of the metropolis records a prolonged conflict between public and private interests in the richest and greatest city of the world. In the United Kingdom there are no less than 918 public bodies that manage local water supplies, and of that number 913 are directly elected municipal authorities. Some of these concerns, as at Liverpool, Manchester, and Birmingham, are carried on with great profit and saving to the citizens

who have acquired the control of the monopoly in question. Curiously enough, London is not permitted to manage its own affairs in the business-like way that is open to every petty town and district in the kingdom. Imperial Parliament asserts a right to dictate the way in which certain parts of administrative London shall be ruled. The police of Greater London, for instance, are not under the control of the citizens, but of the Home Secretary. The Metropolitan Asylums Board, again, is not an electoral body representative of the citizens, but its members are nominated by Government and by various local bodies. Of recent years the London County Council has sprung into vigorous being, and has been permitted to assume a central control of a few matters of common municipal interest. Naturally the Council, as a progressive body, desired to secure the advantages of a water supply owned by the public instead of by a number of private corporations. It has been proved again and again that the water companies have failed both in the matter of quantity and of quality, to say nothing of pressure, constancy of supply, and depth of pipes. The County Council has fought the water battle of London year after year, and has so far been able to enforce the partial acceptance of its views as to purchase and to control upon an unwilling Government. The present Bill introduced by Mr. Balfour's Ministry provides financial terms for the water companies that may be regarded as extravagant. The more important matter, however, is that it practically takes the control of the water supply out of the hands of the County Council and places it in those of an unwieldy non-elective body of sixty-nine members. Nothing of the kind is required in other towns, where a small committee of ten or fifteen members is found to answer all purposes. It is apparently only when London is concerned that the necessity of creating such unwieldy bodies suggests itself to the Government. The Metropolitan Asylums Board is a non-elective body of that kind, and, although its work is undoubtedly good, yet the lavishness of its expenditure makes it desirable that the Board should be brought under the direct electoral control of the ratepayers. The defunct Metropolitan Board of Works, a corrupt and inefficient body now happily replaced by the County Council, presented another glaring instance of the danger of vesting important administrative duties in the hands of a non-electoral executive. Yet with all these and other object lessons in view the Government has obstinately maintained the resolution to entrust the control of London water to a non-representative Board. The chaotic band to be created under the scheme of the Government Bill is to consist of sixty-nine members to be nominated by the Borough Councils and by the various authorities outside administrative London. The County Council, which knows all about the water question, and is a great impartial and central representative governing body, is to be represented on this fatuous new Board by ten representatives. It is impossible to avoid the conclusion that such a proposal covers a

thinly disguised attack on the County Council. The Water Board, if Parliament be weak enough to carry the Government proposals into effect, will be virtually absolute in power, inasmuch as it will be outside the electoral control of the ratepayers. If established it will be a law unto itself and there will be nothing to prevent its rapid degeneration into a second Metropolitan Board of Works. Sooner or later corruption and dissolution have overtaken every administrative body having command of immense revenues if that body be independent of direct public control. The curious irony of the situation becomes apparent when it is remembered that at the last election, the County Council was returned by a large majority with a popular mandate to purchase and to acquire control of the water companies. Conservative London Members of Parliament who support the Government Bill are therefore opposing the deliberately expressed wish of their electorates. There is another point worth noting. In placing obstacles in the way of the popular control of water, Mr. Balfour's Ministry is once more running dead against the opinion of the medical profession, as unanimously declared in the leading medical journals. Mr. Balfour flouted the profession in the matter of vaccination, he has repeatedly tried to do so on the midwives' question, and apparently he invites their hostility upon the principle of the present London Water Bill. Those interested in the sanitary well-being of other parts of the United Kingdom where the water supply is not under municipal control will do well to mark, learn, and inwardly digest the lessons to be gathered from the vicissitudes of the water supply in the metropolis.

Notes on Current Topics.

The General Medical Council.

HAVING formally taken cognizance of the situation as between itself and the Royal Colleges of London, in respect of the recognition of institutions for the teaching of preliminary scientific subjects, the Council held its hand and virtually withdrew its threat to report adversely to the Privy Council. It may be conceded that in view of the lack of unanimity on the matter in the Council itself, it probably did wisely in not proceeding to extremities. The only real matter for surprise and disappointment is that this attitude did not earlier commend itself for adoption. We repudiate any sympathy with the Royal Colleges in what we are fain to consider their ill-advised and unpatriotic, however legal, action in thwarting the Council's attempts to co-ordinate and level up the standard of scientific education, but it was hardly worth while to enter upon a struggle which has finished so ingloriously. Our only consolation lies in the hope that the Royal Colleges, after a period of not unnatural exultation, will make such concessions as experience may prove to be necessary in order to preserve to the Council that preponderating control over the whole medical curriculum which has done so much to elevate medical

education in the past, and holds out such promise for the future. The one point which we regard as essential and fundamental is that there shall be no tampering with the integrity of the five years' curriculum, and it is sincerely to be hoped that a *modus vivendi* will be elaborated which, without sacrificing the privileges to which the English Conjoint Board attaches so much importance, will secure five years for medical study proper.

The Dinner of the Royal Medical and Chirurgical Society.

THE Fellows of the Royal Medical and Chirurgical Society met at dinner on Wednesday of last week in the Whitehall Rooms of the Hotel Metropole, Dr. C. Theodore Williams occupying the chair in the absence of the President, Dr. F. W. Pavy, owing to domestic bereavement. Some 120 Fellows with their guests were present, among them being Sir Walter Sendall, G.C.M.G., Sir Wm. Turner, Sir Dyce Duckworth, Sir Thomas Smith, Mr. A. Willett (President-elect), Mr. Watson Cheyne, Mr. Howard Marsh, Dr. Peter Horrocks, and Dr. Urban Pritchard; Sir Thomas Barlow, Bart., and Mr. Clinton Dent (hon. secretaries); Mr. Howse, President of the Royal College of Surgeons; Mr. W. W. Oules, R.A., Dr. Conan Doyle, &c., &c. The Chairman read a telegram from the President regretting his enforced absence, which received a sympathetic reception. After the toasts of his Majesty (the Patron of the Society) and her Majesty the Queen, the Prince and Princess of Wales, and the other members of the Royal family, the Chairman proposed the toast of "The Royal Medical and Chirurgical Society," into the history and progress of which he entered at considerable length, showing that it is a flourishing and progressive institution occupying a foremost position in the British medical world. The toast of "Our Guests," proposed by Mr. Alfred Willett, was responded to by Sir Walter Sendall and Dr. Conan Doyle. The latter laid claim to a feeling of embarrassment, of which he gave no outward and visible manifestation, on the ground that he felt like a deserter dining with his old regiment, or, at best, like a full private dining at his officers' mess. Although he no longer practised his profession, he fully appreciated the value to the individual of a medical education, which, he urged, was the truest basis for thought and the truest basis for life, because it went down to its very roots. He insisted on the beneficent influence of "the parish priests of science," the humble general practitioner, whose inconspicuous life was to him a continual inspiration, characterised as it was by a high sense of duty which reached through life to death. Dr. George Ogilvie, in response to a general call, made some delightfully humorous remarks in which he traced the steps of Scottish migration south of the Tweed from prehistoric times, embodying therein some anecdotes which considerations of space unfortunately prevent our reproducing. The proceedings concluded with a vote of thanks to the Chairman, and a very pleasant evening was then brought to a close.

Chloroform Mortality in France.

AN instructive debate on the incidence and prevention of death from chloroform and other anæsthetics has occupied several recent meetings of the French Academy of Sciences. The subject does not seem to be one in which anything approaching absolute precision can be arrived at, probably because the personal equation plays too preponderating a part in the innocuousness or otherwise of the induction of anæsthesia. Nevertheless, the prevailing opinion among French surgeons appears to be that when carefully administered chloroform is not attended by greater risk to life than the other anæsthetics in general use, not even in respect of the subjects of organic heart disease. Unfortunately we are no nearer a solution of the problem which is the best, i.e., the proper, way to administer the drug. Inhalers of any kind seem to be unknown across the Channel, yet so long as chloroform is poured on to a mask or towel error of judgment and carelessness are certain to cause a certain proportion of fatalities. In the course of the debate it was confidently asserted that there are more accidents from chloroform in Great Britain than in any other country, although it cannot be said that the methods in vogue in the two countries present any great points of difference. In estimating the value of a comparison of this kind, it is obvious that the absolute mortality must be compared with the number of administrations, and these figures, as it happens, are available neither there nor here. We see no way of obtaining this very necessary information short of a system of compulsory notification of chloroform administration, an innovation which has not as yet cast its shadow over the medical horizon.

"Off" Licences and the Government.

THE present Government has been often enough reproached for its want of courage and enterprise in attacking the difficult subject of temperance legislation. Now that they have brought forward a licensing measure they are not altogether to be congratulated on their performance. Clause 8 of that Bill interferes directly with the sale of liquor in grocers' shops, or "off" licences. The brewing interest in Parliament is enormous, and in the present instance has most likely been brought to bear against the retail sale of liquor in places other than in public-houses. That may possibly explain the true inwardness of the matter, or it may be simply a further illustration of Mr. Balfour's *dilettante* method of handling certain phases of social life, such as that which gave birth to the "conscientious objector," and is now pushing the Midwives Bill through Parliament in the teeth of the General Medical Council and the vast majority of the medical profession. Why should grocers' licences be abolished? Is not the unnecessary consumption of drink likely to be lessened if beer, wine, and spirits be procured at a grocer's shop instead of a public-house? After three years' patient investigation the majority report of the Royal Commis-

sion of 1896 saw no reason to advise any alteration of the present system as regards the combination of the trades of grocer and wine and spirit seller. "Off" license holders are liable to exactly the same police regulations as holders of ordinary licences. It is hard to imagine any reasonable defence of the Government proposal to abolish "off" licences. The pith of Clause 8 lies in giving justices absolute control of "off" licenses. That principle has failed in the case of "off" beer licences, for under justices' control the number of tied houses has greatly increased. The result of Mr. Ritchie's proposal must infallibly be to create a monopoly in the "off" trade such as now exists in the "on" trade. From almost every conceivable point of view the proposed extension in the Government Bill is as unnecessary as it is unjust and unwise.

The War against the Ship Rat.

THE discovery of the part played by the ship rat in the carrying of plague from port to port has resulted in a war of extermination on the part of all progressive port sanitary authorities. In the Port of London the rats have been destroyed literally by tens of thousands. From a recently-issued report we gather that between November 24th and December 31st six cases of plague and thirteen cases of enteric fever were dealt with, and during that period 10,164 rats were destroyed. The Medical Officer of Health, Dr. Williams, in a further report for January, states that 2,293 ships were inspected, and 7,626 rats destroyed. The total number of rats accounted for since the commencement of the raid has amounted to considerably over 100,000. In one large steamer, which was disinfected on account of small-pox, no fewer than 1,000 dead rats were found after the process of fumigation. This satisfactory record should have a distinctly stimulating value to other port authorities throughout the United Kingdom, inasmuch as all of them are exposed sooner or later to the risk of invasion by plague. Concerted action, indeed, lies at the root of success in warding off this special danger. Clearly, it is little use killing off the rats on board the ships in London ports if they are allowed to pass unscathed, say at Southampton, Cardiff, Aberdeen, or Belfast. It would be worth careful consideration whether the responsibility of keeping ships free from rats could not be fastened upon shipowners.

A "PEOPLES' Medical Defence Union" has been formed at Birkenhead, apparently with the object of defending the practice of medicine by one Pleavin, who claims to be M.D. (U.S.A.), whatever that may be. Mr. Pleavin addressed the meeting, and spoke strongly on the conduct of the Registrar in refusing his certificate of death, winding up with a resolution calling upon the borough members of Parliament to ask the Registrar-General for an explanation of his conduct in directing the refusal of such certificates, and censuring the borough coroner. This, on the part of an American quack, really borders on impertinence.

Small-pox in London.

UNHAPPILY there is no change in the stereotyped report of the increase of the small-pox outbreak in London. The authorities have shown a praiseworthy energy and thoroughness in grappling with the disease, and it may be safely said that no similar epidemic has been hitherto handled with a better preventive organisation. The Metropolitan Asylums Board have so far kept pace with the demand for hospital accommodation, and have provided the most efficient ambulance system that the world has ever known. Chicken-pox has been rendered compulsorily notifiable in the metropolitan area, and an insidious risk has been thereby averted. Last week the London County Council adopted another most important step towards staying infection. Small-pox has been so long practically absent from London that many medical practitioners are not familiar with its objective appearances. Moreover the disease is so varied in its manifestations and so often modified as the result of vaccination that its existence can be recognised only by those who have had considerable experience of the malady. Lastly, it happens not infrequently that patients are often unable to pay the fees of consultants. All these difficulties have been met by the wise action of the Council, who have appointed a number of medical men in various parts of London who may be consulted free of charge in all doubtful cases. This arrangement is to continue in force so long as chicken-pox remains a notifiable disease or until further notice. This activity on the part of the metropolitan local authorities is of direct importance to every town throughout the United Kingdom, inasmuch as it has repeatedly happened during the present epidemic that the disease has been conveyed from London to distant parts of the country. The actual returns since our last issue have been as follows: On Tuesday, February 25th, 47 fresh cases, with 1,320 persons under treatment; on Wednesday 38 fresh cases; on Thursday, 44; on Friday, 45, and 1,350 cases under treatment; on Sunday, 99 fresh cases, and on Monday, 78. The deaths from small-pox in London last week amounted to 64, as against 39, 64 and 54 in the preceding three weeks.

The Cork Crab Case.

OUR readers will doubtless remember a peculiar case known as the Cork crab case, in which illness had resulted from eating crabs which were unfitted for human food, and to which we alluded in an article on ptomaine poisoning. The case from a legal point of view is one of considerable interest. The unfortunate person who ate the crabs was awarded damages by a divisional court. This decision was subsequently confirmed by the King's Bench Division, and has been reaffirmed by the Court of Appeal. Apparently, the crabs were sold as human food, and the Lord Chancellor, in giving judgment, held that the question to be decided was governed by the Sale of Goods Act, and that the

transaction in this case was of such a nature that there was an implied warranty. This is a most important decision, and one which affects thousands of persons. Milk-sellers will be intimately concerned, as the decision will obviously affect the lax manner in which unsound milk is sold. Indeed, in this respect, if the public only grasp its full significance, the consequences for sellers of milk will be unpleasant, though by no means undeserved. It seems to us that the employment known as baby-farming can now be profitably diversified by an employment of exacting compensation from the milkman because he supplied the unsound milk which caused the illness or death of the infant.

Quackery in Silk and Velvet.

IN the present year of grace the unqualified medical practitioner is carrying on operations on a scale probably never hitherto reached in the United Kingdom. In and around Bond Street, for instance, one of the wealthiest quarters of the Metropolis, a score or more electricians, bone-setters, masseurs, skin, electrolysis, and hair experts, live and flourish like green bay trees. Some of them draw revenues that would compare favourably with ninety-nine out of a hundred specialists in Harley Street. Their operations are carried on in a strictly commercial manner, and public advertisement is the sheet anchor of the whole affair. The fees charged vary from half-a-guinea to one or two guineas and sometimes more for a visit. Some of these unlicensed practitioners are in the habit of attending patients systematically at their own homes. This form of competition clearly affects the qualified consultants and specialists, who are thus deprived of many thousands of pounds every year. Hitherto the field of quackery has been for the most part restricted to the poorer classes, whereby the income of the general practitioner has been most seriously diminished. It is to be hoped that the medical profession will one day insist on a proper protection of their own interests and at the same time of those of the community at large. If the General Medical Council cannot bring pressure to bear upon Parliament, then it will be well to demand a radical change in the constitution of that body, so that it may be converted into a representative governing body with real power to protect the profession from which its revenues are drawn.

The Soldier's Heart and his Knapsack.

THE fact that prolonged military service has, generally speaking, an unfavourable effect upon the heart and vascular system has long been recognised. Soldiers are especially liable to aneurysm, and a large number are invalided annually in our own army on account of heart troubles. The cause appears to be not remotely connected with the continuous and prolonged physical exertion that are demanded by an unscientific military administration. Everyone knows that a horse breaks down rapidly if worked to the utmost limit without intervals of

rest, whereas with a day off, say, twice a week, the same animal would last comfortably for a reasonable term of years. Some recent experiments conducted by Professor Zuntz, of Berlin, and Dr. Schumberg, of Hanover, appear to point to the existence of much the same principle as regards soldiers. Five army medical cadets were marched a stated distance under varying conditions of food and amount of weight carried, while the physiological results on the circulatory, excretory, nervous and other systems of the body were carefully noted. The character of the food was found to be important, and on ordinary rations it was found necessary that one day of rest should follow three of heavy marching, in order to enable the body to restore the fat used up in the production of energy. The men lost weight, that is to say, they lost their fat. The sphygmograph showed that with an excessive load the action of the heart increased to one hundred and forty or fifty beats per minute. This result was attributed to fatigue of the cardiac muscle, and the investigators concluded that sixty-eight pounds is the heaviest weight that can be carried without risk of permanent damage to the heart. All this is of first-rate importance to sound army administration.

Bacteriological Prophecy in Comedy.

It is frequently said that the existence of pathogenic microbes had long been foreseen by the eye of imagination ere the bacteriologist was abroad. It has been discovered that the disease-bearing bacterium was foreshadowed by Samuel Foote in his comedy, "The Devil on Two Sticks," written in 1768. In it the President of the College of Physicians lectures:—"Brethren and Students,—I am going to open to you some notable discoveries that I have made respecting the source or primary cause of all distempers incidental to the human machine, and these, brethren, I attribute to certain animalculæ or piscatory entities, that insinuate themselves through the pores into the blood, and in that fluid sport, toss and tumble about like mackerel or cod-fish in the great deep; and to convince you that this is not a mere *gratis dictum*, an hypothesis only, I will give you demonstrative proof. Bring hither the microscope!" &c.

The Administration of Morphine.

The action for damages brought against a medical man by a nurse, consequent on the alleged continuous and unjustifiable administration of morphia, which entertained public curiosity during last week, directs attention to the grave responsibility resting upon every practitioner who advises the medicinal use of morphia, cocaine, and like bodies capable of initiating a morbid habit. It is well that this matter should be faced. It is often said that habits of alcoholism have been entered upon under "medical orders," and although such is undoubtedly in many instances but a manifestation of the palliative mendacity characteristic of the confirmed inebriate, it is to be feared that a careless and unscientific acquiescence on the part of the medical practitioner in sanctioning a

self-administration of alcohol has in only too many cases led to the most disastrous results. The same holds good of morphia and cocaine. Dr. Oscar Jennings, of Paris, in the recent edition of his well-known little work on the subject ("On the Cure of the Morphia Habit," 1901), admirably portrays the clinical features of the morphia *habitués* and shows the difficulties in the way of their adequate management. In these days, when narcotic drugs can be obtained without difficulty, and when even the method of hypodermic administration is daily demonstrated on the stage of one of London's most famous theatres, it is well that every medical man should studiously guard himself against the risk of being made responsible for the initiation of a habit which makes for moral decadence and inevitably leads to physical degeneration. Under these circumstances surely a word to the wise is likely to be enough!

The Therapeutic Influence of Scenery.

THE medical man in his study of climatology is rather apt to limit his mental vision. In the selection of a suitable health station for his patient he oftentimes directs his whole attention to the physical characters of the place, and forgets to consider the probable influence of the natural features of the district on the mind of the invalid. The action of psychological impressions is not infrequently of quite as great importance as any alteration of physiological processes. Indeed, it must not be forgotten that much of the advantage of "a change" often arises from the readjustment of the psychical life of the patient, as well as the rectification of physical conditions. The wise physician cannot afford to neglect this matter, and as an aid to a wider outlook we venture to recommend a careful study of Lord Avebury's charming new work, "The Scenery of England and the Causes to which it is due."

The Aerial Dissemination of Small-pox.

DR. J. C. THRESH, the able Medical Officer of Health for Essex, has recently drawn attention to the spread of variola by means of the wind. This is no new doctrine, but Dr. Thresh's evidence is very convincing that we are acting in opposition to well-substantiated fact, that in short our methods of isolation are imperfect and dangerous. It has been amply demonstrated that the hospital ships moored in the Thames are a serious source of danger to communities in the near neighbourhood. The number of cases in the Orsett Union, that nearest the ships, represent a rate of 8.6 per 1,000, while for the rest of Essex it is only 0.21 per 1,000 of the population. Dr. Thresh shows that if London had been affected in the proportion in which the Essex division under notice has suffered, no less than 500,000 cases would have occurred within the last seven months. The virus of variola still remains unknown, but whether it proves to be a bacillus or member of the bacteria group, or is ultimately shown to depend on some protozoal organism, as some suggest, there can be no doubt

that its infectivity is dependent on characters which are capable of allowing action over wide areas. In some respects it is not unlike typhus. We have learnt the danger of aggregating such cases, but at least in practice the same truth is not recognised in connection with variola. Dr. Thresh's observations seem to show that variolous infection may be wind-borne for a distance of from two to three miles. It is to be hoped that the medical officers of the Local Government Board will look into this matter at once, and that some authoritative statement will be speedily forthcoming.

Mastitis in Typhoid Fever.

It may truly be said that the more gradual the onset of any disease the greater is, as a rule, the difficulty in making a positive diagnosis, and the greater the number of complications which have been found associated with it the more embarrassing will the prognosis be. In the last few years the number of what may be termed recognised and legitimate complications of typhoid fever has been largely added to. The most recent addition is perhaps that of mastitis, an addition which is apparently justifiable. The number of cases recorded, and the care with which fallacies have been excluded in many of them, prove that the association of the conditions was not merely accidental. According to Dr. Thomas McCrae (a) mastitis as a complication of typhoid fever is not confined to females or necessarily associated with a functioning gland, and usually occurs late in the attack. Both breasts are involved in about 50 per cent. of the cases, and suppuration occurs in about the same number. The occurrence of mastitis is not apparently of any special moment in the prognosis of typhoid.

Recent Views on Prostatectomy.

It is satisfactory to observe signs that the somewhat acute discussion on the subject of the operative treatment of senile hypertrophy of the prostate is showing indication of becoming less heated and more rational. Many, who followed the course of the discussion, felt that the principal questions at issue were based on pathological and anatomical grounds, rather than surgical. Two points were brought prominently, if somewhat indirectly, forward. The first was the necessity of clearly defining what was meant by the "capsule" of the prostate. Some understand by this term the fascial covering derived from the pelvic fascia inside which lie the prostatic plexus of veins which separates the gland from its capsule; others regard the fibrous envelope, which, in normal cases is intimately attached to the structure of the gland and outside which the plexus lies, as the "capsule." The second point which underlay many of the difficulties in the discussion was the somewhat general failure to differentiate between the uniformly enlarged prostate met with in old men and the prostate, which is the

site of multiple fibro-adenomatous tumours. Mr. Hurry Fenwick, in a recent article (a) clears up these points and many others associated with them. He points out that though in the adult, or in the "tough" prostate, the gland and its capsule (inner or true) are densely adherent, yet in the old adenomatous prostate the tumours have displaced the tissue of the gland, so that it lies in fine lines near the capsule. There is, however, a certain amount of difficulty in following Mr. Fenwick when he says that the "ripeness" for removal can be judged by the "tension of the capsule." Though it is scarcely desirable to seek to open up again the wordy warfare, we cannot pass over Mr. Fenwick's reference to it without observing that had his colleague stated his case as Mr. Fenwick has done no discussion would have arisen. It is one thing to speak of complete enucleation of the prostate and quite another to speak of the complete enucleation of adenomatous masses without any direct attempt being made to remove what remains of the gland adherent to its capsule.

A New Method for Preventing the Deposit of Moisture on Laryngeal Mirrors.

THE difficulty of preventing the deposit of moisture on laryngeal mirrors during a prolonged examination is well known. Heat will, of course, prevent its deposit temporarily, but, in some cases, as where electric light is used as a source of heat illuminant, it is not always at hand. Consequently, it may be of interest to many medical men to know that there is a reliable alternative. This alternative is to be found in what is known as "le crayon anti-buée," which Dr. Walker Downie has recently drawn attention to as of value for the purpose we mention. The laryngeal mirror is polished with a soft cloth, and then gently rubbed over with the crayon, it can then be breathed upon without impairing its brightness. It is probable that the use of these crayons is already familiar to many who have to constantly wear glasses, as it was, we believe, primarily introduced with the object of preventing the deposit of rain on the latter. From a trial which we recently made of the substance we fancy that it is even more suited for the purpose for which Dr. Downie recommends it than for the purpose for which it is actually intended, inasmuch as, according to our experience, it will effectually prevent the dulling of glass from respiration or such like causes, although an excess of moisture, as occurs in the case of rain beating against glasses, will in a very short time destroy its action. The crayon is also of value for preventing the dulling of the eyepiece of microscopes during use.

THE death is announced of Dr. Thomas Pearce, one of the oldest and best-known practitioners of Plymouth, at the age of 74. The history of the Pearce family as physicians extends back with unbroken continuity through several generations.

(a) *Johns Hopkins Hospital Bulletin*.

(a) *Practitioner*, February.

The Identification of Human Blood.

IN the course of a recent notorious murder trial the medico-legal aspects of human blood identification were brought into prominence. The chain of evidence on which the crime of murder was brought home to the accused man was altogether circumstantial. Human blood was present on the handle of a knife found entangled in the hair of the murdered girl. Similar stains were also found on the clothing of the prisoner, but the most important point was the presence of blood on the floor of the van driven by the accused. Expert evidence was given by a leading medico-legal authority, who stated the age of the bloodstain to have been probably within certain defined limits. Counsel for the defence naturally made the most he could out of the uncertainty of the evidence bearing on the age of the blood stains. He does not appear, however, to have laid much stress upon the all-important point that the blood found on the floor of the cart was human blood. Fortunately it is possible to determine by spectroscopic and other more recent methods with practically absolute certainty whether any given blood stain is or is not of human origin. In the present case the expert witness was able to state with confidence that the blood was of human origin. Any possible shadow of a doubt was fortunately disposed of by other incriminating evidence, which no ingenuity of counsel could explain away. The discovery of blood corpuscles appears to be the only clue to the date of the shedding of the blood, and that must necessarily vary within certain limits according to the conditions of exposure.

Corporal Punishment.

THE advantages and dangers of corporal punishment have been much discussed, but we had thought that it had generally been recognised that to allow teachers to exercise their discretion in the infliction of physical pain for mental incompetence, was both inhuman and dangerous, and indicated a sad lack in the tact and talent for teaching. We are astonished therefore to see it reported that the Hornsey School Board have adopted a resolution conferring power upon assistant teachers to inflict corporal punishment in the Board's school. We do not know if this particular Board have availed themselves of the opportunity of appointing a Medical Adviser, but we think that they should inform their teachers that should they inflict physical damage to their pupils, they render themselves liable to prosecution, when it may be presumed the Board would quickly rescind its resolution.

Influenza at Home and Abroad.

THE microbe of influenza has made its influence felt in Government circles on both sides of the English Channel, and both Legislatures have been greatly hampered by the enforced absence of prominent members. Fortunately, in view of party politics, this particular microbe is no respecter of persons, and smites the just and the unjust—that is to say, both sides of the House—alike, so that the

division lists have not been unduly disturbed. The list of distinguished victims is too long even to glance at, but happily the mortality rate is very low.

Absurd Rumours.

A COPIOUS crop of silly rumours has sprung up all over the country to the effect that persons who had been revaccinated have had to undergo amputation or other serious operation as the result thereof. So circumstantial were some of these rumours that certain firms have found it necessary to publish categorical disclaimers. Absurd as such rumours are, they do an immense amount of mischief among the unthinking and the ignorant, just the people in fact who are but too apt to entertain "strong views" on the value and effects of vaccination.

DR. SEYMOUR GRAVE TOLLER, M.D., M.R.C.P. Lond., late physician to the Kasr-el-Ain Hospital, Cairo, a young physician, who as a student had a most brilliant career, died last week at his residence at Cairo, at the early age of 35.

DR. GEORGE ROBERT S. MACGREGOR, Medical Officer of Health for the Bingley district (Yorkshire) died on Saturday, aged 46 years. He was the son of the Rev. R. MacGregor, of Canisbay, Caithness, and was educated at Aberdeen and Edinburgh.

DR. E. TRAVERS SMITH has been appointed a physician to the Richmond, Whitworth, and Hardwicke Hospitals, to which he was formerly assistant physician.

THE EARL OF ROSEBERRY will preside at the annual meeting of the Royal National Hospital for Consumption and Diseases of the Chest, Ventnor (of which he is President), on March 18th.

LORD SANDHURST has accepted the office of Chairman of the weekly Board of Governors of the Middlesex Hospital, an office which he formerly held before being appointed Governor of Bombay.

MAJOR H. KENDLEY, Medical Officer at Patiala (India), was recently mobbed and severely assaulted by the populace at Patiala in a plague riot. He was rescued by the Imperial Service Troops.

CAPTAIN INKSON, V.C., of the Royal Army Medical Corps, an old student of University College and Hospital, was entertained at dinner last week by the Union Society of the College and Hospital, Professor G. Vivian Poore presiding. Captain Inkson, it will be remembered, won the Victoria Cross at Pieter's Hill, being recommended for distinguished bravery by General Buller.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE GLASGOW FACULTY AND THE GENERAL MEDICAL COUNCIL.

A WELL-ATTENDED meeting of the recently-constituted Association of the Licentiatees of the Faculty of Physicians and Surgeons, Glasgow, was held in the Faculty Hall, St. Vincent Street, on Thursday last. The chair, in the unavoidable absence of Prof. H. E. Clark, honorary president, was occupied by Mr. Burges

the president. He said the objects for which they were met together were two-fold. They wished to give the licentiates scattered over the country an opportunity of joining the Association, and they were also met to consider the action of the General Medical Council in connection with its edict regarding the sale of scheduled poisons by general practitioners having open shops. That edict did not compel them to shut their shops, but it practically made it dangerous for them to retain them, and already a number of men had sold their shops and others would gladly do so. They felt their rights, which as a class they had enjoyed from time immemorial, were being interfered with by a body which ought, instead of doing so, to have conserved their interests. An animated discussion followed the Chairman's remarks, and the following resolutions were proposed, seconded, and unanimously carried:—

1. "That a committee be appointed to approach the Faculty of Physicians and Surgeons, Glasgow, to point out that, in our opinion, the recent edict of the General Medical Council is a serious infringement of the rights in pharmacy held by the licentiates under their diploma, and to request them to take steps for their protection."

2. "That the Council be empowered to represent to the General Medical Council, the effect of their recent edict upon the medical practice of the district, and to defend our system of open surgeries."

3. "That the Council be empowered to approach the members of Parliament for Glasgow, and the West of Scotland either independently or in conjunction with other medical societies, with a view to securing a reform of the constitution of the General Medical Council and a modification of its penal powers."

Dr. Lindsay Steven, who was present at the meeting, said he was at one with the licentiates that they had a serious grievance against the Council in regard to this matter. He was glad that they had appointed a committee to approach the Faculty, and he would be glad to do what he could to further their objects. Dr. Barlow also expressed his willingness to support the licentiates in the Faculty. Drs. Steven and Barlow are Fellows of the Faculty appointed by the licentiates to represent them.

INADEQUACY OF DIRECT REPRESENTATION ON THE GENERAL MEDICAL COUNCIL.

At a numerously-attended meeting of the Glasgow and West of Scotland Branch of the British Medical Association on Friday last in the Faculty Hall, a motion was proposed by Dr. J. Stewart, president of the Southern Medical Society, and seconded by Dr. D. Couper, president of the Eastern Medical Society, "That the Council of the Branch be instructed to draw up a memorial for presentation to Parliament calling attention to (1) the inadequacy of the direct representation on the General Medical Council, and (2) the exceptional penal powers possessed by the General Medical Council, and praying for an increase in the number of direct representatives on the Council, and a modification or withdrawal of its penal powers. And, further, that the Branch Council be empowered to solicit the co-operation of the other Scottish branches of the British Medical Association in this matter. It was announced by the Secretary that a letter had been received from the General Secretary stating that the Council of London were drafting a Bill for presentation to Parliament on the subject, and it was ultimately agreed to delay proceeding further meantime on the lines of Dr. Stewart's motion. The Secretary, however, was instructed to invite the co-operation of the other Scotch branches in endeavouring to expedite the introduction of the proposed Bill to Parliament by the Council of the British Medical Association.

THE INDIAN MEDICAL STAFF CORPS AND SCOTCH STUDENTS.

The Edinburgh Medical School has good reason to feel proud of its graduates who represented it in the recent examination for entrance into the Indian Medical Staff Corps. Out of ten Edinburgh candidates six succeeded in gaining places, which reflects creditably on the standard of training received here. Dr. W. C. Ross, a former president of the S.E.C., and editor of the

Student, gained the second place, whilst Dr. F. A. Bernardo, Walker, Rundall, Wilson, Trafford, Manasse, Paton, and Robertson gained places. These gentlemen proceed shortly to Netley for a four months' course of training before leaving for India.

Obituary.

FLEET-SURGEON HENRY BEAUMONT, R.N.

We regret to report the death, from pneumonia and heart failure, on Wednesday, February 12th, 1902, of Fleet-Surgeon Henry Beaumont, R.N., at Idrone Terrace, Blackrock, Co. Dublin. Fleet-Surgeon Beaumont was born in the year 1845. His father was Frederick Augustus Beaumont, who held a good position in the Bank of Ireland up to the date of his death. He resided at Williams Town, Co. Dublin.

Henry Beaumont was educated at Jones' School, Monkstown. He selected medicine as his profession, and studied at the Royal City of Dublin Hospital and the School of the Royal College of Surgeons. He took the License of the Royal College of Surgeons in Ireland in 1866, and the License in Medicine and Midwifery of the Royal College of Physicians in Ireland in 1867. After he was qualified he took up practice for three years at Holyhead, and was then appointed to a dispensary on the Coast of Donegal. Not liking the loneliness of country dispensary work, he gave it up in a very short time, and entered the Royal Navy in 1870, and served in different ships as surgeon in many parts of the world. He retired on pension from the Service in October, 1891, having served for twenty-one years, and went to reside in the neighbourhood of Blackrock, Co. Dublin, where he looked up many of his former fellow-students and lived a quiet bachelor life in the society of his friends and of his pet birds. Although of a rather reserved manner, he was a most charming companion, and the quaint dry humour with which he used to express himself often amused and carried food for reflection to his friends. He was most charitable, and, at the same time, very anxious that nothing should be said about his charities. Latterly, he became a member of the Committee of the National Children's Hospital in Harcourt Street, and also joined the Committee of the Dublin Red-Cross Nursing Sisters' Home, in both of which institutions he took the warmest interest, and hardly ever missed a meeting of their boards.

He was a clear-headed business man, possessing at the same time the most kind and thoughtful disposition, and all through his long and painful illness, of which he was most conscious, though he bore it with apparent stoic indifference, he preserved the same courageous front. When he was told of the serious danger he was in, two days before his death, by a medical friend, his reply was characteristic. He said: "He had to face the music and there was no use shirking it," and that he must "meet calmly whatever came."

His funeral took place at Mount Jerome, and was attended by his uncle, Captain Beaumont, his two cousins, and a few dear and faithful friends whom he had loved and respected and who had been with him to the end.

DR. S. A. K. STRAHAN.

THROUGHOUT all medico-literary circles the death of this distinguished psychologist will be mourned. Few men ever threw themselves more wholly into their studies than the subject of this memoir, and few writers have ever attained such a lucidity in writing on mental pathology. His clinical pictures of insanity equalled those of Clouston, and his charm of writing was as fascinating as that of Maudeesley.

He contributed many papers to the *Journal of Mental Science*, and his book, "Suicide and Insanity," was at once recognised as an authority both by the medical and legal profession. For some years he was medical superintendent of the Northampton County Asylum, Berrywood, but hoping to benefit his health, which latterly had not been good, Dr. Strahan relinquished this appointment, and some months ago went to South Africa, where he, unfortunately, contracted malarial

fever, which necessitated his return to England, and he died somewhat suddenly last week in London. He possessed the degrees of M.D., M.Ch., E.U.I., and B.S.

DR. PAUL F. MUNDE, OF NEW YORK.

We regret to have to chronicle the death of the well-known American gynecologist. Dr. P. F. Mundé, who died recently at New York. Dr. Mundé was perhaps best known in connection with an excellent work on the "Diseases of Women," which he wrote in collaboration with Dr. Thomas. He was also for many years editor of the *American Journal of Obstetrics and Gynecology*.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

A SENTENCE FOR REVISION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—With regard to the brief announcement in your last impression that Mr. William Ayres, L.R.C.P. Edin., was tried at the Liverpool Assizes on a charge of manslaughter in pushing a man out of his house, causing him to fall, the result being fracture of the skull, it appeared to me that the case, if correctly reported, was purely accidental, and one, therefore, in which immediate steps should be taken to have the sentence revised and the unfortunate prisoner released.

It is quite conceivable Mr. Ayres might be acting both injudiciously and even illegally in adopting the course he did, which ended fatally. Assuming such to be the case, he would, as I apprehend, in law be responsible for the results of such illegal action; nevertheless, taking this point into due consideration, it is difficult to conceive the law is intended to act with such exceptional harshness as to imprison a medical man, and a British subject to boot, for the result of an accident which was never intended.

I am, Sir, yours truly,

CLEMENT H. SEES.

Queen's Road, Peckham. February 27th, 1902.

The Cancer Hospital, Fulham.

THE fifty-first annual meeting of the governors of this charity was held on Wednesday last, Dr. Alexander Marsden presiding. From the Report of the committee it appeared that during the past year 704 new in-patients were admitted, 1,604 out-patients treated, and the daily average number of beds occupied was 89, being one in excess of last year. The support received during the twelve months, though fully demonstrating that the sympathies of the public were with the institution, was unfortunately insufficient to meet the expenditure, and a sum of £2,249 had to be realised by the sale of capital. The chairman stated that the committee had decided to greatly enlarge the pathological department, for they felt that it was the wish of every supporter of the charity that the Cancer Hospital should be in the forefront of all advancements towards the solution of mysteries surrounding the cause and cure of the disease. An extra expenditure of £800 per annum was all that was anticipated to carry out the scheme, and the chairman earnestly appealed for the funds to enable the committee to put their scheme into practice.

Death from Sulphonal.

MRS. POWER, the wife of Dr. F. Power, of Brixton, died at Bournemouth a few days since as the result of an overdose of sulphonal, supplied by a local chemist. At the inquest a verdict of "misadventure" was arrived at.

Death of Dr. Loudon.

DR. JAMES LOUDON, of Hamilton, who was present at the identification of the body of Dr. Livingstone by Sir William Ferguson and other eminent medical men before its interment in Westminster Abbey, and who was one of the chief mourners on that occasion, died on the 26th ult., at the age of 77. He made the acquaintance of Dr. Livingstone while studying at the Andersonian

College, Glasgow, and remained a staunch friend of the family, the different members of which resided in Hamilton until recently.

Sudden Death of an Accrington Practitioner.

DR. JAMES NIELD COOPER, of Accrington, died on the 26th ult., it is supposed, from an overdose of laudanum. He had been in the habit of taking sleeping draughts.

The Children's Hospital, Dublin.

AT the annual meeting of the friends and supporters of the Children's Hospital, Temple Street, held last week, the report stated that the number of patients treated in the wards in the past year was 1,018, of whom 475 were males, and 543 females. The number treated in the extern department was 8,026. Of the cases treated in the wards, 555 were medical and 463 surgical. Of the medical cases, 338 were cured, ninety-five improved, fifty-one were removed before completion of treatment, five were incurable, and forty died (sixteen of these deaths were caused by meningitis). Of the surgical cases, 463 in number, 351 were cured, sixty-nine were improved, twenty-six removed, two were incurable, and fifteen died. The number of major operations performed was 603. The number of children admitted to the wards and treated at the extern department has greatly increased, although the number of beds was practically the same as last year, but this is explained by the fact that in previous years the hospital was closed for some time during the summer, but during 1901 it was open all the year. After the transaction of some further business the meeting adjourned. We have to sympathise with this valuable charity in the loss they have sustained through the death of Mr. Thomas White, and the failing health of Dr. T. More Madden.

The American Specialists in Ireland.

THE American specialists to whose doings we have already referred, were again brought before the Court at Ennis. Some further evidence was given regarding Madame Lilian's methods of treatment, and Dr. G. Faris was called to give evidence regarding the contents of the medicine bottles they distributed. Eventually the defendants were returned for trial, bail being accepted.

Royal Victoria Eye and Ear Hospital.

AT the annual meeting of the friends and supporters of this institution held recently the annual report stated that in the intern department 1,207 patients, from all parts of Ireland, were admitted to beds, each patient remaining under treatment for about three weeks. On an average 73 beds were occupied every day in the year. In the out-patient department 7,666 patients applied for treatment for the first time, and many others returned for further treatment. An average of 135 out-patients was attended every day by the surgical staff. Six months ago building operations for the new hospital were commenced at Adelaide Road, and are now in progress. The council had ascertained that it was possible, by curtailment, to reduce by £5,000 the amount for which contracts would at first be accepted. The section being built would cost at least £25,000, and of that £5,000 was still needed. The council, therefore, earnestly asked for subscriptions. After the adoption of the report and of some formal motions the meeting terminated. We learn that in addition to at least £9,000, which is immediately required, the new hospital will also eventually require £25,000 more. We trust that the amount required will be fully subscribed.

Suicide of a Medical Student.

MR. CHURCHILL BRADON CLARKE, a student of the Westminster Hospital, committed suicide last week by cutting his throat. He had recently failed to pass an examination, but no adequate reason for the act was forthcoming. At the inquest a verdict of "temporary insanity" was returned.

Plague in Sydney.

THERE were fifty cases of plague in Sydney last week, and among the victims are two young ladies belonging to the Charles Arnold Company. A rat drive on a large scale has been organised, but it is suspected that mosquitoes, fleas, and other parasites also contribute to spread the disease.

Notices to Correspondents, Short Letters, &c.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

CAPTAIN B.—The question of paying the usual fee to medical witnesses at inquests irrespective of their holding office to a hospital or infirmary, has been raised over and over again, but for some reason the Local Government Board holds to the view that no such fee should be paid. The point, as you suggest, is one which ought to be raised in Parliament at a convenient season.

M. O. H.—An easy way of killing rats on shipboard without damaging the cargo is to fill the hold with carbonic acid gas, a process which is easy of accomplishment and is reported to be very effectual. Another advantage is that it is easy to pump in fresh air when the lethal work has been done.

MR. S. (Croydon).—Your communication has been received and inquiries have been set on foot in accordance with your suggestion.

DR. ELMORE.—We are unable to utilise your contribution, which has a too markedly political bias for our columns.

S. L. C.—The difficulty seems to arise from the vagueness of the terms used to describe the injury. Under the circumstances it would be prudent to give the claimant the benefit of the doubt, which would doubtless be the view taken by a jury if the matter were taken into Court.

Meetings of the Societies, College Lectures, &c.

LONDON.

WEDNESDAY, MARCH 5th.

OBSTETRICAL SOCIETY OF LONDON (30, Hanover Square, W.)—8 p.m. Specimens will be shown by Dr. C. Berkeley, Dr V. Bonney, The President (Dr. Horrocks), and Dr. Boxall. Paper:—Dr. R. G. McKerron: Suppression of Urine after Labour.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m. Prof. F. G. Parsons: The Blood-vessels of Mammals in Relation to those of Man.

THURSDAY, MARCH 6th.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.)—8.30 p.m. Clinical Cases will be shown by Dr. Cantley, and others. Paper:—Mr. P. L. Daniel: Some Rare Cases of Sarcoma of the Thyroid.

BORTHEN SOCIETY (30, Hanover Square, W.)—8.30 p.m. Exhibition Evening. Paper:—Dr. B. Blacker: Localisation, with demonstration of a Simple Direct Reading Apparatus.

NORTH-EAST LONDON CLINICAL SOCIETY (Tottenham Hospital).—4 p.m. Demonstration of Clinical Cases.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 p.m. Dr. G. F. Still: Some Abnormal Physical Conditions in Children. (Goulstonian Lecture.)

FRIDAY, MARCH 7th.

WEST KENT MEDICO-CHIRURGICAL SOCIETY (Royal Kent Dispensary, Greenwich Road, S.E.)—8.45 p.m. Clinical Cases and Pathological Specimens will be shown or Notes read by Dr. Teagood, Mr. C. Williams, the President, Dr. L. Williams, Dr. J. Donelan, Dr. Herschell, Mr. E. V. Donnellan, Dr. Peacock, Dr. Henry, and Mr. Caesar. Living Cases will be taken first.

SOCIETY OF ANESTHETISTS (20, Hanover Square, W.)—8.30 p.m. Clinical Evening. Followed by a General Meeting to consider the Addition to Rules.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m. Prof. F. G. Parsons: The Blood-vessels of Mammals in Relation to those of Man.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—8.30 p.m. Clinical Meeting in the Society's rooms. Mr. Keetley, Mr. Edwards, Mr. McAdam Eccles, Dr. Ball and Dr. Saunders will show Cases.

SATURDAY, MARCH 8th.

MEDICAL SOCIETY OF LONDON (Whitehall Rooms, Hotel Metropolitan).—7.30 p.m. 129th Anniversary Dinner. Dr. W. H. Allchin (President) in the chair.

DUBLIN.

THURSDAY, MARCH 6th.

ROYAL COLLEGE OF SURGEONS.—Council Meeting.
DUBLIN UNIVERSITY BIOLOGICAL ASSOCIATION, Front Hall, Trinity College, 8.30 p.m.

FRIDAY, MARCH 7th.

ROYAL COLLEGE OF PHYSICIANS.—4.30 p.m. Monthly Meeting.
ROYAL ACADEMY OF MEDICINE IN IRELAND.—Section of Medicine, College of Physicians, 8.30 p.m. Papers:—Dr. Finny and Dr. Edward Watson: Cases illustrating the Aid of X-rays in Intrathoracic Disease. Dr. W. S. Haughton: The Use of X-rays in Medical Diagnosis. Mr. E. F. Tobin: Some Medical Aspects of Four Consecutive Cases of Perforated Gastric Ulcer Successfully Operated On. Dr. Parsons: A Case of Ascending Paralysis. Dr. O'Carroll: Two Cases of Ascending Paralysis.

Appointments.

BEYERS, EDMUND C., M.A., M.B., B.Ch.Oxon, M.R.C.S., L.R.C.P., House Physician to the Radcliffe Infirmary, Oxford.

CAREY, C. DE L., B.A., B.C.Cantab., Second House Surgeon to the East Suffolk Hospital, Ipswich.
COLLINS, J. C., M.B., B.Ch., B.A.O.T.C.D., Medical Superintendent of the Provincial Hospital, Auckland, New Zealand.
COLLUM, E. W., L.R.C.P.Lond., M.R.C.S.Eng., Anaesthetist to the Charing Cross Hospital.
COOPER, EMOR E., M.B., Ch.B.Vict., House Surgeon to the Devonshire Hospital, Buxton.
DOYLE, ANDREW ALOYSIUS, F.R.C.S.Irel., Medical Officer at Roma, Queensland, and Visiting Surgeon to the Prison.
JEFFERISS, FREDERICK B., M.R.C.S., L.R.C.P., Assistant Physician to St. Bartholomew's Hospital, Rochester.
O'CONNOR, ARTHUR CHARLES, M.B., M.Ch.Syd., Government Medical Officer at Bulli and Coalcliff, New South Wales.
BATNER, DAVID CHARLES, F.R.C.S.Eng., L.R.C.P.Lond., Lecturer on Practical Midwifery at University College, Bristol.
SHARP, ELLEN M., M.B.Lond., Senior House Surgeon to the Victoria Children's Hospital, Hull.
SWAYNE, WALTER CARLESS, M.D.Lond., L.R.C.P.Lond., M.R.C.S., Professor of Midwifery at University Colleges Bristol.
TOD, HUNTER F. M.A., M.B., B.C.Cantab, F.R.C.S., Surgeon to the Throat and Ear Department of the Paddington Green Children's Hospital.
VAN PRAAGH, HAROLD, M.D.Lond., Casualty Physician at St. Mary's Hospital.
WHITE, E. A., M.D.R.U.I., Medical Officer to the Isle of Thanet Joint Hospital Board.

Vacancies.

Bradford Poor-law Union.—First Resident Assistant Medical Officer. Salary £125, with prescribed rations, apartments and washing. Applications to Thos. Crowther, 22, Manor Row, Bradford.
Central London Sick Asylum District.—Assistant Medical Officer. Salary £130 per annum with board and residence. Applications to Fredk. W. Bailey, Clerk's Office, Cleveland Street Asylum, Cleveland Street.
Children's Hospital, Forest House, Nottingham.—House Surgeon. Salary £100, with board and residence. Applications to A. F. Kirby, St. Peter's Church Walk, Nottingham.
County Asylum, Freetwith, Manchester.—Junior Assistant Medical Officer. Salary £150, with board, furnished apartments, and washing. Applications to the Medical Superintendent.
Dorset County Hospital, Dorchester.—House Surgeon. Salary £100. Reside and board in the hospital. Applications immediately to the Chairman of the Committee.
Durham County Asylum.—Junior Assistant Medical Officer. Salary £150, with board, apartments, laundry, and attendance. Applications to Medical Superintendent, Durham County Asylum, Winterton, Ferryhill.
East Sussex County Asylum, Hayward's Heath.—Second Assistant Medical Officer and Pathologist. Salary £175 per annum, with board, lodging, washing, and attendance. Applications to the Medical Superintendent.
Manchester Royal Infirmary.—Honorary Assistant Physician. Applications to W. L. Saunders, General Superintendent and Secretary. (See Advt.)
Manchester School Board.—Medical Officer. Salary £250 per annum. Private practice allowed. Full particulars of the Clerk of the Board. (See Advt.)
Metropolitan Asylums Board.—Male Assistant Medical Officer. Salary £150 per annum, with rations, lodging, attendance, and washing. Applications immediately to the Office of the Board, Embankment, E.C.
Royal National Hospital for Consumption and Diseases of the Chest, Ventnor.—Assistant Resident Medical Officer. Salary £100 per annum, with board and lodging in the hospital. Applications immediately to the Secretary, 34, Craven Street, Charing Cross, W.C.
South Africa.—Junior Resident House Surgeon for Hospital in South Africa. Salary £250, with board and lodging. Applications to H. Chaplin and Co., 9, Gracechurch Street, London.

Births.

FAWCETT.—On Feb. 25th, at 13, Millfield, Folkestone, the wife of Edward Fawcett, M.D., of a daughter.
KENDALL.—On March 2nd, at Chiddingfold, Surrey, the wife of Nicholas Fletcher Kendall, M.R.C.S., L.R.C.P., of a son.
NOWLAN.—On Feb. 20th, at Balbriggan, the wife of Dr. F. B. Nowlan, of a daughter.
POWELL.—On Feb. 28th, at 37, Brunswick Gardens, London, W., the wife of Llewelyn Powell, M.A.Cantab, M.B., of a daughter.

Deaths.

ELLIOTT.—On Feb. 27th, at 53, Clarence Parade, Southsea, Ernest Elliott, M.D., late R.N., aged 84.
HENINGWAY.—On Feb. 25th, at East Twickenham, Elizabeth Greenfield, widow of Henry Johnson Heningway, M.D., of Dewsbury, Yorkshire.
KENT.—On Feb. 27th, at Bournemouth, Robert Thomas Kent, of Eastbach Court, Coleford, Gloucestershire, F.R.C.S., M.A. Oxon., recently Professor of Anatomy at St. Mungo's College, Glasgow, aged 48.
LAPTHORN.—On Feb. 26th, at Bletsoe House, Littlehampton, Charles Albert Laphorn, F.R.C.S.E., son of Edwin Laphorn, J.P., of Fairthorne, Gosport, in his 41st year.
POWELL.—On March 1st, at 37, Brunswick Gardens, W., of pneumonia, Nina Marion, wife of Llewelyn Powell, M.A.Cantab, M.B., aged 38.
SIMPSON.—On Feb. 26th, at 7, Darnley Road, Holland Park Avenue, London, W., Maxwell Simpson, M.D., LL.D., F.R.S., in his 87th year.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXIV.

WEDNESDAY, MARCH 12, 1902.

No. 11.

Original Communications.

AN INSTRUCTIVE CASE OF INHERITED SYPHILIS.

By SYDNEY STEPHENSON, M.B., C.M.,

Ophthalmic Surgeon to the Evelina Hospital and to the North-Eastern Hospital for Children.

THE subject of this communication, John O., *et. 8*, first fell under my notice on January 5, 1893. His face was characteristic of inherited taint. For example, his forehead was square and "bossy"; rhagades were present at the angles of his mouth; his upper central incisors were dwarfed and notched at the cutting edge; and the lad was thin and of delicate appearance. Sight equalled about one-fifth of the normal. The cornea showed neither opacities nor fine, parenchymatous vessels. There were several small nodules attached to the edge of the iris due to excessive localised development of the uveal layer, the so-called *ectropion uveæ*. Each fundus oculi manifested extensive pigmentary and atrophic changes, as well as lines of pigment along many of the small, peripheral retinal vessels. This condition of choroido-retinitis accounted for the imperfect sight. It was further noted that the upper lids tended to droop, although whether this was pathological or not there was no means of deciding.

A few months later (September, 1893) the lad's right eye became red, watery, and sensitive to light. Upon examination, the lower third of the cornea was found to be occupied by deep-seated interstitial opacities, while the upper two-thirds showed fainter changes. An atypical "salmon-patch" existed at the lower part of the limbus conjunctivæ. The keratitis was treated by atropine locally, and generally by the inunction of one drachm of mercury ointment night and morning. For some little time the eye continued to improve, but on January 11th, 1894, a number of adhesions were found between the iris and the anterior capsule of the crystalline lens, thus showing that inflammation of the iris was present. It was then determined to try what effect would be produced by the subconjunctival injection of a soluble salt of mercury. Accordingly, on January 23rd four minims of a 1-1000 solution of corrosive sublimate were injected beneath the conjunctiva of the inflamed eye. The injections were repeated on eight occasions between January 23rd and April 16th, 1894. Meanwhile it was found that the changes present in the fundus of the right eye were advancing, and that they had become complicated with the presence of many fine opacities in the vitreous humour. The last five injections of sublimate were therefore made beneath the conjunctiva of both eyes. On April 25th the left cornea, hitherto unaffected, showed a single parenchymatous deposit in its lower segment. The eye continued to get worse, and

became painful. On May 14th the left cornea, except as regards its central part, was almost wholly opaque, and two crescentic "salmon-patches" were present—one up and out, and the other down and in, each being about 2 mm. across the widest part. Sight: doubtful perception of light. The tension of the eyeballs was normal. On May 30th the left cornea was wholly opaque, and the vascular "salmon-patches" formed a continuous ring around the clouded cornea. The right cornea had suffered a relapse, and was more opaque than ever. Each knee-joint was slightly swollen and contained fluid. The mercurial inunctions were stopped, and five grains of potassium iodide were given thrice a day. On June 2nd there was much pain in the left eye. The opaque cornea was encircled by a vascular area, 2 mm. wide; the corneal epithelium was clear. No perception of light. June 13th.—Left eye, tension minus 1; no perception of light. The appearance was most peculiar, namely, an irregular area of the cornea, 5 mm. at its widest part, was of an opaque, whitish-yellow hue, and this was everywhere surrounded by a zone of vascular tissue, a confluent "salmon-patch." Viewed from the side, the cornea projected forward, cone-wise. The blunt apex of the cone was formed by opaque cornea, and the sides of the cone by the vascular patch. It was noted that the patient had become rather deaf. June 19th.—The right cornea is getting worse. A portion of the grey, opaque, central area of the left cornea is ulcerated. (a) The deafness is increasing. June 24th.—The knees are somewhat better to-day, but the ankles have become swollen. June 26th.—There is less redness and bulging of the left cornea. The central greyish area shows a small, dark spot. Descemet's membrane. Tension minus two. Deafness increasing. July 17th.—Right eye: Slight patchy redness around the cornea; pupil, of medium size, can be seen dimly through the cloudy cornea; tension slightly minus. Left eye: The cornea looks flattened, but no details of the deeper structures can be made out through it; the "salmon-patch" has cleared. The central part of the cornea is now occupied by a white patch, of irregular outline. Deafness is increasing, but the lad is still able to hear a question shouted loudly in his ear. August 9th.—The eyes are now practically free from redness. For several days past the patient has been the subject of delusions. Thus, he imagines that another lad is thrashing him, that the ward nurse treats him cruelly, and that he is being starved. With reference to the last point, it may be as well to state that he was, in point of fact, on chicken and port wine in addition to his ordinary diet. August 27th.—Since the last note the delusions have become very pronounced. The patient is troublesome, uses vile language, insists upon getting

(a) While it is undoubtedly true that ulceration is seldom seen in interstitial keratitis, yet I have notes of five cases where that complication was present.

to the second and third equivalent quantities of cacodylates. One of the latter was oxidised in a special manner with mineral acids, so as to set free the arsenic. All three were then examined by Marsh's process, when only the first and third gave the reaction of arsenic, the second, containing unoxidised cacodylate, yielding no response. Similarly the urine of patients taking cacodylate gave no reaction on Marshing, while after oxidation it gave a very marked deposit of metallic arsenic on the walls of the tube. It, therefore, appears that the cacodylates pass through the body in a state of stable combination, with the arsenic so firmly locked up that it cannot be dissociated to form pharmacologically active substances, and thus exert the toxic and therapeutic effects of the usually employed compounds of arsenic. It is, in fact, analogous to the action of cyanogen, which, active in many of its preparations, yet enters into such stable combination as the ferro and ferri-cyanides as to be entirely inert. Therapeutically useless as he believed cacodylates to be, they also possessed certain disadvantages and could not be regarded as entirely harmless. The administration of the drug had almost invariably to be discontinued on account of the disturbance of the alimentary duct which it produced, while the garlic odour was also highly repugnant to most patients. It was, indeed, said that in order to secure the best results cacodylate ought to be given subcutaneously; if this were so, it was in itself highly disadvantageous in a drug which generally had to be continued over prolonged periods, and he had also found that not even by this means could gastric disturbance be avoided.

The Hunterian Lectures

ON THE ANATOMY, PHYSIOLOGY AND PATHOLOGY OF THE IMPERFECTLY DESCENDED TESTIS. (a)

By W. McADAM ECCLES, M.S.LOND.,
F.R.C.S.,

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ABSTRACT OF LECTURE II.

PHYSIOLOGY.

MR. PRESIDENT AND GENTLEMEN,—Nearly all authorities are agreed that the testis which has not reached its normal position in the scrotum is generally functionless—at least, in so far as the formation of spermatozoa is concerned. While, therefore, there is no doubt that this belief is true in the vast majority of instances, yet there are persons whose testes, although arrested or ectopic, are nevertheless capable of producing well-formed and active spermatozoa. This fact has been indubitably proved by the microscopical examination of the semen which has been ejaculated and of the lining epithelium of the tubules of the glands themselves, in addition to the evidence of the procreation of children.

Double arrest or ectopia associated with want of development of the testes as a rule implies sterility on the part of the man, although he may be perfectly virile. There is also some real doubt as to whether a testis arrested at birth, but brought down in early life into the scrotum ever so develops as to become the seat of spermatogenesis. A few cases are on record in which this has been stated to have occurred, but the facts given do not support the assertion strongly. But while the chief fault of the imper-

fectly descended testis may be its inability to produce active spermatozoa, there are other conditions so closely associated with arrest or displacement of the organ that they require some description. There would appear to be some relationship between the general growth and development of the body in the male and a proper descent of the testis, or, to put the same statement in slightly different language, many instances of want of general growth of the body are accompanied in the male by an arrest of the testes. It would seem that either the fully-descended and developed testis is sufficient to promote bodily growth, that it has in reality at present some obscure qualities or functions that render it capable of playing an important rôle in the organism in spite of its fellow being functionless, or that, on the other hand, the arrested gland does of itself supply its quota towards the full development of the individual. If the former view is the correct one it might be urged that the normal testis, in order to supply the full amount of what is needful for growth of the body, ought to show signs of hypertrophy. Yet a size of the normally placed organ greater than it should be in a person of corresponding age and development is but rarely seen in the human subject. In animals, on the other hand, there seems to be more evidence of such a compensatory hypertrophy. This is particularly the case in the stallion. Sometimes in this animal the descended organ may reach twice the bulk of a normal testis in a horse of the same age and size. Because, therefore, in the human subject true hypertrophy of the fully-descended testis when its fellow is arrested is a comparatively rare condition it still remains to determine whether the completely descended and fully-developed organ, although not larger than normal, is capable by itself of supplying the needed stimulus for adequate bodily growth, or whether the arrested testis that is also present has to subscribe its share towards the same result.

It has been shown that although in instances of double arrest of the testes both organs may be wholly incapable of producing spermatozoa, yet the owner of them may acquire full virile power, but will remain for ever without the ability to procreate. The arrested glands not infrequently have large numbers of these well-defined interstitial cells, and it is possible that they have an important function at the onset of puberty. They may have the duty of producing what is now so generally called the "internal secretion" of the organ. This substance, whatever it may be, probably plays an important rôle in the development of the body, for without its presence much of the normal growth may be lost or the usual changes that occur at puberty may be profoundly modified.

Returning again to the theory that in some instances the association of imperfect descent of the testes with a failure in perfect growth may be due in reality to some common cause, cretinism is perhaps the best example of such. In male cretins it is extremely rare to find either of the testes within the scrotum, and it is equally rare to find them at all developed, and although I have not as yet had the opportunity of examining the testis of a cretin by the microscope, I should expect that the interstitial cells are altogether wanting in their development. Thus it may be stated shortly that whereas there are found in the testis two distinct types of cells, one those needed for the formation of spermatozoa, and the other probably, though it cannot at present be affirmed positively, those required for the production of an internal secretion, failure in the development of both these types of cells will as a rule lead to failure in the proper bodily growth of the individual, but development of the interstitial

(s) Delivered before the Royal College of Surgeons of England on Feb. 26th, 1902.

cells, even though there are no sperm elements, will allow the possessor to become virile but yet to remain sterile.

Many cases are on record in which imperfect descent of the testis has been accompanied by actual bodily deformities. Among the more interesting and important of these are:—1. The occurrence of incomplete transition with the absence of one kidney. In one such case a sarcoma of the arrested testis actually produced a fatal result by extension to the sole renal organ present. 2. The co-existence of talipes, of spina bifida, and of cleft palate is by no means rare. 3. Non-descent of the cæcum into the right iliac fossa is occasionally discovered. The connection of the passage of the cæcum into the region which it normally occupies and the migration of the testis into the scrotum have much in common. In those instances where the cæcum has failed to reach the iliac fossa the right testis, and sometimes also the left, has not usually passed beyond the confines of the abdomen. As has been pointed out, the gubernaculum testis has anterior attachments to the cæcum, &c., and these share probably in bringing about some of the movement of the bowel. In those instances in which the cæcum has remained higher than it is naturally there has been an arrest in its so-called descent, while in those cases in which there exists a congenital cæcocolle there has probably been an excess of the normal traction. 4. Ectopia vesicæ is almost always when it occurs in the male associated with imperfect descent of the testes, which, as a rule, lie in pouches on either side of the extroverted bladder. Not infrequently there is a hernial protrusion at the same time into the processus vaginalis of the arrested glands. 5. In one instance at least there has been a double penis associated with imperfect descent of the testes. There does not appear to be any evidence that arrest of the testes is accompanied by a failure in the development of the tonsils, just as there is none to justify the belief that has been held by some that excision of the tonsils is liable to be followed by atrophy of the testes.

PATHOLOGY.

Inflammation of the Imperfectly Descended Testis.—The testicle which has not reached the lowest limit of the scrotum, or which has passed into abnormal positions, is liable to inflammation arising from the same causes as the inflammatory conditions of the normally descended organ. But, in addition, the site of the testis when arrested or ectopic in itself renders it prone to become inflamed from reasons other than those operating upon the normally placed gland. Inflammation of the imperfectly descended testis may be due, therefore, to (1) traumatism; to (2) extension of inflammation from the urethra; to (3) secondary inflammation in certain cases of parotitis (in all of these the inflammation is of an acute nature); to (4) deposit of the tubercle bacillus; or to (5) syphilitic infection (in both of these it is usually of a chronic nature).

Traumatic Inflammation: Causation.—Inflammation due to traumatism is peculiarly the misfortune of the testis which is abnormally situated. A testis hanging from a normal cord in the lowest part of the scrotum, although apparently exposed to many and grave dangers, is in reality comparatively seldom actually damaged, for it is well able to get out of harm's way. It is so mobile that it slips aside almost at the approach of violence. Not so the testis which hangs high in the scrotum or just below the superficial ring, often from a short, altogether unyielding, cord, or the gland which is retained in the inguinal canal. When it has only passed out of the canal but a short way the testis is so placed as to be constantly open to receive blows and various forms of harmful

pressure, which it is unable to avoid in the manner that its normally placed fellow can do. Many a time the delicate and sensitive testicular tissue is pressed backwards against the totally unyielding body of the os pubis, only to result in a sharp attack of acute orchitis. It is here also, outside the inguinal canal, but not in the scrotum, that the imperfectly descended testis is certain to be injured by the pressure of the pad of a truss that has been improperly applied. When an inguinal hernia accompanies a testis found just below the superficial abdominal ring, the pad of the truss which is to control it should be placed over the site of the inguinal canal and altogether above the level of the body of the os pubis. Here it will rest only upon soft tissues, and the testis will be in no way exposed to injurious pressure. In like manner the adjustment of a truss to a bubonocoele with the testis in the inguinal canal will cause no harm, as a rule, if the testis is allowed to slip away to one or other side of the pad. But it may be markedly irritated in this position if a truss with a so-called horse-shoe or forked pad is applied. Fortunately, the testis has the good sense not to remain within the trap that is so placed to retain it and thus escapes injury; but should it happen to be squeezed in the restricted area prepared for it an attack of inflammation is almost certain to result. Again, with the testis in the canal damage may accrue if a truss with too strong a spring is applied, or from the pressure of an instrument the spring of which has a too-marked antero-posterior curve, as so often seen in badly constructed trusses. Inguinal inclusion is also a cause of inflammation owing to the fact that strong muscular efforts on the part of the patient will produce sufficient pressure upon the organ to set up actual injury. In many other cases the application of a truss is in reality a prophylactic measure, for it will occasion the retention of the gland within the abdomen and thus keep it to a great extent out of danger.

There is another manner in which a testis in the inguinal canal may be damaged. Supposing that the gland is at the lower part of the canal, and hanging from a fairly lax cord, one that allows of a certain amount of play in an up-and-down direction, a sudden muscular effort, such as the lifting of a heavy weight, may lead to the extrusion of the organ through the superficial abdominal ring, the pillars of which during the passage become separated from one another and approximate after the descent. It will thus come about that undue pressure may be exerted upon the spermatic cord, as well as possibly some actual injury to the testis in its transition. Very severe pain, sometimes enough to cause fainting, is occasioned and acute inflammation rapidly supervenes. This accident, although in some points resembling that of torsion of the spermatic cord, is distinct from that lesion and may be several times repeated, provided that the testis is withdrawn again within the limits of the canal.

Inflammation of the imperfectly descended testis consequent upon traumatism may occur at all ages, but is most common in young adults.

The prognosis of traumatic inflammation of the imperfectly descended testis is a grave one so far as the organ itself is concerned. Such an inflammation is nearly always the forerunner of complete atrophy of the gland, so that should it have possessed any vestige of function previously to the attack this will be lost entirely subsequently. If the disorganisation of the testicular tissue is not absolute after the primary inflammation a second attack is almost sure to occur and lead to total destruction or the conversion of the gland into a fibrous mass. These repeated attacks of inflammation will render the organ a source of great annoyance to the sufferer, and may be even of danger to him. It is rare for suppuration

to take place in the ordinary traumatic inflammation, just as it is also uncommon when the normally placed testis is similarly affected.

Although it is undoubted that atrophy may, and often does, follow upon inflammation of the arrested testis, yet it is open to considerable uncertainty as to whether malignant disease is ever attributable to the same lesion. Irritation and inflammation of the imperfectly descended gland may possibly in some rare cases initiate such changes in the testicular tissues, so far as its embryonic constituents are concerned, as to bring about the incidence of a new growth. In a few instances where the testis has been found in the inguinal canal and has been the seat of inflammation, peritonitis has been set up within the abdomen, owing to the fact of the communication between the processus vaginalis and the general cavity of the peritoneum.

Gonorrhœal inflammation of the arrested organ is apt to be more severe than that occurring in a testis which is in the scrotum. Where the testis remains within the abdomen peritonitis may supervene owing to the extension of the gonorrhœal inflammation to the adjacent serous membrane. In a few cases in which the body of the testis has been fixed in the inguinal canal and the epididymis has passed into the scrotum together with the vas, a gonorrhœal infection has occasioned a swelling and tenderness in the latter region, and perhaps no discomfort above Poupert's ligament. A fact which is worthy of attention is that it is by no means infrequent to find a specific epididymitis of the fully descended organ while its arrested fellow escapes sharing in the inflammation. As in the traumatic inflammation of the imperfectly descended testis atrophy may occur, so it may follow a gonorrhœal infection of the same, and is probably more generally the termination of the lesion than it is when the organ is normally placed.

An orchitis of an arrested testis may occur during an attack of acute parotitis. In such instances, as is the case in the similar affection of the fully descended organ, the inflammation is prone to be very severe and for the time being alarming. Atrophy subsequently is, moreover, very common as a sequela.

Torsion of the cord of an imperfectly descended testis.—Torsion of the spermatic cord may occur in connection with the fully descended or imperfectly descended testis. Nearly 50 per cent., however, of the recorded cases are those in which the testis has been arrested, and in the other half there is usually some abnormality of the testis or its adnexa. Almost all viscera within the abdomen which possess pedicles are at times the seat of axial rotation, and many tumours which form within the abdomen are also liable to have their pedicles twisted. There are a number of predisposing causes which possibly act in bringing about torsion. Imperfect descent of the testis, an abnormally long mesorchium, a practical absence of a mesorchium, action of the gubernaculum testis, a congenital twist of the cord, a roomy tunica vaginalis, and a flattened condition of the imperfectly descended organ, are all factors predisposing to torsion. There are two important peculiarities that may be present in the testis which has not reached its proper habitat. These are an abnormally long mesorchium, and the existence of two cords supporting the testis, the one consisting of the vessels, the other of the vas deferens. Frequently the two conditions are found at one and the same time. The reason of this anatomical arrangement is not far to seek. The body of the testis has its own blood-supply, and these vessels lie in the plica vascularis, which will then form one cord or part of the mesorchium, while the epididymis and the vas have an altogether separate origin, and therefore a different blood-supply, and they consequently tend in some cases to form a distinct cord, which may become itself

the site of torsion. It thus comes about that the imperfectly descended testis is less firmly attached than is the normally situated one, and there is a liability, if any exciting cause occur, for axial rotation to take place. Probably an absence of a mesorchium is a condition which is seldom, if ever, present. It is extremely doubtful whether the gubernaculum can ever exercise any influence in bringing about torsion. It has been suggested that as the outcome of intra-uterine peritonitis a congenital twist may be given to the testis in its descent, and that later this may be aggravated by an exciting cause of torsion being added to it. A roomy tunica vaginalis would certainly give more space for the occurrence of a twist. To sum up, it is probable that partial descent with a freely movable testis is the chief predisposing cause of torsion of the spermatic cord.

As exciting causes may be mentioned a muscular effort, a mechanical twist, the action of the cremaster, the application of a truss, attempts at the reduction of a hernia by taxis, and possibly the enlargement of the organ at the approach of puberty. Others have thought that a primary thrombosis of the vessels of the pampiniform plexus exists, and that torsion is merely secondary to this. A sudden muscular effort with the testis lying in the inguinal canal is the history of many cases of torsion. As soon as the vessels of the cord undergo a rotation around their longitudinal axis the circulation of blood within them is seriously interfered with. The onset of torsion more markedly affects the thinner-walled veins than the artery, with the result that while the blood is pumped in through the latter it cannot properly return through the former. The consequence of this is a rapid and extreme turgescence of the veins of the pampiniform plexus and great congestion of the whole of the parts from which they derive their blood. It is this over-full state of the vessels that leads to the agonising pain from which the patient suffers. Soon the testis becomes greatly increased in size, often to twice, or even thrice, its original magnitude. Occasionally it is only the epididymis that is enlarged, the body of the testis remaining almost its usual size. This will be the result of a twist only of that cord which carries the vessels of the epididymis and vas.

If the congested testis is exposed by an incision it will be found to be bluish-black in colour, not unlike a ripe purple plum, and somewhat like very deeply congested gut. This discolouration may in some instances be visible even through the skin. A certain amount of fluid, usually blood-stained, may transude the distended vessels into the cavity of the tunica vaginalis. Sometimes the vessels actually give way under the pressure to which they are subjected, and pure blood is thereby extravasated. It is interesting to note that there may be a comparatively early invasion of the congested tissues by bacteria, both cocci and bacilli, but possibly only in the cases in which an accompanying hernia has allowed intestine to lie in juxtaposition. These micro-organisms may lead to suppuration in the sloughing organ or to the formation of pus in the wound after the removal of the gland.

For the integrity of the gland torsion necessitates a very grave prognosis. Even one attack of rotation, and that only permitted to last quite a short while, say but a few hours, has been demonstrated to lead to atrophy of the testis. Repeated attacks unquestionably tend to eventual disorganisation. Torsion produces atrophy. Torsion with infection by bacteria leads to true moist gangrene.

SIR WILLIAM DALBY, F.R.C.S., is leaving London for a journey in the East.

THE REGISTRATION OF DISEASE. (a)

By NINIAN McINTIRE FALKNER, M.D. Dubl.;
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THE registration and notification of sickness was brought before the public by Dr. Arthur Newsholme in a paper read before the Royal Statistical Society of England in the year 1895, from which I have borrowed the following abridged history. In this paper he pointed out that mortality is not necessarily a correct index to the morbidity of a community. Mortality statistics necessarily ignore everything that precedes the close of life:—

The history of the attempts which have been made to establish a national registration of sickness appears to have originated with Mr. John Bellers in the beginning of the eighteenth century. It was again urged in 1732 by Dr. Clifton, Physician to the Prince of Wales, with special reference to hospitals. Dr. Rumsey, in 1844, in his evidence before the Medical Poor Relief Committee of the House of Commons, suggested a comprehensive plan for the uniform registration of the sickness which affects the poorer classes. Dr. Liddle, subsequently Medical Officer of Health for Whitechapel, proposed amended forms for the weekly medical returns, made by their medical officers to the boards of guardians, and the utilisation of these returns in general sanitary inquiries. About the same time it was suggested by Sir B. W. Richardson that these returns might easily, with a few obvious modifications, be employed as a basis for the national registration of disease, especially as a record of epidemics. This article further suggested the appointment of a Registrar-General of Diseases in London as the central authority, to whom the district returns after local use should be forwarded for digest and publication. Sir B. W. Richardson was, however, the first to carry any scheme for notification and registration of sickness into actual practice. The work he had performed with his forty-four volunteer observers was tabulated in the "Journal of the Public Health and Sanitary Review" for 1855. In 1857 the work was taken up by the Metropolitan Association of Health Officers. The returns were furnished voluntarily and gratuitously by the respective medical officers of hospitals and dispensaries—the general Board of Health undertaking to print the returns.

In 1858 this effort collapsed. In 1860 Dr. Ransome organised an effort by means of the Sanitary Association of Manchester and Salford. In this report the number of deaths among the cases reported were stated. From this the work was taken up by the Social Science and the British Medical Association as the result of a paper read on the subject by Dr. Rumsey. A committee was formed of the former association, composed of Drs. Acland, Farr, Greenhow, Southwood Smith, and Messrs. John Simon and Edwin Chadwick.

At a meeting of the Lancashire and Cheshire Branch of the British Medical Association, held on October 24th, 1862, it was resolved that a sub-committee be appointed "to consider and report on the best means of carrying out the registration of disease in large towns." A committee of the whole British Medical Association was appointed in 1865, at the instance of Dr. Ransome, and for ten years he prepared valuable reports.

In Dublin the British Medical Association adopted the form proposed by the Committee appointed in 1868 for the uniform registration of disease. In 1869 Sir B. W. Richardson headed a deputation who waited upon the President of the Poor-law Board. Mr. Goschen received this Committee, and agreed with them on the importance and utility of the work, but pointed out that care should be taken not to impose additional labour on the Poor-law officers, and that the nomenclature of disease used should be uniform. The Committee recommended that a deputation of

the British Medical Association should also seek an interview with Mr. Goschen, and should be instructed to state: (1) The importance to the public and to science of such a registration of disease; (2) the success of the scheme adopted by this Association; (3) that the method adopted provides for a uniform nomenclature of disease; (4) that it need not entail any additional labour on the Poor-law medical officers; (5) that the appointment of registration officers (medical) would not only facilitate the registration of disease, but would greatly improve other sources of State Medicine.

Whatever may be said as to the possibility of this elaborate, ambitious, and perhaps inconsiderate scheme, as regards the overworked medical practitioners, on whom was placed the burden of performing the work as a voluntary tribute to the State, those, and the others who preceded them and helped them, no doubt deserve the credit of the Act which was passed in the year 1889.

Clinical Records.

EDINBURGH ROYAL INFIRMARY.

Case of Tabes with Acutely Developed Ataxia, in which great and rapid improvement had resulted from Frenkel's Plan of Treatment. (a)

Under the care of BYRON BRAMWELL, M.D., F.R.C.P.,
F.R.S.E.

The patient was a married man, æt. 35. For five years he had been a barman, and for sixteen years previously a ship steward. He was admitted to the Edinburgh Royal Infirmary on January 22nd, 1902, because of inability to stand and walk, but had enjoyed good health until the present illness commenced. He absolutely denied syphilis and gonorrhœa. There was no suspicion of alcoholic excess; his average allowance of alcohol was four glasses of beer per week; he did not take more than twelve glasses of whiskey per annum. He was not a heavy smoker. For six months before the inability to walk developed, he had had some, but only slight shooting pains in the legs, more especially the left leg, which was sometimes swollen at night, the result, he thought, of varicose veins. He had occasionally experienced a dull pain in the back and some little difficulty in micturition, having to "force" a little to get the urine away.

The inability to walk developed rapidly on January 13th, 1902. For a fortnight before this date he had felt some stiffness and pins and needles in his legs and feet, but had no difficulty in walking in the dark. He was in the habit of walking from his place of business to his house, a distance of about a mile, every night at twelve o'clock. On Sunday, January 12th, he walked three miles. On Monday, January 13th, he had great difficulty in walking from one room to another. On January 14th he was quite unable to stand or walk.

On examination it was found that the inability to stand and walk was due to ataxia. There was no paralysis; the muscularity of the legs was good; the movements of the legs were wildly ataxic; there was no ataxia in the arms. When the eyes were closed, there was total loss of the sense of position, both during and after passive movements in the lower extremities. Occasional shooting (lightning) pains were complained of in the legs (thighs and calves). There was some varicosity of the veins of the left leg. The left calf was 12½ inches, and the right 11½ inches; the patient was a short, spare man.

The knee-jerks and Achilles-jerks were completely absent even after reinforcement; the deep reflexes in the upper extremities were present, but not exaggerated; the jaw-jerk was present. The direct muscular excitability of the anterior and posterior leg muscles and of the quadriceps group was slightly increased; there was no myodynia contraction. The plantar reflex was very active in both legs, the toe movement being flexion; the cremasteric reflex was absent on both sides; the abdominal reflex was present, but slight.

(a) An abstract of the Presidential Address delivered at the Opening Meeting of the Section of State Medicine of the Royal Academy of Medicine in Ireland, Feb. 14th, 1902.

(a) Case shown before the Edinburgh Medico-Chirurgical Society, March 5th, 1902.

The pupils were unequal in size and markedly dilated; the right measured eight and the left ten millimetres; they were quite insensible to light, and only contracted very slightly on accommodation, the right pupil becoming six and the left eight millimetres in size; they did not dilate on powerful stimulation (pinching and Faradic irritation) of the skin of the neck.

There was well-marked thoracic and ulnar analgesia, and considerable analgesia and anaesthesia of the lower extremities. Biernacki's sign was not present. There was also marked analgesia of the calf muscles. There was some, but only slight, hypotonia. There was no girdle sensation. A slight dull pain in the "small of the back" was occasionally experienced. Slight difficulty in micturition (necessitating "forcing") was occasionally experienced; the bowels were regular; there was little or no loss of sexual desire and power.

There had never been diplopia or ptosis; the ocular movements and the optic discs were normal; the special senses were normal; there were no crises and no trophic or vasomotor derangements. The mental functions were unimpaired, there was no articulatory defect, and no facial or tongue tremors.

The case was interesting because of:—1. The absolute, and apparently quite straightforward, denial of syphilis and gonorrhoea. 2. The acuteness with which the ataxia had been developed; Dr. Bramwell had lately analysed 155 cases of tabes which had come under his notice, in three of these cases only was the ataxia very rapidly developed. 3. The dilated condition of the pupils. In 104 of the 155 cases of tabes which Dr. Bramwell had analysed, the size of the pupils was mentioned in the notes. In sixty-nine of those 104 cases, or 66.3 per cent., the pupils were contracted (below three millimetres); in twenty-seven cases, or 25.9 per cent. of medium size (between five and three millimetres); and in only eight, or 7.6 per cent., dilated (above five millimetres). 4. The striking and rapid improvement which had resulted from Frenkel's plan of treatment. On January 22nd the patient was unable to stand or walk, the movements of the legs being wildly ataxic. Frenkel's treatment (exercises with cross boards) was commenced on January 27th. In the course of ten days (on February 7th) the patient was able to stand and walk with the help of a go-cart. A week later (February 14th) he was able to walk with the help of two sticks. He could now (March 5th) walk steadily and well with sticks, and he could also walk across the room fairly well and without a marked ataxic gait, without sticks, i.e., totally unsupported.

Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

MEETING HELD WEDNESDAY, MARCH 5TH, 1902.

PETER HORROCKS, M.D., President, in the Chair.

SPECIMENS.

OVARIAN ABSCESS RUPTURED DURING LABOUR.

DR. COMYNS BERKELEY showed a uterus and appendages removed from a patient who had died twelve hours after labour had ended from acute peritonitis caused by rupture of an ovarian abscess. The patient, æt. 32, had had five children. As far as could be ascertained the only illness she had ever had was an attack of pelvic inflammation ten years previously, before her marriage. She had never complained of abdominal pain or leucorrhoea, the periods had been regular and normal. Her pregnancy was uneventful except that the morning sickness was rather more troublesome than in previous pregnancies, all of which had ended quite normally. On the evening of January 5th intermittent pains came on, between which the patient was quite well, and she considered labour had commenced. On the evening of January 7th the pain became continuous and was distressing, and about the same time the patient commenced to vomit yellow fluid. The external clerk on arrival found the pulse 100, respira-

tion and temperature normal, membranes unruptured, head presenting, cervix size of half a crown, and the patient complaining of pain and sickness. He called again three hours later, and then the patient was much worse, pulse 136, respiration 30, patient very restless, pain worse and vomiting continuing, so he sent for the Obstetric House Physician. Before this gentleman arrived the baby was born, and the patient then seemed to improve, since the pain disappeared, the vomiting ceased, the pulse fell to 80, respiration 30, temperature normal. There was no tenderness of the abdomen, and the placenta was expressed quite easily, with practically no loss. Six hours later the Obstetric House Physician was called, to find the patient very ill. Pulse 136, respiration 60, continuous vomiting, no pain, very collapsed. Dr. Berkeley was then asked to see the case. He found the stomach dilated, so that it reached to within two inches of the pubes, partially obliterated the liver dulness, and compressed the left lung, so that the percussion note over the left chest resembled that of a pneumothorax. In addition, there was marked splashing and frequent vomiting of yellow fluid without any effort. The patient was very collapsed. Dr. Berkeley diagnosed acute primary dilatation of the stomach, and asked Dr. Campbell Thomson, who lived close by, who had seen five cases, and lately read a very able paper on the subject before the Royal Medico-Chirurgical Society, to see the patient. This he was able to do immediately, and in the absence of any history or signs pointing to peritonitis agreed in the diagnosis. The stomach was emptied of over three pints of fluid and washed out, after which the patient appeared to be relieved. She, however, died six hours later. Dr. Campbell Thomson, who did the post-mortem, found purulent peritonitis with a large amount of semipurulent fluid in the abdomen. Lungs slightly cedematous. Heart, kidney, liver healthy. Spleen enlarged and soft. Right ovary healthy. Right and left tubes appeared healthy, and were pervious. Left ovary contained an opening at its lower border, through which pus was escaping, and which led to an abscess cavity. The abscess had also burst into the broad ligament, and pus was escaping from an opening in this structure. The ovary was bound down to the posterior surface of uterus by old adhesions, and he ended his report as follows: "Although the dilatation of the stomach was no doubt secondary to the peritonitis, nevertheless it formed the most prominent sign during life, and tends to confirm the view I advanced in my paper that primary acute dilatation of the stomach is closely allied to the great dilatation of the stomach and intestines sometimes found in acute peritonitis." Dr. Berkeley thought that the abscess had been burst by the contracting uterus some time between January 5th and January 7th.

The PRESIDENT said that as a student at Guy's Hospital he was taught by Dr. Hilton Fagge that there were three kinds of cases in which a woman in her ordinary health might become suddenly very ill—viz., ruptured gastric ulcer, ruptured latent typhoid ulcer, and ovarian abscess.

Dr. ROBERT BOXALL noted the absence of pain in this case, and recalled the case of a woman at University College who was doing her washing on the tenth day after labour, and was dead next day. She had no pain. She was found to have died of suppurative peritonitis. Such instances emphasised the importance of obtaining a post-mortem examination in all cases of sudden death.

Dr. HANDFIELD-JONES said that on one occasion he was asked by Dr. Danford Thomas to make an autopsy in a case of sudden death; purulent peritonitis was present, the result of a ruptured ovarian abscess; just round the ovary was a small pool of pus.

Dr. W. S. A. GRIFFITH remarked that he had seen a case of rupture of a pus-tube which rapidly led to a fatal result. It was often difficult to distinguish between an abscess of the ovary or tube antecedent to labour, and such an abscess forming part of a general infection occurring at the time of labour.

Dr. T. W. EDEN asked whether the ovarian abscess might not have been the result of bowel infection?

Dr. J. H. TARGETT suggested another explanation, namely, that the infection of the ovary might have

originated in some traumatism of the cervix, being conveyed to the ovary through the lymphatics of the broad ligament, and entering the ovary at the hilum, instead of being communicated through the tube. An attempted abortion might produce such an injury to the cervix.

Dr. COMYNS BEEKLEY replied.

INTUSSUSCEPTION WITH AN OVARIAN TUMOUR.

Dr. VICTOR BONNEY exhibited a specimen of a primary intussusception of the large intestine that was spontaneously passed by a patient, *et. 56*, who suffered from a large solid ovarian tumour which was also shown. Attached to the ovarian tumour was a large tubo-ovarian cyst. This tumour with its attached cyst was removed at the autopsy nearly five months after expulsion of the intussuscepted bowel. Dr. Bonney remarked on the rarity of primary intussusception of the large bowel and pointed out that intussusception anywhere was extremely rare after fifty, while it was still more unusual for the patient to spontaneously expel the intussusception. In this case as in two other recorded cases in patients of advanced life, prolonged constipation had preceded the intussusception.

SARCOMA OF THE OVARY.

The PRESIDENT showed two cases of malignant disease of the ovary. The patients presented several similar features; thus in both there was great distension of the abdomen by free fluid, so that tapping had to be done in the first instance. Both of them had become greatly emaciated; in each case the tumour was solid and was diagnosed as sarcoma of the ovary. Both had great pain in the side and pleurisy. The two patients recovered. The question arose in each case whether there was a secondary growth in the lung. In one case the tumour was closely adherent to the intestines, and microscopic examination showed a preponderance of pure sarcoma cells; in the other there were no adhesions, and the microscope showed that the growth was largely composed of fibrous tissue.

Dr. TARGETT remarked that the patient whose tumour was partly fibrous was forty-two years of age; the other one was twenty-eight, and it was in accordance with experience to find that the younger woman had the more malignant tumour.

Dr. CORRIE KEOP asked what was the frequency with which fluid was found in the pleural cavity in cases of solid ovarian tumours? He had seen two such cases.

Dr. AMAND ROUTH observed that when fluid was present in the pleural cavity it was generally found on the same side as the ovarian tumour.

Some observations were also made by Dr. Bonney and Dr. Tate.

Dr. W. W. H. TATE showed a small litho-pædion which had probably been in existence for sixteen years.

SUPPRESSION OF URINE AFTER LABOUR.

A paper on this subject was read by Dr. R. G. MCKERRON (Glasgow). Attention was first directed to the fact that suppression of urine before or after labour was rare, notwithstanding the frequency of pathological changes in the kidneys during pregnancy. From recent experience the author was disposed to believe that as a puerperal complication complete or partial suppression was more common than the small number of recorded cases would suggest. He described three cases which came within his own knowledge, adding short abstracts of three cases of complete anuria found in literature. The causation of anuria after labour was, he observed, obscure. To assist in the solution of the causal problem an analysis of the leading clinical features of the cases was given, from which the author concluded that several factors were concerned in its production, and that these might be variously combined in different cases. The essential causes he believed to be (1) a nephritis similar to that underlying eclampsia, and probably superimposed on kidneys previously defective, (2) a neurotic temperament (3) shock, resulting from precipitate labour or from intense pain accompanying its progress. The paper concluded with a few observations on treatment and on the possible effect of opium in contributing to the suppression.

Remarks on the paper were made by Dr. Boxall, Dr. Tate, Dr. Griffith and Dr. W. Murray Lealie, who quoted cases of anuria that they had seen. Dr. LEALIE mentioned that the subjects of the anuria were chronic alcoholics in all the three cases; that had come under his notice.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF SURGERY.

MEETING HELD IN THE ROYAL COLLEGE OF SURGEONS ON FRIDAY, FEB. 28TH, 1902.

Mr. T. MYLES, President, in the Chair.

LIVING EXHIBITS.

MR. JOHN LENTAIGNE: Case of excision of shoulder-joint by posterior incision (Kocher) for tuberculous disease of ten years' standing.

MR. HENRY GRAY CROLY: (a) Case of medio-tarsal amputation of foot (Chopart); (b) Case of amputation of foot at ankle-joint (Syme); (c) Fracture of olecranon process treated by wiring.

CARD SPECIMEN.

MR. HENRY CROLY: Gut showing numerous ulcers (dysenteric) with perforation and gangrene.

MR. G. JAMESON JOHNSTON then read his paper on a case of

SWALLOWING OF METALLIC DENTURE SUCCESSFULLY TREATED BY THE INTERNAL ADMINISTRATION OF COTTON WOOL.

J. M., *et. 20*, whilst swimming in the open sea was struck in the face by a wave. He immediately felt a choking sensation, was unable to swim on his breast and made his way to shore by swimming on his back. Some of those on the shore slapped him on the back to displace the false teeth that he told them were choking him; the first slapping on the back produced dyspnoea. He got black in the face; a further slapping on the back got rid of the dyspnoea, though it caused him much pain. On admission to hospital a probang was passed and the patient experienced so much relief that it was felt that the denture had passed into the stomach. Soon afterwards pains in the pyloric end of the stomach were complained of, and they continued for some days. Mr. G. Jameson Johnston then decided on treating him with sandwiches containing a thin layer of cotton wool in each. A week after admission he got a drachm and a half of compound liquorice powder, which acted as an aperient, and got rid of the denture, which was found rolled in cotton wool in his faeces.

MR. LENTAIGNE confessed he would not like to take cotton wool under any circumstances. He thought it would not be without risk of producing obstruction. He considered the case important, as it impressed the well-known danger of small dentures on their notice. All the accidents resulting from artificial teeth getting into the pharynx are due to small dentures, which he thinks should be prohibited, for a large plate can be made for any case calling for artificial teeth.

MR. TOBIN would like to know if all the cotton wool the patient swallowed was passed with the denture.

MR. G. JAMESON JOHNSTON did not know either the amount of wool taken in the sandwiches or passed with the denture, the nurses having cleaned the latter before he saw it.

MR. R. H. TOBIN then read his paper on the

TREATMENT OF SENILE HYPERTROPHY OF THE PROSTATE.

Mr. Tobin traced the interdependence of the prostate gland and the testis and their correlation, and then considered the treatment of senile hypertrophy of the gland under the palliative and radical methods. In the former he placed great stress on the value of soft flexible catheters and the necessity for their asepsis. In the choice of radical methods he pointed out the value of the presence or absence of sexual desires as an indication. If these were present, the case was probably one of true hypertrophy, to be treated by vasectomy or castration; if they were absent, tumours causing pressure atrophy of the prostate probably constituted the enlargement, and

enucleation would effect a cure. The failure of vasectomy in certain cases he considered to be due to the non-inclusion, in the resection, of the filaments of the hypogastric plexus that accompany the artery of the vas deferens, these being the most direct sympathetic link between the testicle and prostate. Of the radical methods he advocates complete enucleation of the gland as practised by Mr. Freyer.

Mr. E. H. TAYLOR then read his paper on

SUPRABUBIC PROSTATECTOMY

having previously given a demonstration of the structure as well as of the normal and pathological anatomy of the prostate by means of a set of lantern slides and numerous specimens. He described the various steps of the operation and showed large adenomatous masses which he had removed. He pointed out that the aim of suprabubic prostatectomy should be: 1. To remove *en masse* and by a process of enucleation those portions of the enlarged lateral lobes which lie beside the urethra and exert a compressing influence upon it. 2. To remove the enlarged middle lobe in the same manner, seeing that its action in a large percentage of cases is to obstruct the bladder outlet. In his concluding remarks Mr. Taylor said "suprabubic prostatectomy as practised at the present day remains in its essential details, the operation of McGill and of the Leeds school, it aims at enucleation of encapsuled growths and meets all the requirements of the case. A remarkable paper appeared in the *British Medical Journal* some months ago, and another quite recently under the authorship of Mr. Freyer, of London, in which he related certain cases of *total removal of the prostate and its capsule*. Now I have no hesitation in saying, and I can prove my statements by the material which I have at my disposal this evening, that Mr. Freyer is labouring under a grave misapprehension, and has overstated his case. With his anatomy I do not purpose to enter into conflict just now. I would merely say, however, his views on the structure of the prostate bear the impress of arm chair and fireside reflection, rather than of careful study in the dissecting room and histological laboratory, in fact, one cannot for a moment regard them in a serious light. Were total extirpation carried out what would it mean? It would of necessity involve the removal of the prostatic urethra, to which there adheres in these cases a varying amount of prostatic tissue and which remains connected with the common ejaculatory ducts. These, as I have already demonstrated, are displaced downwards and backwards with their surrounding tissue, and constitute important supports of the prostatic urethra after the adenomatous masses have been enucleated. Total extirpation would also imply the detachment from its surroundings of the inter-fibrous investment of the prostate, as well as of the thinned cortex. Now, this would be not only a totally unwarranted procedure, but in the highest degree dangerous, as it would inevitably mean the laceration of the veins of the prostatic venous plexus, which lie in close contact, embedded, I might say, in this inter-fibrous layer, which Mr. Freyer alludes to as the prostatic capsule. As a matter of fact, this fibrous layer is very tough, and it is very fortunate that it is, whereas the encapsuled masses are of a much softer and more friable consistency. The result is that when the finger is introduced through the incision in the bladder floor, it finds its way, following the direction of least resistance between the tough investment of the prostate or greatly thinned cortical layer and the encapsuled mass, and this is the true explanation of the ready manner by which the enucleation of enormous tumours may be carried out. Mr. Freyer has done nothing more than remove encapsuled prostatic growths, and it appears to me that what he considers the prostatic capsule is in reality the thin fibrous investment by which these and adenomatous tumours in other regions of the body are surrounded. A glance at his illustrations alone will, I think, convince one of this fact. In conclusion, however, let me add, I am not blind to the fact that Mr. Freyer has done good work; he has, no doubt, extended the scope of McGill's opera-

tion, and in this respect I believe he has succeeded in making a decided advance in this department of surgery."

The PRESIDENT congratulated the section on the two most interesting papers they had just heard read. Mr. Taylor's was of surpassing interest. He placed his facts very clearly before them and by his caution *re* extirpation he gave them great satisfaction. The operation is not generally applicable, it is possible in a few cases only. Cases where the kidneys are diseased, and the urine purulent are not suitable for enucleation. An artificial pouch containing unhealthy urine in the immediate vicinity of the prostatic plexus is not a desirable condition. Where the urine is non-purulent and contains a normal amount of urea, and the patient is not too old nor too feeble the operation is applicable. In some of his cases he decided on suprabubic drainage. But the subject was one tempting to criticism, one on which a surgeon might talk for hours. He considered the operation much superior to perineal incision, from which he had seen a patient bleed to death.

Mr. HENRY GRAY CROLY congratulated Mr. Tobin on his practical paper and Mr. Taylor on his anatomico-surgical paper, though he thought we were not so much indebted to German anatomists for our knowledge of the anatomy of the gland, as they had really added nothing to Alcock's description. We had, however, in the treatment of prostatic hypertrophy made great progress. A patient is no longer kept for hours in suffering whilst a catheter is being passed, and now patients do not die of uræmic poisoning from an over-distended bladder, as he had once seen occur.

Mr. G. JAMESON JOHNSTON, in a case of marked hypertrophy of the prostate, which involved the whole gland and was readily recognised through the rectum, performed castration with good results. He congratulated Mr. Taylor on his splendid demonstration, which made clear it that the whole prostate could not be extirpated.

Mr. TOBIN was thankful to Mr. Freyer for having so written as to produce Mr. Taylor's excellent paper and lantern demonstration. From *a priori* reasoning it might appear that the operation was dangerous, but the good practical results showed that in spite of the reasons the operation was a valuable one. To the question, "Is the case fit for operation?" he would reply by asking, "Is the case fit to die?"

Mr. TAYLOR begged to thank the members for the kind reception of his paper. He felt sorry if he had roused Mr. Croly's indignation by not referring to Alcock's monograph, which he was aware had anticipated the German anatomists. Cases selected by him for operation are carefully fed, purged the day prior to operation, and he tries beforehand to bring their urine to the healthiest condition possible.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY. MEETING HELD MARCH 5TH.

DR. T. R. FRASER, President, in the Chair.

Dr. EDWIN BRAMWELL showed a man, æt. 38, who, after exposure to cold eighteen months ago, was suddenly seized with severe pain in the right hip. On examination a patch of anæsthesia to ordinary sensation, temperature, and pain was found on the outer side of the thigh, with a tender spot about 1½ ins. below the anterior superior spine. Otherwise the clinical examination was negative. The case corresponded with the condition described as neuralgia paræsthetica, and as the area affected coincided with the distribution of the external cutaneous nerve; and, further, as the symptoms had persisted without amelioration by other treatment for eighteen months, it was decided to excise a portion of the nerve. This was accordingly done, and while the anæsthetic area remained and a certain amount of numbness of the thigh was complained of, the patient was completely freed from pain, and was again able to resume his occupation. The excised portion of nerve showed no definite change, either by Marchi's or Weigert's method.

Mr. F. M. CAIRD showed a man, aged 68, after removal

of a portion of the small intestine for tuberculous stricture.

Dr. BYROM BRAMWELL showed (1) a man who had come under observation with symptoms of acutely developing

"TABES DORSALIS,"

full notes of which will be found in another column under the heading of "Clinical Records."

Dr. BRAMWELL also brought forward a case of consolidation of the right lung in which the diagnosis lay between aneurysm compressing the left bronchus, and a tumour. The case is of considerable interest, and for full report of which we hope to have space in our next.

The PRESIDENT, Professor T. R. FRASER, read a paper on

THE RELATIVE EFFICACY OF CACODYLATES AS THERAPEUTIC AGENTS,

An abstract of which will be found in another column under the heading of "Original Communications."

The paper was discussed by Dr. NORMAN WALKER, who was in favour of a continued trial of cacodylate of soda in certain forms of skin disease; and by Dr. RITCHIE, who stated that his experience of them had not been such as to lead him to go on using them.

Dr. NOEL PATON read a paper on the "Co-ordination of Medical Research," in which combination of several workers at one subject was advised, and suggestions were made for a further extension of the principle. The paper gave rise to considerable discussion.

Card specimens were shown as follows:—By Mr. CAIRD: (1) Cerebral tumour removed from girl; (2) Intestinal tuberculous stricture from male patient. By Mr. WALLACE: (1) Renal neoplasms removed by nephrectomy—adeno-carcinoma, sarcoma, and polycystic tumour; (2) Tuberculous intestine, fourty-four inches of which were removed by enterectomy. By Mr. MILES: (1) Spina bifida; (2) Malignant stricture of oesophagus; (3) Cases of appendicitis. By Dr. FLEMING (microscopic): Nerves ten to eighteen weeks after complete division showing regeneration of nerve fibres in the ununited peripheral portion of the nerve.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN.

MEETING HELD FEB. 21st, 1902.

Dr. JAMES TAYLOR in the Chair.

MR. J. JACKSON CLARKE showed a girl, *æt.* 9, who sustained a fracture of the outer condyle of the humerus in August, 1901. When seen two weeks after the injury, the elbow was rigidly extended, the ulna was dislocated backwards, and the bones of the forearm outwards. Under chloroform the elbow-joint was fixed at a right angle. There was now perfect power of pronation and supination, and an increasing degree of flexion and extension.

The case was discussed by Mr. ALFRED H. TUBBY.

Dr. C. O. HAWTHORNE showed a case of "Congenital Spastic Paraplegia" in a boy, *æt.* 2 years 9 months. There were crossed-legged progression and heightened tendon phenomena, but no positive evidences of a cerebral lesion. No specific disease or family neurosis.—Mr. CARRE-SMITH inquired as to the results of ophthalmoscopic examination.—Mr. TUBBY was of opinion that the subjects of this affection were never mentally complete.—Dr. G. A. SUTHERLAND regarded the slight strabismus present in the case as confirmatory of a cerebral origin.—Dr. ROBERT HUTCHISON was inclined to regard the case as one of Little's disease.—Dr. JAMES TAYLOR thought that syphilis undoubtedly played a part in the causation of the disease, for he had seen some patients with syphilitic choroiditis.—Dr. HAWTHORNE, in reply, said the fundus showed no changes, and that the family history was not suggestive of syphilis.

Dr. C. O. HAWTHORNE also showed a case of "Hypertrophy" affecting the right lower limb of a boy. The condition seemed to affect the bones as well as the soft

tissues. The tibial arteries had probably enlarged. Hemorrhagic spots and patches were present on the leg and dorsum of the foot. No other deformity except a moderate degree of hypospadias.—Dr. C. E. SANSONO believed this was an instance of genuine hypertrophy.—Dr. F. PARKES WEBER thought the spots and patches were distinctly naevoid. The veins and arteries of the limb were much dilated.—Dr. HAWTHORNE replied.

Mr. SYDNEY STEPHENSON showed a girl, *æt.* 11, with a "Congenital Paralysis of the Oculo-motor Nerve" on the right side. After discussing the theories of causation, he concluded that the condition was due to an absence or functional inactivity of the nuclei of origin of the nerve.—Dr. JAMES TAYLOR, after mentioning the rarity of such cases, said he did not know whether any definite lesion had yet been found in the nerve nucleus.—Mr. CARRE-SMITH asked if there was any evidence of congenital syphilis?—Mr. STEPHENSON, in reply, stated that there was neither family nor personal evidence of syphilis.

Mr. E. W. NOBLE exhibited a specimen showing perforation of a tuberculous ulcer of small intestine in a boy, *æt.* 6. The child died from general tuberculosis.—Dr. GWYNNE (Sheffield) remarked that tuberculous nodules in the intestine sometimes existed without causing any symptoms. He had come across such nodules when operating for the radical cure of hernia in children.

Dr. W. C. CHAFFRY (Brighton) exhibited a specimen of Cirrhosis of the Liver from a girl, *æt.* 10.—Dr. LISTER thought that some obscure cases of cirrhosis of the liver in children might be explained as the result of an acute enteritis.—The CHAIRMAN alluded to a case in a girl, *æt.* 15, who suffered from choreiform movements.—Dr. WEBER and Dr. SANSONO also discussed the specimen.

Dr. GEORGE CARPENTER showed a case of Paroxysmal Hemoglobinuria in a boy, *æt.* 3. There was no evidence of syphilis. Application of ice-cold water to the extremities induced an immediate destructive action on the red corpuscles to the extent of 20 per cent., but failed to produce hemoglobinuria.—Dr. WEBER urged the importance of a warm climate in the management of such cases.—Dr. Hawthorne, Dr. James Taylor, and Dr. Sutherland discussed the case, and Dr. CARPENTER replied.

Dr. CARPENTER showed a case of Extreme Ichthyosis in a male infant, aged 5 months, which developed a few days after birth. It also had craniotabes and chronic snuffles. Dr. Carpenter also showed a boy, *æt.* 8½, with a large head, probably hydrocephalic, a supposed sequel of basilar meningitis during infancy. There was rigidity of the lower extremities and a feeble gait. The enlarged head was not characteristic of hydrocephalus, and it was somewhat suggestive of hypertrophy of the brain.

Dr. C. N. GWYNNE (Sheffield) described the case of a boy, *æt.* 6½, who was admitted to hospital suffering from obstinate constipation and great emaciation. His abdomen was enormously enlarged. As no action of the bowels could be obtained, either by medicine or by injection, left iliac colotomy was performed. The condition was diagnosed as a congenital dilatation of the sigmoid flexure of the colon. The result of the operation was satisfactory.

Dr. J. PORTER PARKINSON read a paper on the

LOCAL TREATMENT OF ADENOIDS.

This consists in the direct application to the nasopharynx of an astringent compound of equal parts of solution of perchloride of iron and glycerine, applied by means of a curved brush passed behind the soft palate. Dr. Parkinson advises this treatment for soft and gelatinous adenoids, which cause temporary, recurrent obstruction of the nasal passages and other symptoms, as cough, headache, aurial discharges, and deafness. The method is applicable to patients of any age, and can be carried out with a minimum of discomfort.—Dr. G. A. SUTHERLAND discussed the paper, and Dr. PARKINSON replied.

LIVERPOOL MEDICAL INSTITUTION.

MEETING HELD FEB. 27TH, 1902.

RUSHTON PARKER, M.B., F.R.C.S., President, in the Chair.

Dr. THURSTON HOLLAND read a note on the
DURATION OF PREGNANCY,

based on a case—that of a young primipara—when, dating from the last date of normal menstruation to the birth of the child, the duration was 340 days, from the date of last coitus to the birth was 323 days, from the date of the menstruation following the last coitus (an abnormal period only lasting two days) the duration was 316 days.

Dr. MACFIE CAMPBELL said he had notes of sixty-four cases in which the date of impregnation was known, and the average came to 268 days, or rather less than is generally allowed. In one case of seduction 273 days elapsed after one coitus. Nine cases of no menstruation after marriage gave an average of 264 days, and in five when the husbands (seafaring men) were only at home for one night, 277 days. He never had a case similar to that of Dr. Holland, which was open to a little doubt; it was so difficult to be quite sure of our data in these matters. He had, however, notes of six cases ranging from 293 to 303 days, three of 308 days, one of 310 days, and one of 312. Dr. Holland's paper was of much interest from a professional and legal point of view, and showed how important such a question might be.

Dr. R. T. M. BUCHANAN and Mr. R. A. BICKERSTETH read the notes of a case of Gastric Ulcer, in which a successful operation had been performed for perforation. J. C., a housemaid, *et.* 27, had a history of epigastric pain and occasional vomiting for two years. Twenty-seven hours after the symptoms of perforation came on laparotomy was performed at the Royal Infirmary. Much turbid fluid was found in the abdomen, collected in pockets formed by recent adhesions. A perforation near the cardiac end of the stomach was found with some difficulty, and eventually closed by passing a rectangular cleft palate needle deeply through the tissues on each side of it. The operation was performed on August 6th, 1901; the girl left the hospital on October 20th, and continued well up to the present.

Dr. W. BLAIR BELL related a

CASE OF APPENDICITIS

which had run an unusual course. At the operation he found an empty abscess cavity. The stump of the appendix was ligatured and removed from the cæcum, and the apex from the ileum to which it adhered, and where there was a large perforation through which the abscess had discharged into the bowel. He closed the perforation, and packed the abscess cavity with gauze, soaked in iodoform emulsion. The patient, a girl, *et.* 16, made an uninterrupted recovery.

Mr. LARKIN read a case of

CEREBRO-SPINAL RHINORRHOEA.

The fluid had escaped through a fracture of the basiphænid. The patient lived twenty-seven days after the fracture, and died from septic meningitis.

Drs. Macalister and E. T. Davies, Messrs. F. T. Paul and G. P. Newbolt and the President discussed these cases.

Dr. NATHAN RAW read a paper on

THE RELATION OF MENTAL SYMPTOMS TO BODILY DISEASE.

He first of all minutely described the symptoms present in various diseases of the viscera, with special reference to reflected visceral pains, and agreed in the main with the conclusions of Head, that they were present in a fair proportion of cases of heart disease, phthisis, and diseases of the stomach and liver. He then described the various mental symptoms occurring in the course of kidney disease, gout, exophthalmic goitre, myxœdema and chorea, mentioning several cases of temporary insanity which he had noticed. The mental symptoms occurring in the course of typhoid, pneumonia and rheumatic fever he divided into two import-

ant groups, those of the initial stage of the fever due to the severity of the infection and characterised by mania and delirium, and those supervening on convalescence, chiefly of a depressant and melancholic type. He had often observed post-typhoid insanity of the melancholic type with delusions, and was of the opinion that it was due to nervous exhaustion and insufficient food. In his experience post-typhoid insanity always passed off, and the patient's mind was restored to the normal. He had never observed insanity to follow an attack of pneumonia. After a long observation of many thousands of cases, Dr. Raw was of opinion that there was a form of temporary mental disorder which occurred as part and parcel of some bodily diseases, and which rendered the patient insane for the time, but which rapidly passed away. He was strongly of opinion that those cases should not be certified as lunatics and sent to an asylum, but should be treated in a special hospital for mental diseases. He advocated the provision of a reception house or hospital for mental disorders in Liverpool, where a patient suffering from delirium tremens and other forms of temporary mental disorder could be sent and specially treated, and facilities given to students for studying this important group of mental disorders, and he was of opinion that such patients should not be subject to the stigma of having been certified as lunatics when a few weeks of special care would restore the mental equilibrium.

Dr. WARRINGTON mentioned the important observations of Sherrington, who found that the emotional life of dogs seemed to be unimpaired after a complete section of the spinal cord below the origin of the phrenics, and also in addition, section of one vagus nerve. He also alluded to the fact that innumerable poisons which could be demonstrated in the nerve cells, and expressed the opinion that these changes had no distinguishing features from one another. He considered the characteristics of mental disorder in visceral lesions depended rather upon the psychological life of the individual.

Drs. T. E. Glynn, Carter, Gill, Street, and Barr spoke, and Dr. Raw replied.

NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

MEETING HELD AT LIVERPOOL, FRIDAY, FEB. 21ST, 1902.

S. BUCKLEY, M.D., President, in the Chair.

Dr. T. ARTHUR HELME (Manchester) showed:—

1. Carcinoma of the cervix uteri with double pyosalpinx, removed per vaginam from a nullipara, *et.* 23. The patient had been married about twelve months. The husband had had gonorrhœa a few months before marriage. The symptoms of menorrhagia and discharge had existed about six months. The points of interest in the case were the early age for cancer, its occurrence in a nullipara, and the association with gonorrhœal pyosalpinx. The growth consisted of columnar carcinoma.

2. Polypoid carcinoma of the corpus uteri removed by vaginal hysterectomy from a virgin, *et.* 41. The operation was rendered difficult by the smallness of the vagina and incision of the perineum was required, and also median incision of the uterine wall. The ligaments were clamped. The growth was gland-celled carcinoma. It originated in the right side of the uterine body forming a large polypoid mass protruding into the vagina.

3. Solid ovarian tumour and primary (?) tuberculous peritonitis with ascites. The patient had for some months previous to operation been losing flesh and noticed the abdomen to become gradually enlarged. There was an evening rise of temperature which was subnormal in the morning. The physical signs were those of considerable free fluid in the peritoneal cavity, together with the presence of a solid oval tumour in the right ovarian region. The uterus was not enlarged. The history, general condition and physical signs suggested tuberculous peritonitis rather than simple ascites associated with the tumour. The abdomen was opened and the tumour removed. It was a fibroma of the right

ovary. There was no evidence of malignancy. The whole of the posterior surface of the right broad ligament and uterus were covered with a thick caseous tuberculous-looking material, and the pelvic peritoneum generally showed the usual evidences of tuberculous peritonitis. Both Fallopian tubes appeared healthy. The ascitic fluid was removed and the abdomen closed. The patient has completely recovered health at the present date, nine months after operation.

The specimens were discussed by Dr. E. T. Davies and others.

Dr. LLOYD ROBERTS (Manchester) showed a large uterine polypus removed from a married woman, *æt.* 52. There was commencing necrosis with offensive discharge and bleeding. The pedicle about twice the thickness of a thumb sprang from the posterior uterine wall above the internal os. In addition to the polypus, the posterior conical lip and adjoining vaginal fornix showed superficial ulceration. The appearance of the polypus suggested the possibility of malignancy, but examination failed to reveal this condition. A further investigation would be made.

Dr. W. WALTER (Manchester) showed a solid tumour of the right ovary, removed by abdominal section from a multipara, *æt.* 39, whose periods suddenly ceased five years previously. The other ovary was small and atrophied, and no ascites was present. At the outer end of the tumour, which was the size of a small cocoon, the capsule was very thin and friable, and over a small area the contents were pink and of a putty consistence. The remainder of the tumour was firm and cut like a pear. Some parts looked like a fibroma, but microscopically the ovarian stroma was found extensively infiltrated with round-celled sarcoma.

Dr. Briggs, Dr. Donald, and the President, Dr. Buckley, discussed the difficulty of distinguishing benign from malignant connective tissue tumours of the ovary, and Dr. WALTER replied.

Drs. A. DONALD and W. K. WALLS (Manchester) related a case of spontaneous rupture of a uterus, *biicornis unicollis*, during pregnancy. The first four confinements had been tedious or instrumental. The fifth labour occurred in St. Mary's Hospital, and is described by Dr. Walls in the Society's "Transactions," 1899. The present labour commenced with pain and hæmorrhage, and the placental edge was felt first within the cervix. The cervix was plugged, but as bleeding recurred and pains did not continue, a leg was brought down, under chloroform. The skin of the fœtus was peeling. Multiple incisions were made in the cervix, and the base of the skull perforated. The cervix was lacerated, the tear involving the broad ligament into the peritoneal cavity. On passing the hand into the uterus to remove the placenta the two horns of the uterus were found to have separated, the intervening thin tissue having given way. The abdomen was opened, and pan-hysterectomy done. The patient made a good recovery.

Dr. H. BRIGGS (Liverpool) exhibited:—(a, b, c) Three examples of solid ovarian carcinomata; (d) Necrobiosis of fibroma of the ovary; (e) Double ovarian cystoma and pregnancy; (f) Vaginal nodules in case of adenocarcinoma of the cervix.

Remarks were made by Drs. Donald, Lloyd Roberts, Walter, Raw and Helme, and Dr. BRIGGS replied.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, March 9th, 1902.

THE NEW THERAPEUTIC, ARRHENAL.

In a communication recently made to the Académie de Médecine Professor Gautier brought under notice arrhénal, a new chemical, which he considers will be a valuable therapeutic remedy in the treatment of pernicious anæmia and pulmonary tuberculosis. It is, as its chemical formula shows, a disodium methyl arseniate, which chemically is allied to arsenic dimethyl, or

cacodyl, $\text{As}(\text{C}_2\text{H}_5)_2$, which Bunsen obtained from cacodyl chloride. The series is interesting from an historical point of view, for the first organo-metallic-basyl was yielded by them (AsC_2H_5).

In the present instance Professor Gautier has succeeded in displacing the organic radicle, C_2H_5 , by sodium, and the substitution of the one radicle for the other has given a practically non-toxic agent for a lethal one.

Physicians for the past two or three years have been prescribing arsenic in the form of the now well-known salt, the cacodylate of sodium. But those who have experience of the salt know how unpleasant to the patient is the garlic-like odour it imparts to the patient's breath, and the offensive smell it so often gives to his sweat. No matter how given, hypodermically, by enemata, or by mouth, the unpleasant effects follow.

With arrhénal there are none of these undesirable results, withal the therapeutic action of the cacodylate remains unimpaired. The drug has been used in many cases by its discoverer, who recommends that it be administered hypodermically in doses of from five to ten centigrammes. In malarial cases he found it more active and much more trustworthy than quinine, two or three hypodermic doses being sufficient to effect a cure. Under the influence of the drug the red corpuscular elements of the blood increase enormously, a few doses bringing the red blood-cells from 3,844,000 to 5,022,000. M. Gautier does not hesitate to double the dose usually given, when the effects of the medication are not found to follow its administration.

The effects of the drug in phthisis are so marked that it needs the greatest faith in our French professional brethren to believe the report, though it is such as we desire. Under the influence of arrhénal, the cough diminishes in frequency and intensity; the pains in the stomach and vomiting cease, and the appetite returns. These wonderfully good effects are stated to be wholly due to the action of the drug. Its good effects are not confined to the lungs, it acts beneficially on the liver and kidneys. These statements are confirmed by Alb. Robin, who has been tentatively using the drug in phthisis and renal diseases.

In phthisis the drug is given twice daily during meals, ten drops of a five per cent. solution being used. When the drug has been taken for seven days the patient is recommended to discontinue its use for seven days, during which time a syrup of some tannate may be prescribed, syrup of walnuts being a favourite. But all its virtues are not exhausted, for it is credited with stopping the worming sickness of pregnancy. Withal it must be borne in mind that the therapeutic properties of the salt are stated from the actual clinical experience of one of the most distinguished French chemists and all such as might fairly be deduced from the chemical formula of arrhénal.

Further, Professor Gautier placed his formula and the results of his experiments fully before his professional brethren, and solicited them to further test the value of the salt from which he hoped so much.

The preparation is worthy of a tentative trial, and in so using it there is practically no risk of any untoward result, for the toxic dose is much greater than the maximum medicinal amount for the day.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, March 8th, 1902.

At the Dermatological Society Hr. Heller showed a patient, æt. 24, who in connection with an attack of gonorrhœa was suffering from gonorrhœal disease of the shoulder and

GONORRHOËAL MYOSITIS.

The patient had acquired syphilis two years before, and in July, 1901, gonorrhœa. By coitus before complete recovery he had had two relapses or super-infections, and in January there was again a gonorrhœal urethritis, both anterior and posterior, with acute prostatitis. About the middle of the month there was slight gonorrhœal disease of the left shoulder. There was great pain, especially at night; general feeling of malaise, but no fever. Salicyl was of no use, but treatment by ichthyol externally and potassic iodide internally, with rest, succeeded moderately. A week later a large stony-hard infiltration was felt in the left biceps which increased in size during the next two days. Its form corresponded generally to that of the biceps. Electrical examination gave normal effects. There was no evidence of nerve disease, and no muscular contraction could be set up. Five cases of gonorrhœal myositis, he observed, had been recorded. In one case an incision was made under the impression that the swelling was an abscess. Both in the muscle and in the intra-muscular exudation, undoubted gonococci were found. In the case shown potassic iodide brought about a rapid improvement.

Hr. Ledermann showed a microscopical preparation illustrating a case in which

POST-GONORRHOËAL URETHRITIS WAS SET UP BY BACTERIUM COLI.

A gentleman, æt. 40, had had his urethra treated both externally and internally on account of numerous complications. Complete recovery having taken place in April, 1901, he came back in November complaining of discharge from the urethra. Examination showed a few pus corpuscles, and many long chains of bacterium coli. A pure cultivation was readily made. The speaker was of opinion that the *b. coli* reached the urethra through the lymph channels. As no instrument was introduced into the urethra, infection from without was excluded. Recovery soon took place under urotropin and a few injections of permanganate.

The *D. Archiv. f. Kl. Med.*, 62, 5 and 6, contains an article by Hr. Herm. Heincke on the

CAUSE OF DEATH IN PERFORATIVE PERITONITIS.

By causing perforations in rabbits death generally took place in from six to twelve hours, the investigation after death leading to the following conclusions:—That the cause of death was a paralysis of the centres in the medulla oblongata; in the first place, the vaso-motor centres were affected, and in the second, those of respiration, the circulation showing striking disturbance before respiration became affected. The heart was unaffected so far as the vaso-motor disturbance was concerned. The circulatory disturbance ran a course exactly analogous to that of infectious diseases. The paralysis of the nerve centres was the consequence of the passage of bacteria products from the peritoneum into the blood.

At the Medical Society a discussion took place on Hr. Kamnier's paper on

TOXINÆMIA.

Hr. Lazarus had examined the blood in a large number of cases of infectious disease with regard to the affinity for iodine. The iodine reaction of the leucocytes was often present, although not constantly, in hyperleucocytosis. He found the reaction in croupous pneumonia, endocarditis septica, acute pericarditis, tonsillar abscess, scarlatina, erysipelas, various carcinomata, lysol poisoning with pneumonia, arthritis gonorrhœica empyema, febrile phthisis, acute enteritis, and tuberculin reaction, but not in anæmia, sarcomatosis, cancer of the liver, typhoid, and diabetes. He attributed it as did Ehrlich, to the glycogen constituent of the blood. Gabrilischewsky obtained it by experimental glycosuria Czerny by morphia narcoosis, section of the vagus, blood letting, and by setting up aseptic suppurations. As it was to be met with under such a large number of conditions, its presence was of no decisive diagnostic value. The speaker had found the condition intermittent, and inconstant in two cases, one a case of osteomyelitis ten days after delivery, the second one of septic endocarditis.

Hr. L. Michaelis looked upon iodophile leucocytes as degenerated, not as dead. He, like Kamnier, had never found them in abscesses not of bacterial origin.

Hr. Lazarus looked upon the iodine reaction as one not of degeneration, but of regeneration.

At the Free Society of Surgeons Hr. Neumann showed a patient the subject of

SUBCUTANEOUS RUPTURE OF INTESTINE AFTER CONTUSION.

The man fell from a scaffolding on to the edge of a mason's hod. He was taken into the Friedrichshain Hospital at once. On admission there was a good deal of collapse, with vomiting, the abdomen drawn in, excessively tender; in both hypochondria dullness, which continued after the withdrawal of clear urine from the bladder. Six hours later laparotomy was performed. In the abdominal cavity was a brownish fluid free from odour. The loops of intestine were covered with fibrin. Liver and spleen were intact. The intestines were now taken out and washed with large quantities of saline solution, and then replaced until a perforated spot was reached. This was resected for a distance of 10 c.m., and union being made by Murphy's button. The abdominal wound was only partially closed. For the first two days symptoms of diffuse purulent peritonitis were present, then improvement set in, and the patient was discharged well in five weeks.

During the past twenty years there had been 133 cases of abdominal contusion in the hospital; 71 uncomplicated, 63 with tearing of abdominal organs. Of all symptoms there was no one absolutely proof of intestinal rupture. Severe shock was generally present, but occasionally it might be absent, and in an uncomplicated case it might be present; the same of muscular tension. One could be completely led astray by giving opium; it should therefore not be given at all.

Twenty-one cases were operated on, of which one only—the one shown—recovered. All the cases before operation showed grave symptoms; the abdomen contained faeces, all the coats of the intestines being torn through,

and all were hard to persuade to submit to operation. If anything was to be done, however, early operation was necessary, and especially if the impact on the abdominal wall has been limited to a small area.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, March 8th, 1902.

THE TUBERCULOSIS COMMISSION.

At the opening of the "Gesellschaft der Aerzte" Prof. Chrobak explained that since the last meeting of the Society seventeen members had formed themselves into a special committee to investigate the question of tuberculosis to a final issue. This, he thought, would be gratifying to all the members who had followed the recent developments of the subject.

PROPHYLAXIS OF TUBERCULOSIS.

Holzknacht resumed the discussion on Weichselbaum's paper, which has given rise to a wide diversity of opinion on the origin, prophylaxis, and treatment of tuberculosis. Holzknacht commenced with a reference to Kaiser's experiments, which he thought were of the utmost importance in the treatment of the disease. He was personally very sceptical as to the efficacy of the blue rays acting so deeply when the surface showed so little change under such influence.

He pointed out that there was no previous evidence of either the Röntgen or Becquerel rays with any sort of coloured light having a deep internal action, the power of penetration being so great that the rays were assumed to pass through the object without affecting it; on the other hand, if the rays become absorbed the superficial plane of entrance must be proportionally more markedly affected; the deeper rays having diminished in potency in proportion to the depth. It had been frequently demonstrated that the blue and ultra-violet blue rays are rapidly absorbed by the skin, which would greatly weaken the effect of rays penetrating the morbid structure, and a ray that would reach that structure would destroy the cutaneous surface. He concluded that Kaiser's method of treatment was a bad form of sunshine, and therefore worthless. His success could only be due to the free use of tropon and not to the rays.

Kronfeld challenged Winternitz's assertion that "the power of tuberculous infection is very low." He believed with Cornet that the disposition was a powerful factor, but the disease was also very easily transmitted. He would not dogmatise on the subject, and hoped this would give the whole subject new interest. He thought the treatment in distinct institutions at the cost of the State would be premature with our present imperfect knowledge. It was not even yet decided whether such institutions were beneficial or prejudicial to the health of the patients, as so many conditions must be observed, which almost excluded a beneficial result in any other cases than those which would have improved under any other form of rational and hygienic treatment. We have an abundance of evidence to prove that such institutions are in some cases positively injurious. A patient may be suffering from a slight form of the disease for months, or even years, when persuaded to enter one of these institutions to be "perfectly cured." He returned to his modest home with the laudable con-

viction of having performed his duty when, contrary to our hopes, the disease took on an acute aspect, and soon killed him, leaving his friends to regret that he ever left his home to undergo "the cure"! The sputum, he believed, was best collected in spittoons made of asbestos and cement. This combination facilitated washing with strong disinfectants and exposure to heat.

Freund said he could not see any advantage in excluding the red and yellow rays, as was affirmed by Kaiser in his treatment. In his own practice he found these red and yellow rays heal the stubborn ulcers more quickly than the blue rays, which tended to place Kaiser's method in the category of irrational treatment.

Winternitz reiterated his argument that the origin of tuberculosis depended more on predisposition than on direct infection. As a proof of this he adduced the evidence afforded by the attendants for the dead, who washed bodies and handled them freely with impunity unless their health was reduced, which opened the door for infection.

Moreover, a fact confirmed by many observers was that in half the bodies examined after death tuberculous lesions were found, though no clinical symptom or data were observed during life. He asked how any isolation or disinfecting method could be instituted to stamp out bacilli, the presence of which was unknown. They are cast about broadcast during life, only to be discovered after death. No retreat or institution could have the slightest influence over the dissemination of such masses of tubercle. He said he could only repeat the view that by increasing the resistance, by improving the homes, erecting healthy public kitchens and baths for the people they could alone hope to stamp out the disease by enhanced resistance, whereas isolation, as in homes or institutions, would be quite inoperative.

The Operating Theatres.

GUY'S HOSPITAL.

UNFORTUNATE SEQUEL TO A CASE OF WIRED PATELLA.—Mr. ARBUTHNOT LANE operated some time ago on a man, æt. 45, for fracture of the left patella, the right having also been previously wired for fracture. The man was an alcoholic subject, and seemed to be constantly in the wards. In the operation the wire did not enter the joint but passed through the patella two lines in front of its cartilaginous surface. The knot in the wire was carefully hammered down so as to form no prominence beneath the skin. About six months afterwards the man sustained several injuries and struck the front of his patella, cutting the skin over the wire. He paid no attention to this, although the wire appeared in the wound and a certain amount of discharge came away. At the end of three weeks the knee became suddenly painful and swollen, and in two or three days the patient became seriously ill. He was admitted into the hospital with an ulcer on the skin over the patella, in the floor of which the silver wire and knot were visible. The joint and the parts about were acutely inflamed and very much swollen, and when pressure was made upon it, serum and pus oozed out along the track of the wire. The joint was freely opened, the patella being cut through transversely. It was then seen that an abscess had formed along the track of the wire.

and that this communicated with the interior of the joint by means of a small aperture in the articular bony lamella and cartilage of the patella; the infection was clearly a very virulent one, and the joint was very acutely inflamed, the soft parts being much disorganised. It was decided to make an attempt to obtain a stiff knee-joint in the extended position. The joint was thoroughly washed out and packed with sulphur. This case, Mr. Lane said, was of very considerable importance, since it showed the risks involved in the presence of a wire in the vicinity of a joint in a very careless or intemperate subject, therefore in such a case the surgeon would be well advised to remove the wire after it had effected its purpose.

After a considerable interval the inflammatory process subsided. Unfortunately the head of the tibia became displaced backwards sufficiently to prevent the patient's using the leg as a secure support; it was then determined to excise the knee-joint, and the man has been re-admitted for that purpose.

NEPHRORHAPHY.—The same surgeon operated on a woman, set. 35, for extreme mobility of the right kidney which produced three distinct sets of symptoms:—(1) Attacks of jaundice; (2) attacks of urinary obstruction in its pelvis; (3) very considerable enlargement and swelling with much pain. The last symptoms always developed after she had been some time in the erect position, and bore a direct relation to its duration. When she was tired out, as she usually was at the end of the day, the dragging pain and the tenderness in the iliac fossa were very great. The kidney was fixed in position by means of triangular flaps of capsule by a method which Mr. Lane described in the "Transactions" of the Clinical Society, "A Case of Floating Kidney Treated by a New Mode of Nephrorrhaphy." The method employed was as follows:—The kidney was thoroughly exposed through a slightly oblique incision in the loin and freed from the fat that was present. As it projected from the wound the capsule was stripped from its lower two thirds in the form of six triangles, the bases of the triangles being left intact. In order to increase its resisting capacity each was twisted up, when a piece of sterile silk was tied securely to it. The kidney was then replaced within the abdomen in such a position that little more than half of it was exposed below the rib. Needles were then placed on each silk thread, and were passed through the muscles within an inch of their cut margins, so as to bring the raw surface of the kidney into apposition with the deep surface of the muscle wall freed from fat and fascia. The incisions in the muscle wall and skin were then brought accurately together. Mr. Lane pointed out that when these sutures have been secured the resistance offered by the capsule is so considerable that it would require the expenditure of a great amount of force to displace the kidney from the position in which it had been fixed. He said that he had

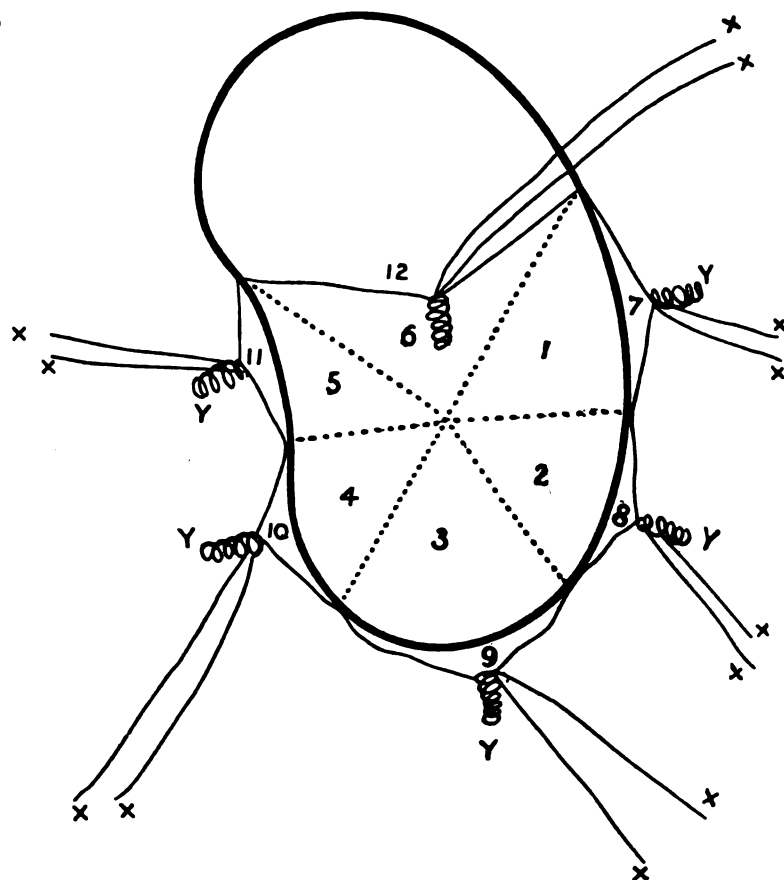


Fig. 1.—Posterior surface of kidney. The dotted lines are the triangular areas, 1, 2, 3, 4, 5, and 6, from which the segments of the capsule, 8, 9, 10, 11, and 12, have been stripped.

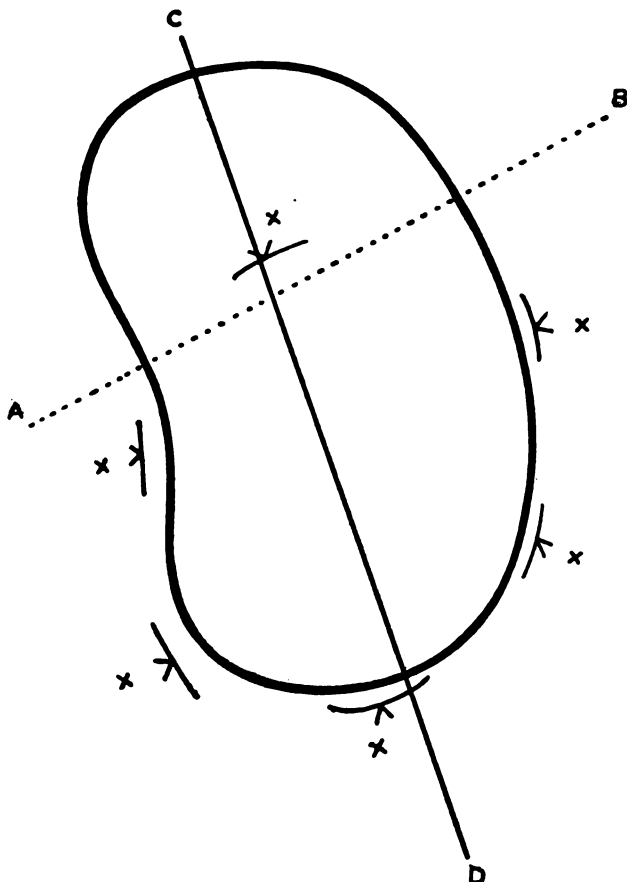


Fig. 2.—Conditions after incision, C D, through muscular wall has been closed. A B shows the margin of the chole

performed this operation a very large number of times, but he had never known the kidney to move from its attachment to the wall; he further remarked that on two occasions he had subsequently to expose such a kidney to remove a stone and that he had observed that the kidney substance and muscle wall were most intimately united. Mr. Lane was strongly of opinion that the operation of excision of the kidney was undertaken much too frequently and often unnecessarily. He thought that surgeons should not resort to such a serious measure till every other means has been tried to save the organ, following the same general principles that guide us in operations on the limbs.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 12, 1902.

POOR-LAW NURSING.

THE recent appointment of a Special Commission to investigate the conditions of Poor-Law nursing in the United Kingdom will be hailed with satisfaction in many quarters. The fact of its being called into existence may in itself be regarded as a recognition of the imperfections of the present system. Speaking broadly, there can be little question that the general standard of Poor-Law nursing has not advanced in equal ratio with that of ordinary life. The explanation of that fact may probably lie in a variety of causes, some of which are not difficult to realise. At the present day, sick nursing is a skilled pursuit, calling for the possession of some amount of special aptitude, and for a somewhat prolonged course of training. In our general and special voluntary hospitals, as everyone knows, the standard of nursing has enormously developed and improved within the last two generations. The nurse is no longer an ignorant drudge, taken haphazard from the lower classes of society and pitch-

forked into the responsible duties of a ward nurse, but at the present moment she is for the most part a skilled, educated and capable woman. There is still room, however, for a considerable leaven of the best modern type of nurse in the Poor-Law infirmaries of the United Kingdom. Indeed, in some cases, judging from reports of special inquiries that have appeared in certain medical journals and from scandals that have arisen from time to time it may be inferred that in some of the smaller urban and rural Poor-Law infirmaries the system of nursing is absolutely unworthy of modern humanity and enlightenment. One of the chief abuses is the employment of pauper inmates as attendants on the sick. It may be doubted whether the public have any adequate idea of the wide prevalence of this utterly indefensible system. In some of the small country infirmaries it is the rule rather than the exception, especially as regards imbecile and bed-ridden patients. The Commissioners in the present inquiry will, no doubt, furnish figures showing the extent to which paupers are employed as nurses in Poor-Law institutions. The key to the employment of unskilled services of the kind is clearly the desire of the Guardians to cut down administrative expenses. A similar parsimony lies at the root of another great flaw in the present Poor-Law nursing system, namely, that of understaffing. The hours of work exacted from the nurses are often excessive, and the number of patients allotted to each nurse far in excess of any reasonable standard. The results are bad from every point of view: the interests of the patients and the health of the nurse are sacrificed at the shrine of false economy. We have reason to believe that not a few untoward accidents happen to inmates in Poor-Law institutions arising from an insufficient staff of nurses. In many cases these occurrences are hushed up, and are not always disclosed even when a coroner's inquest is called upon to make an investigation. One of the most common causes of risk consists in placing a single nurse in charge of three, four, or even six wards containing perhaps a number of acute cases. In some modern Poor-Law infirmaries these wards are in separate blocks, and it is evident that there must at times be great danger in the case of delirious or otherwise unruly patients. Even the best of the provincial hospitals fail in the adequacy of the nursing staff in numbers, and it is to be hoped that this point will receive the fullest attention from the Commissioners. A fixed and definite ratio of nurses to patients, both by day and by night, should be fixed by the Local Government Board and imposed upon local authorities. It would be a mistake to suppose that bad Poor-Law nursing is to be met with only in the provinces. The Poor-Law infirmary system of London demands a thorough investigation on all points, and nowhere more than on that of nursing. Some of the revelations with regard to the prevalence of pauper attendants and to the inadequate nature of the nursing staffs, both as regards training and

numbers, would, we believe, afford a certain amount of sensational matter. There are one or two such institutions the padded rooms of which for years past, if we mistake not, have afforded material enough for a series of scandals. The present Commission is well adapted for its purpose, and the resulting report may be awaited with confidence. It is to be hoped that on the conclusion of its labours speedy action will be taken by the Local Government Board, or, if necessary, by Parliament itself.

LAWYERS AND MEDICAL MEN.

NOTHING in legal procedure is so perplexing to the non-legal layman as the license which counsel allow themselves in the language they use towards witnesses. It is apparently a common practice for counsel to accuse a witness of acting disgracefully, of perjuring himself, and of being altogether a disgrace to whatever surroundings he may possess, because the said witness does not give evidence in support of the examining counsel's client, and then on the following day to apologise for his "Chancery invective." Such a procedure may possibly be defensible in jury cases, where the abuse of the opposing counsel, his client, and his witnesses, is the common line of defence in an undefendable case. But where such practices are carried on before a tribunal composed entirely of judges, on whose minds the irresponsible statements of lawyers have no effect, it is impossible to defend them. They cannot help the client of the denunciatory lawyer, and they are bound to have some slight effect on the public mind. Of ten men who read the gross insults which are heaped on the head of a witness, perhaps six read the subsequent apologies. The result of such a state of affairs is prejudicial to the interests of the public, inasmuch as it directly tends to keep out of the witness-box such witnesses as would enter it of their own accord to help the ends of justice, and who being entirely unprejudiced are most valuable. Lawyers would doubtless deny the existence of such witnesses. They do well to do so, for they have killed them. During the hearing of a recent action at law, in the case of a disputed will, before the Master of the Rolls—a case in which the children of a money-lender were fighting for the possession of her money—a former President of the Royal College of Physicians of Ireland was called upon to give evidence regarding the state of mind of the testator, who had been a patient of his. He gave his evidence in the most irreproachable manner, and in its course mentioned that solicitors from all parties had come to ask for his evidence beforehand, but that he had put them off by saying that he would give it in Court. The next day Mr. Ronan, counsel for the claimant whom the medical evidence had not favoured, said in the course of his speech "that the medical witness had charged one solicitor two guineas for putting him off; what did he expect from the other side for putting them on? A more disgraceful performance on

the part of a respectable man in his profession," &c. Subsequently a settlement was arrived at, and the Solicitor-General, speaking in Mr. Ronan's absence, apologised for Mr. Ronan's remarks, saying that they were to be attributed to his powers of Chancery invective, that the medical witness had behaved with the strictest professional propriety, and that his standing and position were the highest in Dublin. This is all very well as an apology, but what is it an apology for? Is it an apology made on behalf of an eminent King's Counsel because he cannot restrain himself from using Chancery invective before the Master of Rolls, and that too in spite of the fact that he had already been pulled up by his Lordship for a similar display of his powers towards a brother King's Counsel? Or, is it a *bona-fide* apology for an unwilling discharge of an unpleasant professional duty? There is very little doubt as to which is the correct explanation. The necessity for using Chancery invective regarding witnesses before the Master of the Rolls, is as great as the necessity for throwing a more material form of mud at them. Consequently, there is no room for a plea of necessity. Whatever may have been Mr. Ronan's motive we commend the observation of the Master of the Rolls to his attention. "With regard to the remarks of the Attorney-General on the conduct of the medical witness, I desire to express my entire concurrence, and to say that if the case had run its long course, I would have considered it my duty, whatever became of it, to express an exactly similar opinion."

THE TREATMENT OF INCIPIENT INSANITY.

THE proposal discussed at a recent special meeting of the Edinburgh Medico-Chirurgical Society, and reported in our last issue, to establish wards in the Royal Infirmary for the treatment of incipient and transient cases of mental aberration, is one which will meet with general approval, and will also provide a golden opportunity for some rich benevolent benefactor to confer a boon on his poorer and more unfortunate brethren by coming forward with an endowment. The subject has been made conspicuous by Dr. John MacPherson, Commissioner in Lunacy, and Sir John Sibbald, who formerly held a similar appointment, and the audience comprised many eminent asylum medical superintendents, among whom were Sir John Batty Tuke, Dr. T. S. Clouston, and Dr. A. R. Urquhart. In Scotland the general opinion seems to be that it is desirable to have accommodation for treating this special class of case in the Royal Infirmary; mental derangement is curable, and, indeed, the majority of cases prove this if they are treated properly and with alacrity. But the law and the irregularity of the disease hinder prompt treatment. Asylums are not merely places of refuge for the insane, but, unfortunately, their curative propensities, as a rule, are only brought to bear upon cases in an advanced stage. The early stages of mental disorder are almost entirely

neglected, and many patients are allowed to fall into an incurable condition, when such a miserable fate might have been averted. The great importance of early treatment in all cases of insanity has never been fully realised, and the public delay too long in committing their friends to the care of a mental hospital, and shrink from the clinging stigma attached to a person who has been unfortunate enough to require the treatment meted out by such an institution—a strong argument of itself in favour of a Psychiatric Clinic. Or it may be, that a man belonging to the poorer class of the community suffers from incipient disease, his friends are unable to provide the treatment necessary, and have consequently to wait till the disease reaches the stage when he can be certified as insane. Recovery in both instances is now almost hopeless, and the probable result is that they spend the remainder of their unhappy existence at the expense of the rate-payers, as pointed out by Dr. Clouston, who also wisely observed that “such a scheme would give the poor the same chance that the rich now had of securing recovery by the aid of the best possible advice.” The medical student of to-day in studying mental diseases principally meets with advanced or chronic cases, and seldom comes in contact with the disease in its early stages. Infirmary wards would therefore mitigate this serious disadvantage, besides providing him with material for a much wider scope. Legally speaking, such patients would not be looked upon as lunatics, though they were under the care of a “specialist.” The proposal has the unanimous support of the medical profession, and we have no doubt, if clearly placed before the general public in regard to its many benefits, their approval and support will appear in due course. The meeting unanimously agreed “to urge strongly on the managers of the Royal Infirmary to seriously consider the expediency of providing wards within, or in the immediate vicinity of, the institution for the treatment of incipient, transitory, and recent cases of insanity.” Sir John Batty Tuke in course of his remarks said: “If the managers did so, they would have the credit of being the first hospital authorities to take a wide, a broad, and a munificent view of the nature and treatment of insanity.” However, they have appointed a Committee to meet a deputation from the Society, and further developments will be interestingly and anxiously awaited, and it is to be hoped that an out-patient department will at least be established.

Notes on Current Topics.

Small-pox in London.

THE outbreak of small-pox continues to spread steadily in the metropolis. As might have been expected it has given rise to an immense flood of journalistic outpouring, chiefly from the anti-vaccinationist camp, in all parts of the United Kingdom. There is consolation, however, to be found in the fact that faddist theories are apt to crumble when

the small-pox comes, and men, women and children of all shades of Jennerian persuasion flock to the private or the public vaccinator. The district that has suffered most severely is Stepney, where the Rev. Harry Wilson, of St. Augustine's Church, has done great work as an apostle of vaccination. It appears that rumours were abroad in his parish that no less than seven women had lost their arms through having submitted to vaccination. He accordingly advertised offering a reward to anyone who would prove that any one had actually lost an arm from that cause. After three weeks the reward remained unclaimed. This most energetic and practical clergyman has also issued broadcast a leaflet from which the following paragraph deserves to be quoted in full:—“In the town of Gloucester there is a beautiful cemetery, and in one corner of the cemetery there are the graves of no less than 280 little children, all under ten years of age, all of whom died seven years ago, when a terrible attack of small-pox visited that town. Of these 280 children who died of small-pox, 279 were unvaccinated, and only one was vaccinated.” We venture to think that brief sermon deserves wide publication. There appears to be a good deal of method among the underwriters at Lloyd's who are granting insurances against small-pox. The original rate of 2s. 6d. per £100 for vaccinated, and 3s. 4d. for unvaccinated persons in non-infected areas has been raised to 5s. for non-vaccinated. In infected areas 10s., 20s., and even 30s. per £100 has been asked, while one or two districts are debarred altogether. Medical men and nurses are charged the exorbitant rate of 30s. per £100. The cost of the epidemic, directly and indirectly, will be very great. The chairman of the Hospital Committee of the Asylums Board last week announced that it would be necessary to increase the rates. The special extra expenditure for the half-year amounts to no less than £116,625. In the course of his annual statement he said that since August 10th last 4,468 small-pox patients had been admitted at South Wharf. That was as nearly as possible one case per 1,000 of the population. Nineteen persons died at the Wharf, and 4,449 had been sent on to the hospitals; 2,675 had been discharged recovered, and 739 had died. These figures, in the face of a steady weekly increase in cases, point to a sufficiently serious state of affairs. On Tuesday last week there were 70 fresh cases, and on Wednesday 56, on Thursday 69, on Friday 60, on Saturday 78, on Sunday 73, and on Monday 62. The total number of cases under treatment had mounted by midnight on Sunday to 1,530.

Army Medical Reform.

THE Secretary of War, Mr. Brodrick, has made an important declaration of policy in the Commons with regard to the future of the Army Medical Corps. He stated in so many words that the features of the scheme were increased pay, increased number of officers, additional opportunities for study, and a provision of special means of instruction if possible

in London. It is a thousand pities that the General Medical Council cannot give an authoritative opinion as to the vital changes involved in these proposals. From the point of view of many medical men, both in and out of the Service, the examination test of proficiency is simply fallacious and foredoomed to failure. Distinction is not won among civilians by passing examinations in the heyday of a professional career. Indeed, it is doubtful whether the system of high-standard examinations at the threshold of medical life is not on the whole a sterilising and delusive snare. So far as the Army scheme is concerned the weakest point in the whole thing is the fact that the Committee of distinguished medical men who advocated the changes in question, will, to a great extent, furnish the additional examiners and tutorial and professional staff that will be required. A further proposal of Mr. Brodrick's to attach officers to battalions is to be commended. It would be a valuable help at this juncture if the collective opinions of the rank and file of the Army Medical Service could be obtained with regard to the proposed examination test. As a rule, however, the officer is afraid to speak, although he would be a capital witness from first-hand knowledge of the inwardness of the situation.

"Tube" Railway Ventilation.

THE Central London Railway has at length taken steps to improve the ventilation of their "twopenny tube," as it is now named by assent of the populace. It had been shown that the percentage of carbonic acid between the stations was dangerously high, and the general assumption was that the impurity in question was derived from passengers. It seems not unlikely, however, that the gas may permeate the walls of the tube, in much the same way as carbonic acid gas collects in deep wells and mines. We have from time to time commented freely on the want of ventilation in this fresh departure in deep tunnel locomotion, because the prospect of its wide extension throughout the Kingdom is not altogether remote. It is gratifying to find that the Central London authorities are adopting some of our recommendations. Some months ago we pointed out that the air forced along one tube simply crossed through the doorways between the platforms and down the other tube. The air thus oscillated to and fro between the sections of the tunnel, and we suggested that the platform doorways should be closed. The plan adopted has been to place a powerful fan at Bond Street Station and close all the doorways, so that the tunnels can be swept of air through their whole length. The Company has not so far adopted our other suggestions as to the lifts, the state of which is still in some cases far from desirable. Thorough ventilation of the lifts at the surface could be most readily secured. The floor of the lifts should be of some impermeable material that could be swept instead of being washed, as the latter process converts the lift for an hour or two into a damp, steaming and noisome receptacle.

A Coroner on Winslow's Soothing Syrup.

MR. BRAXTON HICKS has the courage of his opinions when dealing with patent medicines. As coroner he has abundant opportunities of investigating the fatal results of administering many of the poisonous potions sold under the Government protection of a patent medicine label. In that respect he furnishes an example that might well be followed by other coroners, who in that way might do a vast deal both towards educating public opinion and towards securing fresh legislation. Not long ago he held an inquest upon the body of a baby, one year and seven months of age, to whom Mrs. Winslow's Soothing Syrup had been given. As most medical men know, or should know, that compound contains morphia, which is a most deadly drug in the case of infants. It appears that Mr. Hicks some time ago had an analysis made of the "syrup," and when it was proved to contain morphia the proprietors were compelled thereafter to put a poison label on the bottle. That has been done, however, in such small letters that it would as a rule be overlooked, as had been done by the mother of the baby which was the subject of the inquest under notice. The jury returned a verdict of death from natural causes, but we venture to hope the police will carry matters a step further. The rider of the verdict to the effect that medicines containing poison should be marked in red ink is good as far as it goes, but a better step would be to prohibit the sale of such pernicious stuff. If the General Medical Council were in any sense the guardian of the public health they would make strong representations to Government to abolish the present patent medicine system altogether.

The Etiology of Prostatic Hypertrophy.

It is really somewhat remarkable that so little should be known of the cause and pathological nature of the prostatic hypertrophy which embitters the declining years of so many elderly men. To call it an "idioplastic tumour," as did Sir Henry Thompson, does not help us greatly to understand its causation, especially as the tendency of age is in the direction of atrophy rather than hypertrophy so far as the genital organs are concerned. More plausible is the view promulgated by Reginald Harrison, viz., that the hypertrophy is due to over-exertion of this particular organ, being akin to the cardiac hypertrophy resulting from prolonged strain. This view, however plausible, is not absolutely in accordance with clinical experience which favours the view that over-exertion, that is to say chronic cystitis or venereal excesses, though it exaggerates any pre-existing condition, does not *per se* lead to hypertrophy, in the absence of some other ill-defined factor. On the whole it seems more reasonable to regard the overgrowth as analogous to fibro-myoma of the uterus. This view concords better with the erratic occurrence of this morbid development, and makes it essentially a constitutional condition rather than an accidental or acquired

infirmity. After all, however, the most plausible explanation is but a mere hypothesis, only a little more respectable than those speculations which bring diet, occupation, modes of living, abstinence and indulgence, sexual habits, gout, rheumatism and gonorrhœa into direct or indirect etiological relationship with the disease. As is almost invariably the case when the etiology has not been cleared up, the pathology of the disease is also incomplete. Our ignorance of these fundamental facts concerning prostatic hypertrophy has fortunately not deterred surgeons from working at the problem of its relief, with more or less success; but in a condition the consequences whereof are essentially of a purely mechanical nature the relief under the circumstances can only be partial and incomplete, hence the importance of studying the means of preventing its occurrence.

Touting by Public Vaccinators.

OUR contemporary, *Public Health*, discusses in a temperate article the position of the public vaccinator whose name, address, and qualifications are obtruded on the attention of persons who are in a position to pay for such services. The view is advanced that vaccination and revaccination are sanitary precautions, akin to the provision of isolation hospital accommodation, which ought properly to be chargeable to the local authority irrespective of social conditions, and in the abstract this view has much to recommend it. Since this indiscriminate publicity is certain to cause dissatisfaction, in that it amounts to deliberate touting for patients, it is suggested that the very real grievance thus inflicted on the general practitioner might be overcome by making every practitioner a public vaccinator in his own district (why his own district only?), he being supplied with vaccine lymph from the Government stations or with lymph under Government guarantee. In this way, it is urged, the entire profession would be interested in securing efficient multiple vaccination, and not that apology for vaccination which now unfortunately passes muster among a certain class of practitioners.

Medical Council Autocrats.

UNDER this heading various writers in the lay press have been discussing what they are pleased to describe as the "irresponsible and autocratic behaviour" of the General Medical Council in regarding canvassing as "infamous conduct," and punishing the offender according. The surprise is all on our side since these self-same critics have not a word to say regarding the vastly more stringent disciplinary rules enforced by the Incorporated Law Society. For a man to describe himself as a solicitor is an offence automatically and swiftly followed by punishment, whereas the punishment of a similar delinquency on the part of an unqualified person in respect of a medical title often presents great difficulty. If a solicitor touted for clients the Society would not fail to bring home to him a sense of his responsibility, and rightly so,

yet the legal and judicial officials affect astonishment and even dismay at the idea of similar powers being vested in, and exercised by, the General Medical Council. The fact is that these arguments and attitudes are merely party tactics intended to offer a loophole of escape to those members of the medical profession who are willing to ignore the higher interests of their profession in deference to sordid motives. Fortunately the movement is one which must of necessity end in smoke, but it would be more satisfactory if the public could be brought to see that in this instance, at any rate, the interests of the medical profession are identical with their own. The mere idea of an advertising medical profession ought surely to carry conviction though perhaps not to the lay press which of course would stand to win untold profits thereby.

Foot-Gear.

LOOKED at from an anatomical standpoint, it is as unreasonable to expect to get a well-fitting and suitable pair of ready-made boots as it would be to suppose that one could get a comfortable set of ready-made false teeth. This may appear a somewhat startling theory, yet its general acceptance, while certainly doing the trade of bootmakers no harm, would prove very beneficial to the rising generation, if not to the present. Although there are broad general lines, now fairly well understood on which boot construction should be conducted, the difficulties in deciding what is best in individual cases are exceedingly great. How to encase the movable foot—the best use of which depends on the ease with which its highly complicated articulations are allowed their proper range of movement under varying conditions of weight and position—a boot which will not interfere with these movements, is a difficult problem Dr. J. A. Sampson, in an exhaustive paper on the subject of "Proper Footwear," (a) has recently indicated many practical points, attention to which will prove most valuable to those who may be consulted on the choice of boots and the correction of deformity; in concluding his paper Dr. Sampson returns special thanks to his own feet, which have for three years stood all kinds of experiments without grumbling. It may be remembered, that it was due to Stromeier's success in operating on Little, that the latter returned to England prepared to extend the benefits of subcutaneous tenotomy to others.

Infectious Kisses.

It is almost incredible, in view of the extremely infectious nature of diphtheria, that intelligent people should allow children to run a serious risk of contracting this deadly disease by kissing the body of a schoolfellow who had succumbed thereto. An outbreak due to that cause is reported from Little Clacton, and several deaths have occurred. Even among apparently healthy children the practice of mouth-kissing should be sternly discountenanced, since, as is well known, the habit is fertile in mischief.

(a) *Johns Hopkins Hospital Bulletin*, January.

The Fate of a Medical Anti-Vaccinator.

A RECENT incident in the career of Emmanuel Pfeiffer, M.D., of Boston and Bedford, Massachusetts, comes very opportunely to illustrate the fallacy of the anti-vaccinationist propaganda. This gentleman, according to the *New York Medical News*, was one of the most vigorous and intelligent anti-vaccinationists of his neighbourhood, and his thesis was that small-pox is not a contagious disease for healthy persons, but is the product of bad hygiene and an evil diathesis. So convinced was he of the truth of this view that, bolder than many anti-vaccinationists of whom we have heard, he solicited permission to visit the Boston Isolation Hospital without being vaccinated. His formal request was acceded to, after mature consideration, and on January 23rd he went through the wards, taking all the precautions which other visitors take under similar circumstances, such as the wearing of a close bound gown and cap, washing the hands, beard, hair, &c., on leaving, and so on. For the next ten days, more or less unknown to himself, he was kept under observation by physicians from the Board of Health, but on the eleventh day he suddenly became conspicuous by his absence at his "office," and his secretary stated that he was travelling. No news could be obtained of his whereabouts until on the fifteenth day after his visit to the small-pox hospital, a notice was received that he was ill at his home in Bedford of a disease which experts pronounced to be a bad attack of the disease in the confluent form. Hopes are entertained that he may recover, and we do not grudge him this victory because he has involuntarily done great service to the cause of small-pox prevention by means of vaccination. Whether this drastic experience will convince Dr. Pfeiffer of the error of his ways is another matter, for the human mind is curiously constituted in regard to such matters. The incident is a pendant to that of the unvaccinated nurses at the Mile End Infirmary, who one and all contracted the disease, while their revaccinated sisters all escaped.

"Ladies' Bars."

Is it a sign of the times that we see springing up in various parts of the metropolis departments in public-houses specifically allocated to lady customers? Can it be that the enfranchisement of women is developing in the direction of imitating certain masculine habits, not in themselves worthy of commendation? It may be, of course, that the "Ladies' Bars" merely indicate that jealous man resents the intrusion of the fair sex into the secluded haunts where it is his wont to talk loudly and freely of his private affairs, a habit which obviously paves the way to subsequent trouble if indulged in promiscuously. We hesitate to believe that these signs are conspicuous evidence of the law of supply and demand in respect of the bibulous propensities of the "ladies" of this country. The ravages which alcohol makes among women are, in all probability, not fostered by the facilities offered for drinking in

public places, but rather by the ease with which flagons of strong drink can be smuggled into the house among the groceries, the effect being usually more in evidence than the cause, which, on diligent search, begotten of an uneasy suspicion, may be revealed only by an unaccountable abundance of empty bottles. The problem is one which bristles with difficulties, but we question whether the advantage of keeping "ladies" out of the public-houses is not more than compensated by the ease which grocers' licences offer for procuring secret supplies of spirits and brandied wines. By enabling the average housewife to indulge her morbid proclivity at home, the wholesome and deterrent influence of public opinion is withdrawn, to say nothing of the friendly, if somewhat gruff surveillance of the publican, who is not backward in conveying his impression that a particular customer has "had enough." No such moralist is at hand to check the thoroughly domesticated woman on her downward career—the more's the pity!

The Sex Mortality of Women.

THE question of the relative mortality of males and of females at various ages presents many interesting, and in some cases, hitherto unsolved problems. The women have the advantage in the first years of life to the extent of thirteen male to ten female deaths. That fact has not yet been satisfactorily explained, as the larger size of the head of the male at birth fails to account for the bulk of the mortality which falls upon the period of infancy and childhood rather than that of parturition. Between the ages of ten and twenty the women show a slight excess of deaths, due, to a great extent, to the earlier incidence of phthisis upon their sex. Formerly they showed an excess also during the child-bearing period, but of late years the introduction of aseptic methods has enormously lessened the risks incident to maternity, so that nowadays, speaking broadly, the mortality of men and women is about the same between the ages of five and thirty-five. From the last-mentioned point onwards the women hold the advantage until the end of life. Men have to encounter the stresses of hard work, exposure, and anxiety, all of which are apt to lay the foundation of degenerative changes in later life, and so lead to premature old age and death. The result is a considerable excess in the female over the male population, and many social readjustments due to the pressure of the struggle for existence. The question of sex and mortality is clearly of great importance in life insurance, the conditions of which have been simply revolutionised of late years as regards the lives of married women in the child-bearing period.

At the recent visit of the King and Queen to Portsmouth, her Majesty presented nine nursing sisters with their certificates. The nurses were introduced by Inspector-General Bolster, M.D., of the Royal Naval Hospital, Stonehouse.

The Physiology and Pathology of Kissing.

THE origin of many customs is veiled in prehistoric gloom, and many a time-honoured procedure still remains wrapped in unscientific uncertainties. The advantages of kissing have long been recognised and the practice is undoubtedly ancient. It has, however, become the fashion of recent days to seek out hidden dangers lurking in apparently innocent quarters, and it must be admitted that the act of kissing is not without its dangers, that is to say bacteriologically speaking. The whole subject is one which may well repay careful study. Kissing is defined by Dr. Christopher, the Professor of Romance and Philology at the University of Copenhagen, in his work on "The Kiss and its History" which has recently appeared in English dress, as, "An inspiratory bilabial sound which English phoneticians call the lip click, *i.e.*, the sound made by smacking the lip." Generally speaking, it takes two to produce an effectual physiological kiss. Not infrequently there is difficulty in selecting a suitable subject for a graduation dissertation or scientific thesis. We venture to suggest that the above-mentioned subject would afford ample opportunities for original investigation. Certainly the science and art of kissing, or the theory and practice of the same, would afford suitable titles on which to hang much useful and perhaps some useless information regarding the physiology and pathology of kissing. Perhaps, however, the candidate should first seek the approval of the powers that be.

The Health of the Naval Cadet.

It has long been recognised that the old training-ships, often constructed of wood, with limited air space and rich in sanitary defects of almost all kinds, were anything but ideal nurseries for the Navy. Indeed, it has been clearly shown that morbid conditions might be engendered by such non-hygienic surroundings. Phthisis, for example, has been conclusively proved to be more frequent in the wooden ships than in ironclads or healthy institutions on land. It is, therefore, with particular pleasure that we anticipate the good results which must accrue from the establishment of the new Naval College, at Dartmouth, the foundation-stone of which has just been laid by the King. At least a quarter of a million is to be expended on the new building which has been designed by Mr. Ashton Webb, A.R.A. Three hundred and sixty-four cadets and the officers, and at least a portion of the staff, will reside in the College. Separate sick quarters are to be provided with accommodation for sixty.

Death of Professor Kaposi.

WE regret to say that the great dermatologist, Kaposi, is no more. A telegram from Vienna states that he died from apoplexy on Thursday last, at the age of sixty-five. Dermatological science owes much to the research and painstaking investigation of a lifetime, which he had devoted to diseases of the skin. Kaposi and his father-in-law, the great Hebra, accomplished much in making sure founda-

tions for this branch of medical science. Kaposi was not only a great student but a famous teacher, and as a physician his reputation was world-wide. His publications are said to exceed 150 in number. With the death of Professor Moriz Kaposi, Vienna University loses one of its most distinguished men.

The Epidiascope.

THIS apparatus is designed for the projection of objects lying in a horizontal position. It allows of the projection of both opaque and transparent objects. Pickle specimens, illustrations from books, instruments and the like can readily be portrayed on the screen. It will be invaluable for lecture purposes. Although somewhat expensive, it will prove a great saving in the long run in replacing the necessity for expensive drawings and elaborate diagrams, and as regards convenience it leaves little to be desired. Every medical school should be equipped with one of these ingenious appliances. Full particulars can be obtained from Carl Zeiss, of Jena, the manufacturer.

The Binoxide of Sodium.

PROFESSOR DESGREZ and Dr. Balthazard, of Paris, have just made public some interesting results obtained by them with the binoxide of sodium. This salt has the property of liberating oxygen which, in its nascent state, promptly destroys the poisonous substances of respired air, choke-damp, &c. It thus purifies contaminated air and restores the proportion of oxygen. It is hoped that, with a supply of the salt in a headpiece it may be possible to carry on explorations under water, in mines, &c., without the cumbersome and often dangerously complicated apparatus at present in use.

Accidental Electrocution.

THE force of electricity is an all-pervading influence, beneficent when safeguarded aright, but deadly when left unfettered. The sad case of electrocution at a Sheffield theatre recently indicates the need for care and caution. The victim was a workman at an electrical works and received a charge, which proved fatal within ten minutes, from a brass bracket used for lighting the Theatre of Varieties at Sheffield. The current, it is said, did not exceed 200 volts. It is to be hoped that those responsible for the safety of the public will see that every precaution is taken to ensure due protection.

Suture of the Heart.

ANOTHER case of wound of the heart in which recovery followed suture has been reported by Watten. In this instance a thoraco-plastic operation was done, and a wound in the right heart closed with two sutures after some difficulty. One point of considerable interest in the case is that the surgeon was obliged to introduce his hand into the pericardial sac behind the heart in order to steady it sufficiently to allow of the introduction of the sutures. The closing of the wound is said to have resulted immediately in a less tumultuous heart's action, and the

patient made a complete recovery, the pneumothorax caused by the operation soon disappearing. Such a case as this evidences how much handling the heart will bear without ceasing its work.

King Edward's Hospital Fund for London.

THE annual meeting of the General Council of this fund was held on the 7th inst. at York House, H.R.H. the Prince of Wales occupying the chair. The report shows steady progress in spite of the drain caused by the war, last year's receipts being in excess of those of the preceding year. It was stated that the grants had for the most part been limited to hospitals and it had been deemed necessary to restrict the operations of the fund to institutions situated within the seven mile radius of Charing Cross. The expenses had been less than 3½ per cent. on the amount collected, which affords sufficient evidence of economical management. The Prince of Wales was enabled to state that £20,000 out of the desired £50,000 a year had already been promised, and he expressed the hope that the necessary capital of a million sterling would be obtained during the Coronation year, in order to free the London hospitals for ever.

Arsenic as a Cause of Beri-beri.

It will be remembered that when cases of arsenical poisoning from beer-drinking were first observed at Chester during the great "epidemic" of arsenical poisoning in the North of England, Drs. Newall and Prytherc, fortified by the opinion of Professor Ronald Ross, considered that the peripheral neuritis occurring in their patients was but a manifestation of the obscure tropical disease known as beri-beri. Dr. Ross has continued his researches as to the possibility of beri-beri being really a form of chronic arsenical poisoning. Dr. Dixon Mann has examined the hair of some twenty cases, and in six he finds arsenic. From this Dr. Ross contends that "the probability is very strong that the Penang beri-beri is arsenical, especially when we know that the people there largely work in tin manufactories and are brought closely into contact with arsenic." All this is very interesting, but by no means convincing. If the cases are "brought closely into contact with arsenic," it seems likely that external contamination of the hair might readily arise; and even should a certain amount of arsenic be absorbed into the system in sufficient amount to be detected on chemical analysis, this surely does not prove beri-beri to be due to this toxic agent.

We sincerely regret to have to announce that Mr. John Lumsden Probert, M.B., Lond., M.R.C.S., and Chief Medical Officer of the Metropolitan Fire Brigade, a son of the Founder of the Royal Medical Benevolent College, died at his residence in Gloucester Place on the 7th inst.

On March 8th Major-General Sir Henry Trotter presented the distinguished conduct medal, together with the South Africa medal and clasp, to Private S. Nathan, of the Medical Staff Corps.

PERSONAL.

MISS LAMPORT has the honour of being the first woman doctor to be appointed to the post of public vaccinator, the guardians of Poplar having set the example.

DR. CABLE, of Greenwich, was thrown from his trap last week, the horse having slipped on the tram lines. Fortunately he escaped with a severe shaking, but his coachman sustained more serious injuries.

MISS KAPADIA, the lady doctor in charge of the Ranchodlal Zenana Hospital, has just passed the F.R.C.S. Ireland examination, being the first Parsee lady to take the diploma.

DR. W. B. MACDONALD met with a serious accident last week when cycling from Haddington to Dunbar, and he was found lying unconscious at the foot of Penoraik Hill, having sustained a fracture of the skull in addition to other severe injuries.

THE reports from South Africa regarding the health of Mr. Cecil Rhodes are of an alarming nature. He is said to be suffering from attacks of angina pectoris and dyspnoea, for the relief of which inhalations of oxygen are being administered. The medical man in attendance is Dr. Jameson.

Special Article.

THE MIDWIVES' BILL FROM AN IRISH STAND-POINT.

SEPARATE legislation for Ireland and England in such matters as the control of midwives cannot commend itself to any person who considers the points at issue. The poor in Ireland are as largely attended by midwives in proportion to their numbers as is the case in England, and the number of untrained women who pose as midwives is relatively as great. Consequently, if a Bill can be carried through Parliament by which the efficient control of midwives is guaranteed, such a Bill should include Ireland, and we believe would receive the approval of the medical profession in Ireland as a whole. Is the present Bill likely to ensure the efficient control of midwives and to check the practice of untrained women? We fear that the answer must be in the negative. It is notoriously the worst of its kind which has as yet been laid before Parliament. It is unnecessary to dwell at length on its faults, as these have been already pointed out with singular unanimity by the important medical bodies and journals throughout the country. It may be said to have awakened a universal chorus of disapproval, so far as the medical profession is concerned, starting from the time that Sir John Take declined to place his name upon its back, as he had done in the case of its predecessor. By all omission of a penal clause, the Bill fails to protect the midwives whom it certifies, and in that respect emulates the worst features of the Medical Acts. It ousts the General Medical Council from its necessary position of regulating and supervising authority of registered midwives, and substitutes lay authority in the form of the Privy Council. It constitutes a Central Midwives Board on which the bare majority of medical practitioners is so appointed that a majority opposed to medical control could readily be brought into existence. Lastly, the power which the Bill gives to County Councils to delegate their authority to District Councils will seem to anyone familiar with the present working of the Irish Poor-law Medical Service to be a most undesirable clause to appear in an Irish Act. We, therefore, have no hesitation in saying that the application of the present Bill to Ireland would not in

our opinion be of advantage to the country. A further question remains. If the present Bill, or even a modified form of it applying to England alone, is passed, how will it affect the position of midwives who have been trained in the great Irish midwifery schools? This is we know a matter which causes the keenest anxiety to all those familiar with the prestige and excellence of these schools. What they ask will be the position of midwives who have received the diploma of the Rotunda or Coombe Hospitals, a diploma which is already recognised by Act of Parliament? Is the Midwives' Bill to sweep away the powers conveyed by these charters? At present, the Bill recognises the certificate in midwifery of the Royal College of Physicians of Ireland as entitling holders to admission to the midwives' roll. This, in itself, is sufficient to show that the framers of the Bill are not acquainted with facts. The Irish College has ceased to issue certificates to midwives, and it is doubtful whether there are a dozen women practising as midwives who hold the College's certificate. Whereas the Rotunda and Coombe Hospitals have, we may say, hundreds of certified diplomates practising in England, all of whom have received a careful training, and have passed a searching examination. Surely the Bill requires a modification which will ensure that these women are placed on the midwives' roll, not as a favour, but as a statutory right, by virtue of the fact that they hold the certificate of an Institution appointed by charter to issue such certificates. Similarly, the possession of such a certificate should entitle the holder to obtain admission to the midwives' roll not merely at the inception of the Act, but subsequently. In other words, the Bill should include a clause to the effect that diplomates of existing chartered midwifery hospitals should not be obliged to pass the examination of the Central Midwives' Board. We may then sum up our views of the relations of Ireland to the present Midwives' Bill as follows:—A good midwives' Bill applying to Ireland is to be desired, but the existing Bill does not come under this heading. It is essential that in the case of any Bill the interests of the Rotunda and Coombe Hospitals and of their diplomates, should be rigidly guarded, inasmuch as these hospitals were incorporated by Royal Charter, the one in 1766 and the other in 1867, for the express purpose of training, examining, and certifying midwives. Mr. H. Heywood Johnstone, M.P., when the Bill of 1900 was before the Grand Committee on Law, stated that he would accept an amendment to the effect that the examinations of the Rotunda and Coombe Hospitals should be regarded as equivalent to that of the Central Midwives' Board. Surely, there will be no difficulty in securing the addition of such a clause to the present Bill.

Manchester.

[FROM OUR OWN CORRESPONDENT.]

THE FORTHCOMING ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

CONSIDERABLE activity is now being shown in connection with the forthcoming visit of the British Medical Association. The committees which have been entrusted with the various necessary arrangements are meeting constantly, and have their work so well in hand that there is sure to be a good "picnic." The officials of the "sections" are also at work, and if all their invitations to discuss subjects and read papers are accepted there will be enough intellectual pabulum to fill the *Journal* for months. It would be a good plan, surely, to publish a thick special number of the *British Medical Journal* containing the whole of the literature relating to the meeting. These papers and discussions undoubtedly spoil the *Journal* for many weeks after the meeting every year, and they ought to be dealt with separately.

Judging from your own columns and from those of contemporaries, considerable interest has been displayed in the so-called "Manchester Brass Band." This has surprised the natives, for no one here ever supposed that the dulcet tones of the fraternity referred to would find listeners afar off. However, it is

proverbial, or rather Biblical, that prophets have no honour in their own country.

THE MIDWIVES' BILL

This must not be taken to mean that the bulk of the profession in Manchester is in favour of the present Midwives' Bill. On the contrary, there is probably not one among us who considers the Bill now before Parliament to be anything but a useless, if not a dangerous, attempt at legislation on a matter which would be much better let alone until the working-class public can be educated in cleanliness and other matters. If the present Bill becomes law there will be a rise in the mortality from puerperal fever. A local proverb, however, states that "Them as knows nowt fears nowt," and of such without doubt are the promoters of the Bill.

THE ROYAL VISIT.

The public interest is at present centred in the Royal visit, which is fixed for March 12th. There will be the opening of the Whitworth Hall at the Owens College in the morning, a lunch at the Town Hall, and a huge social function in the College in the evening. The next day there will be a Degree Ceremony and presentation of addresses in the Owens College. A large number of honorary degrees will be conferred, and the delegates and honorary graduates will dine with the College and staff in the evening. Preparations for the decoration of the streets have begun. The hoardings, which have for months obscured one corner of the College buildings, are down, and the pavement gives great promise of being complete once more.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

QUACK AND CRIMINAL ADVERTISEMENTS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Whilst there can be no hesitation in condemning, as you do, many newspaper proprietors for their almost criminal neglect of the public welfare in knowingly opening their columns to the advertisements of cruel and fraudulent medical pretenders, it must be borne in mind that many editors and journalists have practically no belief in medical science, and rather pin their faith to those who base their opinions upon an anti-scientific foundation, or who pursue methods which to the professional eye are those of gross and palpable quackery. To this class mostly belong the party of anti-vivisectionists. Their attitude towards medicine was well exemplified in the letter on cancer addressed by that representative lady, Miss Frances Power Cobbe, to the *Daily News* a few weeks ago—a letter which was discussed in a leader in THE MEDICAL PRESS AND CIRCULAR. Other equally typical, prominent and influential members of Miss Cobbe's party are the Hon. Stephen Coleridge and the Rev. Canon Wilberforce.

The writings and speeches of Mr. Coleridge, the hon. sec. to the Anti-Vivisection Society, are familiar to many of us, and those who read the sermon preached by Canon Wilberforce on last Hospital Sunday are never likely to forget it. This sermon was commented upon editorially at the time by you and by most of the leading professional journals. The teachings and the preachings of leading anti-vivisectionists, whatever their intention, have had the effect of exciting widespread disbelief in medical science, and distrust and even hatred of its practitioners. The influence of a single dignitary of the Church of England like Canon Wilberforce is of incalculable weight. When a prelate holding the position of Canon of Westminster and Chaplain to the Speaker, delivers himself solemnly from the pulpit, his utterances have, with a large section of the British public, a weight almost equal to those of the Pope when speaking *ex cathedra* to the Catholic world. And it must be remembered that these teachings from pulpit, platform and press have been unremittently carried on during the past twenty years, not only by Canon Wilberforce, but by equally eminent divines, such as Bishop Barry.

A precisely similar effect in producing disbelief in medical science and distrust and suspicion of medical men has been brought about by the anti-vaccinators. These number in their ranks many prominent men, such as Mr. Hopwood, the Recorder of Liverpool, Mr. Corrie Grant, M.P., and Mr. Bernard Shaw. The last-named gentleman, well known as a writer, is said to be also a leading journalist. His writings have had throughout the tendency I describe. His very latest utterance is in the form of a letter to *The Times* of this morning (March 1st). He therein expresses a doubt whether the outbreak of small-pox at the Mile-end Infirmary was due to importation of a case of small-pox into the wards, and thinks it possible or probable "that the presence in the infirmary of a number of nurses suffering from various eruptions on the arm (that is to say, the re-vaccinated nurses) produced not only the outbreak among the un-revaccinated nurses, but also among the patients."! He distrusts the professional opinion that vaccine variola is not infectious, and suggests that it may be in fact more infectious than small-pox itself.

The effect of all such teachings on the so-called "educated" but really uncultivated and stupid classes has been illustrated in the position taken up by Col. Le Poer Trench in his championship of the "lachnanthes" cure for consumption—a subject in the discussion of which in your columns I, some little time back, took part. If the frame of mind there disclosed can be induced in "educated" men, there need be no wonder at the credulity and gullibility of the untutored multitude. They demand and will have quackery; and, as many of their pastors and masters believe quackery to be better than science, it may not always be just to blame newspapers which, holding similar opinions, lend the aid of their columns for reasonable payment towards promotion of what they consider a legitimate and, perhaps even as well, a beneficent industry.

I am, Sir, yours truly,

March 1st, 1902.

UBIQUE.

THE MANUAL INDUCTION OF ANÆSTHESIA.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In reference to the article with this title in your issue of Feb. 26th, I take the liberty of pointing out that Dr. Steiner displays an edifying degree of infantile innocence regarding the history of anæsthetic practice. If he, or any of your readers, will refer to an article on "Capital Punishment" which appeared in the pages of THE MEDICAL PRESS AND CIRCULAR of Nov. 13th, 1901, he will find the following item:—"It is not, we believe, very generally known that in the good old days of unlimited monarchical power, when executions, especially political ones, were carried out on so large a scale, when a rebel was drawn on a hurdle, hanged, disembowelled, beheaded, and quartered—hanging was used as an *anæsthetic*. From time immemorial in some of the Eastern nations partial strangulation was so employed before important surgical operations. And in the execution of an English rebel the hanging was by 'short drop,' and the culprit was cut down while still alive. He was then ripped open, and the heart and bowels were torn out and burned 'before his face' in a fire made ready for the purpose."

For tens of centuries before the introduction of what I may venture to call *chemical anæsthesia* this process of jugular production of unconsciousness before cutting operations was practised in many Oriental countries.

It was carried out either by manual pressure, as in the practice of the modern medicine-man of Java, or by pressure of a bandage, or rope, or some such utensil—sometimes utilised by the process of suspension.

It would be interesting to ascertain how Dr. Steiner came to know that the *internal carotid* artery is the vessel aimed at. Has the medicine-man of Java made a successful study of the anatomy of the vascular system of his fellow-man? Dr. Steiner's critic is surely right in saying that the *internal carotid* artery cannot be compressed "without at the same time obstructing the jugular vein." But he has not noticed the fact that the *external carotid* artery must also be involved in pressure applied at that

level—which is immediately above the situation of the bifurcation of the common carotid trunk into its internal and external branches—one of the most "constant" points, we may observe in passing, in the whole range of arterial anatomy. Now every surgeon who is intimately acquainted with the anatomy of this most important region, as every surgeon should be, must be conscious that pressure applied in the way described by Dr. Steiner, "below the angle of the lower jaw," is brought to bear exactly upon the line of division of the common carotid artery and both its divisions, and obstructs the arterial circulation in all three, as well as—necessarily—in the internal jugular vein. It is the proper position to select for the complete arrest of both arterial and venous currents.

Accordingly the resulting unconsciousness is very easily comprehended. Dr. Steiner's commentator tells his readers that "there is reason to suspect that the compression of the pneumogastric nerve and certain sympathetic filaments may also play a part in the production of unconsciousness. Well, there is at least one reader of THE MEDICAL PRESS AND CIRCULAR who would like very much to hear what the "reason" is!

Before concluding I will just relate an item of personal experience on this subject. Some years ago I was one day holding on my knee a bright and precocious girl of six to whom I was intensely attached. In the intervals of more serious conversation there had been a good deal of caressing and tickling going on.

It so happened that I had been reading but a day or two before something on this same subject of jugular anæsthesia; and a busybody spirit moved me to try whether my little playfellow would bear much pressure on the vessels of the neck without noticeable result. So I began to vary the tickling processes by making pressure along the course of the vessels of the neck—in long drawn strokes at intervals with the thumb on one side and the four finger-tips on the other. Each application began at the level of the angle of the jaw, and was prolonged to near that of the clavicle. As the individual strokes were made with studious gentleness, the little one enjoyed the play as fully as possible. As the experiment proceeded the pressure-strokes were deeper and more prolonged; when, on keeping up the obstruction a little longer than in any of the preceding contacts, to my unspeakable horror the little one's eyes became glazed, her neck and back (slightly) arched backwards, and her thumbs turned in in the usual eclampsia fashion. The insensibility lasted, I should say, about twenty seconds, when, with a sudden shuddering movement, both spasm and unconsciousness disappeared. Of course, I questioned her as to whether she had felt any pain or sensation of want of air before I took my fingers from her neck. She assured me that she had felt nothing of the kind. She had no knowledge whatever of what had occurred. There was absolutely no warning of the spasm or unconsciousness; both her hands had been free during the whole time and she had made no attempt to remove mine.

Needless to say, I did not repeat the experiment, nor do I intend to. But I am glad of the experience, as it gave me an object lesson of the possibilities of physiological anæsthesia which I am not likely to forget.

I am, Sir, yours truly,

JOHN KNOTT, M.D.

34, York Street, Dublin, March 1st, 1902.

A SENTENCE FOR REVISION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In reference to the few lines you kindly published in your last issue, I may be allowed to state that the Home Office has been approached regarding this lamentable accident, and for some extraordinary reason appears to regard the sentence as one of no undue severity. It is evident from the accounts that a common assault was committed, but no direct violence took place, otherwise the post-mortem examination must have revealed it, and for this offence the prisoner might have been heavily fined, and although I have no desire to reflect on the deceased "De mortuis nil nisi bonum," the assumption is that there was extreme provocation

for the accident. Under all these circumstances, seeing that the medical profession has done more for humanity and the law than the law has done for us, I submit that a more charitable view of the case might have been taken.

I am, Sir, yours truly,

CLEMENT H. SERS.

Queen's Road, Peckham, S.E.,
March 7th, 1902.

Literary Notes and Gossip.

WE understand that the popular "Manual of Surgery," by Messrs. Rose and Carless, is now being translated into the Czech language, and that an edition will be published in Budapest in the spring.

DR. LUCOMME, of Lyons, is engaged in translating that scholarly work of Prof. Mayo Robson and Mr. Moynihan, on "Diseases of the Stomach and their Surgical Treatment." It affords us pleasure to congratulate the authors on the success of so sterling a work.

"WOMAN'S Best Work and Latest Capabilities," by Mr. F. J. Gant, F.R.C.S., has been honoured by acceptance of copies by H.M. the Queen and by H.R.H. the Princess Christian, who have graciously sent letters of acknowledgment to our *confère*.

A THIRD edition of Dr. J. Dixon Mann's well known work on "Forensic Medicine and Toxicology" has just been issued by Messrs. Griffin and Co. Arsenical neuritis having come very much to the fore since the previous edition was printed, this section has been rewritten in accordance with recent knowledge. We hope to review the book shortly.

WE are pleased to note that a memorial has been set on foot by the President and Council of the Pharmaceutical Society to perpetuate the name and the distinguished attainments of the late Mr. William Martindale, author of "The Extra Pharmacopœia." It is proposed that the memorial take the form of a marble bust and a medal or other prize in pharmacy.

THE new volume of the "Edinburgh Medical Journal" is, if anything, more interesting than any preceding issue. The original articles are numerous, pithy and suggestive; the selections, analytical reports and sectional reviews of the different provinces of medicine are such as the busy practitioner wants—brief, clear, practical, and dealing with the difficulties that occur in everyday practice. The illustrations are numerous and beautifully executed; and what is better, are well chosen and very helpful.

IN the third and cheaper edition of Quain's "Dictionary of Medicine," recently published, Messrs. Longmans explain that although the general scheme of the book as planned by the late Sir Richard Quain has been preserved, some departure has been deemed necessary by the editor, Dr. Montague Murray and his assistants. New articles have been introduced, others re-written, and the increasing incursions of Surgery into the realm of Medicine have received adequate recognition.

"ELEMENTARY Ophthalmic Optics," by J. H. Parsons, F.R.C.S. (recently published by J. and A. Churchill), is elementary in name only, as we venture to think that most practitioners and many specialists in ophthalmology would find the matter of this book the reverse of its title. It requires a distinctly mathematical brain to grasp it, and this the average student is scarcely expected to possess. As a book of reference, and in the solution of many optical problems it will be found excellent, evincing as it undoubtedly does much knowledge and scientific acumen on the part of the author.

ANY book that advocates a simple mode of living and diet is always to be welcomed. The older methods of attacking disorder and disease almost exclusively by medicine are now being replaced by the more rational methods of treatment by diet and healthy surroundings. It is, however, advisable to consider and prescribe for each person, according to his particular necessities, and the diets advocated in this little book, so exclusive of meat, would neither be tolerated nor necessary in even the uric acid diathesis. "Science in the Daily Meal," by Albert Broadbent, F.R.H.S., may be useful if only for its excellent culinary recipes.

THE same author has issued a companion pocket-book, entitled "Fruits, Nuts and Vegetables," in which he insists very briefly and conclusively on the nutritional and medicinal value of fruits, nuts and vegetables. Undoubtedly the abuse of a nitrogenous diet is productive of much metabolic disorder, and many persons would doubtless enjoy better health if their over-abundant nitrogenous diet were varied with fruits and vegetables. Simplicity in medicine is an excellent quality, but one hesitates to endorse the manifold and extraordinary cures which are stated in this book to result from the use of the various members of the vegetable kingdom.

UNDER the will of the late Dr. Nathaniel Rogers the Senate of the University of London offer a prize of £100, to be awarded next year, for an essay on "The Production of Immunity in Specific Infective Diseases Generally, and with particular reference to any one disease on which the writer of the essay may have made original investigations." The prize is open for competition to all the members of the medical profession in the United Kingdom. The end of February, 1903, is the limit of time by which essays competing for the prize must be sent in.

THE Liebig Company, we are told, have given away during the past month a quarter of a million of cookery books, including one to the household of every member of the medical profession. Should any of our readers not have received a copy, they ask us to state that one will be sent free on receipt of name and address at their office, 9, Fenchurch Avenue, London. The Lemco cookery book is a neat little volume compiled by a well-known authority, and embraces 180 original recipes for soups, fish, entrées, invalid cuisine and general cookery. Many housewives will doubtless be grateful that the enterprise of the Liebig Company has provided them with so useful a guide to the culinary art.

MR. F. J. GANT, F.R.C.S., whose works on "Surgery," in a past generation, will be favourably remembered by many, now devotes the leisure of his retirement to literature of a non-medical character. We have before us his latest contribution, entitled "Modern Natural Theology" (published by Elliot Stock), in which, whilst firmly holding the necessity of evolution he quite as firmly and surely believes in a Creator and a God, and in which he can venture to say, from his own convictions, founded upon anxious and serious inquiry, "evolution is not the grave of natural theology, but its ever living and most majestic expression." The chapter on "The testimony of man's moral nature to a Supreme Moral Lawgiver" is well worthy of reflection. The author has got at the heart of things when he says "Man never finds unalloyed happiness in being his own master."

THOSE of our readers who enjoy a highly-spiced and amusing story should read "The Persecution of John P. Tadcaster," by Max Adeler, published in the March number of *The Leisure Hour*, by the R. T. Society. It is an account of a man who becomes an amateur doctor by force of circumstances, in spite of his own protestations, and who eventually receives a large legacy under the will of a grateful patient. This gentleman was travelling for the purpose of study in no way connected with the medical profession; he carried with him, as

was his habit, some quinine pills, paregoric, and court plaster, in case of need. With this simple armamentaria he cured children and adults of fevers, broken legs, &c., instant, and even raised the dead to life on one occasion. But the story is too good to give away its points. *The Leisure Hour* is at all times one of the most instructive of the magazines, and this number will particularly commend itself to the profession.

An interesting little book at the present juncture, entitled "The Fish River Bush, South Africa," by W. T. Black, M.R.C.S., L.S.A., has just been published by Mr. Pentland. It is a reprint of articles contributed to the *Edinburgh New Philosophical Journal* by the author when he was serving as Army Surgeon on the Fish River in the Kaffir wars of 1848 and 1852, and will be appreciated by colonists of the present day in view of the changes that have taken place since the contributions were first penned. The wild animals mentioned by the author include "elephants and hippopotami, tigers and hyenas, koodos and bush-buck," and in his preface he suggests that they will have disappeared by now. The hippo no longer sports in the Fish River, and the elephants have shifted west to the Addo Bush; but koodos, tigers (leopards), and bush-buck remain, together with the wild birds he found in such numbers fifty years ago.

Medical News.

A Libel Action against a Medical Man.

DR. G. W. GRAHAM, of Mathyness, Witham, defended, last week, an action for libel brought against him by his former housekeeper. The libel was contained in a letter addressed by the defendant to the husband of the plaintiff in the form of an accusation of systematic dishonesty. A verdict was given for the plaintiff for £65 with costs.

The Sale of Insecticide.

MESSES. JENKINSON, of Newcastle-on-Tyne, horticulturists, were last week fined £2 and costs for having sold a certain poisonous insecticide without labelling it poison. The insecticide in question was shown to contain a large proportion of nicotine, and it was put into an old brandy bottle without a label, with the result that a gardener drank some of it and died. It was urged for the defence that the law only applied to substances or preparations intended for therapeutical uses because, if otherwise, paint which contained lead or arsenic, would require to be labelled poison, indeed quite a large number of substances would require to be so labelled were the contention of the prosecution adopted. Fortunately this ingenious argument did not carry weight with the bench, and if the result should be to render the use of the poison label more general so much the better.

The Mortality in Foreign Cities.

ACCORDING to official returns supplied to the Registrar-General, the death-rate of the various populations per thousand for the latest week to hand were: In Calcutta 36, Bombay 94, Madras 48, Paris 27, Brussels 17, Amsterdam 18, Copenhagen 17, Stockholm 16, Christiania 12, St. Petersburg 25, Moscow 25, Hamburg 15, Munich 19, Vienna 20, Prague 24, Buda-Pesth 19, Trieste 23, Rome 19, Venice 31, New York (including Brooklyn) 21, Philadelphia 21.

Portrait of the late Dr. Leech.

A PORTRAIT of the late Dr. Leech, painted for the Leech Memorial Fund by Mr. George Harcourt, was presented last week to the Council of Owens College.

St. Thomas's Hospital.

THE following house appointments have been made:—House Physicians.—T. B. Henderson, M.A., M.B., B.Ch., Oxon.; H. S. Stannus, L.R.C.P., M.R.C.S.; W. M. G. Glanville, M.A., M.B. B.Ch., Oxon. (Extension); T. W. S. Paterson, M.A., M.B., B.C., Cantab., L.R.C.P., M.R.C.S. (Extension).

Assistant House Physicians.—H. W. Sinclair, M.B. Lond., L.R.C.P., M.R.C.S.; K. E. Crompton, B.A., M.B., B.C., Cantab.

House Surgeons.—G. A. C. Shipman, M.A., M.B., B.C. Cantab., L.R.C.P., M.R.C.S.; W. Hill, B.A., Cantab., L.R.C.P., M.R.C.S.; T. W. H. Downes, L.R.C.P., M.R.C.S.; F. J. Child, M.A., M.B., B.C., Cantab., L.R.C.P., M.R.C.S.

Assistant House Surgeons.—B. S. Jones, L.R.C.P., M.R.C.S., J. Coates, L.R.C.P., M.R.C.S., A. C. Hudson, M.A., M.B., B.C., Cantab., H. Spurrier, B.A., Cantab., L.R.C.P., M.R.C.S.

Obstetric House Physicians.—(Senior): V. S. Hodson, B.A., M.B., B.Ch. Oxon. (Junior): T. D. Miller, L.R.C.P., M.R.C.S.

Ophthalmic House Surgeons.—(Senior): F. B. Skerrett, B.Sc. Lond., L.R.C.P., M.R.C.S. (Junior): F. Clarkson, M.B., R.S., Durh.

Clinical Assistants in the Special Department for Diseases of the Throat, Skin, and Ear.—Throat: Z. Mennell, M.B. Lond., L.R.C.P., M.R.C.S., B. E. Sansom, L.R.C.P., M.R.C.S., L.S.A. Skin: H. A. Easton, L.R.C.P., M.R.C.S. Ear: H. S. D. Browne, B.A., Cantab., L.R.C.P., M.R.C.S.

Clinical Assistant in the Electrical Department.—L. S. Dudgeon, M.R.C.P., M.R.C.S. (Extension).

Conviction of a Medical Man.

JOHN FLANAGAN, L.R.C.P., L.R.C.S. Ed., was found guilty at the Assizes, held at Longford last week, of throwing vitriol over a groom. Flanagan pleaded guilty and was sentenced to twelve months' imprisonment from the day of arrest. A hope was held out by the Judge that if compensation was given to the injured groom the sentence would be reduced.

The "American Specialists."

THE American specialists were arraigned before the Lord Chief Justice at Ennis last week on a charge of obtaining money under false pretences. Evidence was given of the defendants having guaranteed cures in return for various sums of money, and also of the nature of the bottles of medicine, &c., which they dispensed. For the defence, four women were examined as to cures they stated were effected by the treatment of Madame Lillian. The jury were unable to agree, and his lordship said he would allow the defendants out, to appear on getting ten days' notice, on George Lillian's paying £23 to the Crown Solicitor, and entering into personal recognisances of £50; the two women should enter into personal recognisances in £10 each.

[An American Swindler.

Dr. W. J. SINCLAIR, of Manchester, has been the victim of a swindler who borrowed money from him on the representation that he was Dr. C. C. Perry, of New York. Inquiries led to the discovery that this representation was false and a warrant has been issued for his arrest.

Dublin Death Rate.

THE average annual death-rate represented by the deaths registered in the Dublin registration area for the week ending Saturday, March 1st, 1902, was 30.0 in every 1,000 of the population. Tuberculous disease caused 42 deaths. Respiratory diseases caused 73 deaths. Diseases of the circulatory system caused 14 deaths. The death-rate in the Lisburn Street district of the city was 41.6 in every thousand, and in the Peter Street district it reached 46.2 in every 1,000.

The Cure of Lupus.

THE Emperor of Austria has given £840 from his private purse for the foundation of an institute for the cure of lupus.

3 Royal Colleges of Physicians and Surgeons, Ireland.

JOHN O'DONOGHUE, L.R.C.P. & S.I., has passed a special examination for the Diploma in Public Health.

Notices to Correspondents, Short Letters, &c.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

AN EDINBURGH GRADUATE.—We have made inquiry and find that the book has been out of print for some time, but a new edition is now in the press.

DR. BYRON BRANWELL is thanked for his courtesy.

L.R.C.P. Lond., M.R.C.S.—If our correspondent will furnish fuller data it will afford us pleasure to give an opinion.

MR. BURTON.—In the case of sale of practice it is usual only to introduce the incoming to patients on whom the vendor is at the time in attendance, not on those who have ceased for the time or permanently to be his patients.

NOTIFICATION FEES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR.—Can you tell me whether a Suburban Sanitary Authority can make a rule debarring a medical man getting his notification fee or fees unless applied for within six months, which I am told is done by two Councils in my neighbourhood? Why should I be required to send in an account at all when the law fixes the price? I am not required to send in my account to a coroner or law court, why, then, for a Council? My notification of the case should be ample notice for payment. If they wish to make a rule, why should they not discharge their liabilities at fixed periods determined by themselves?

I am, Sir, yours truly,

M.

[* No such rule could be enforced at law, and we see no reason for conforming thereto. In case of difficulty the threat of proceedings would probably secure immediate payment.—ED.]

ALLEGED FRAUDS ON A MEDICAL MAN.—A CAUTION.

We have been asked to draw attention to the doings of a man who calls himself "Dr. C. C. Perry," in order to put the members of the medical profession on their guard against him. It appears that on the 11th of last month Dr. W. Japp Sinclair, of Manchester, was visited by an American who represented himself to be Dr. C. C. Perry, of New York, and who delivered a message purporting to be from an old medical friend of Dr. Sinclair's. He also represented himself as a friend of several medical men in America with whom Dr. Sinclair is acquainted. He explained that having missed a friend he was financially inconvenienced for the moment, and he asked for the loan of a few pounds promising to return the money on his arrival in London. Dr. Sinclair parted with the sum asked for, but soon had reason to fear that he had been victimised. He then communicated with his medical friends in New York, with the result that all the man had said was found to be untrue. A warrant has been issued for "Dr. Perry's" arrest.

Meetings of the Societies, College Lectures, &c.

LONDON.

WEDNESDAY, MARCH 12th.

HUNTERIAN SOCIETY (London Institution, Finsbury Circus, E.C.).—8.30 p.m. Pathological Evening.

DERMATOLOGICAL SOCIETY OF LONDON (11, Chandos Street, Cavendish Square, W.).—5.15 p.m. Demonstration of Cases of Interest.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m. Prof. C. Stewart: On the Organs of Respiration. Lecture II.

THURSDAY, MARCH 13th.

BRITISH GYNÆCOLOGICAL SOCIETY (30, Hanover Square, W.).—8 p.m.—Specimens will be shown by Mr. Furneaux Jordan and Mr. E. O'Callaghan, and short papers will be read by Mr. Freyer (introduced) on Stone in the Female Bladder, also by Dr. E. T. Collins.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 p.m. Dr. F. T. Roberts: On the Comprehensive Study of Thoracic Phthisis. Lumsden Lecture I.

FRIDAY, MARCH 14th.

CLINICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8.30 p.m. Mr. H. W. Page and Mrs. Payne and Poynton: Two Cases of Arthritis of the Knee. Dr. W. Hale White and Dr. Walter C. Pakes: A Case of Malignant Endocarditis giving Widall's Reaction. Sir Thomas Barlow, Bart., and Dr. H. Baty Shaw: Hypertrophic Cirrhosis of the Liver. Mr. A. E. Sears: Acute Paralytic Dilatation of the Stomach.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION (11, Chandos Street, W.).—4 p.m. Cases will be shown by Mr. Mayo Collier, Dr. McCall, and the President.—5 p.m. A Discussion on the Diagnosis and Treatment of Various Forms of Nerve Deafness: opened by Dr. Dundas Grant, continued by Dr. Greville MacDonald, Dr. Barclay Baron, and others.—7.30 p.m. Annual Dinner at the Café Royal.

INCORPORATED SOCIETY OF MEDICAL OFFICERS OF HEALTH (9, Adelphi Terrace, W.C.).—7.30 p.m. Dr. J. E. Kaye: Scarlet Fever: How far Statistics prove or disprove the Utility of Hospital Isolation.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11, Chandos Street, London, W.).—8.30 p.m. Cases will be shown by Mr. Hartbridge and Messrs. Harman and Bradburne. Papers.—Mr. B. Lawford Knaggs: Symmetrical Concentric Changes of Choroid and

Retina in Four Cases of Unusually High Myopia. Mr. W. H. H. Jessop: Membranous Conjunctivitis, with cases. Mr. Sydney Stephenson: Diphtheria of the Conjunctiva.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY (West London Hospital, Hammersmith Road, W.).—8.30 p.m. Clinical Evening. Mr. Keetley, Mr. Edwards, Mr. McAdam Eccles, Dr. Ball, and Dr. Saunders will show Cases.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m. Prof. C. Stewart: On the Organs of Respiration. Lecture III.

DUBLIN.

FRIDAY, MARCH 14th.

NATIONAL HOSPITAL FOR CONSUMPTION.—Annual Meeting, Royal College of Physicians, 4.30 p.m.

ROYAL ACADEMY OF MEDICINE IN IRELAND.—Section of Obstetrics, College of Physicians, 8.30 p.m. Specimens:—The President: Uterus removed for Fibromyoma; (3) Malignant Tumours of both Ovaries. Dr. Glean: Uterus Removed by Retro-peritoneal Hysterectomy, showing Peculiar Venous Attachment. Dr. Flynn: Uterus Removed by Vaginal Hysterectomy; (2) Omental Tumour. Dr. Horne: Large Uterine Polypus; (2) Double Pyosalpinx. Paper:—Dr. Purefoy: Report of the Rotunda Hospital for the Year 1900-01. Dr. Hastings Tweedy: Observations on the First Stage of Labour. The Causal Relation of this Stage to Uterine Rupture.

Appointments.

AUSTEN, HAROLD, M.D., B.S., Lond., M.R.C.S., L.D.S., Eng., Lecturer on Materia Medica to the Royal Dental Hospital of London.

CALBY, J. W., L.R.C.P., Edin., M.R.C.S., Medical Officer of Health for the Biccail Sub-district of Selby, Yorkshire.

DRINKWATER, JAMES PRITCHETT, M.R.C.S., L.S.A., Medical Officer of Health to the Liangollen District Council.

FULCHER, G. F., M.B., M.S., Edin., Medical Officer of Health to the Chingford Urban District Council.

GRIERSON, J. T., M.B., B.Ch., Vict., City Hospital, Park Hill, Liverpool.

HUMPHRY, E., M.R.C.S., L.R.C.P., Edin., Medical Officer of Health for the City of Chichester.

MILLER, J., M.R.C.S., L.R.C.P., Lond., City Hospital, Fazakerley, Liverpool.

MILLER, J. W., M.B., Ch.B., Vict., D.P.H., Cantab., Assistant Medical Officer to the City of Liverpool Hospitals for Infectious Diseases.

NESBITT, C., M.D., B.U.I., Certifying Surgeon under the Factory Acts for the Handalstown District of the County of Antrim.

SOPER, G. MORRIS, M.R.C.S., L.R.C.P., Assistant House Surgeon to the Royal Albert Hospital and Eye Infirmary, Devonport.

SWORDE, E. G., M.B., B.C., Cantab., Honorary Medical Officer to the St. Andrew's Convalescent Home, Folkestone.

Vacancies.

Bradford Royal Infirmary.—Dispensary Surgeon. Salary £100 per annum, with board and residence. Applications to William Maw, Secretary.

Children's Hospital, Forest House, Nottingham.—House Surgeon, Salary £100, with board and residence. Applications to Mr. A. F. Kirby, St. Peter's Church Walk, Nottingham.

Co. Mayo.—Qualified Medical Assistant. Applications to Dr. Crean, Ballyhaunis, Co. Mayo. (See Advt.)

East Sussex County Asylum, Hayward's Heath.—Second Assistant Medical Officer and Pathologist. Salary £175 per annum, with board, lodging, washing, and attendance. Applications immediately to the Medical Superintendent.

Essex and Colchester General Hospital.—House Surgeon. Salary £100 a year, with board, washing, and residence in the Hospital. Applications to C. L. Becher, Secretary.

Fisherton Asylum.—Assistant Medical Officer. Salary commencing at £150 per annum, with board, lodging, and washing. Apply to Dr. Finch, Salisbury.

Grey's Hospital, Pietersmaritzburg, Natal, South Africa.—Resident Medical Superintendent. Salary £350 first year. Board, lodging, and washing. First-class passage will be provided. Applications to the Agent-General for Natal, 26, Victoria Street, Westminster, S.W.

Lancashire County Asylum, Winwick, Warrington.—Assistant Medical Officer. Salary £150 per annum, with furnished apartments, board, attendance, and washing. Applications immediately to the Medical Superintendent.

London County Asylum, Bexley.—Junior Assistant Medical Officer. Salary £150 per annum, with board, furnished apartments, and washing. Immediate applications to R. W. Partridge, Esq. (See Advt.)

Manchester Royal Infirmary.—Honorary Assistant Physician. Applications to W. L. Saunders, General Superintendent and Secretary. (See Advt.)

West Riding Asylum, Wadale, near Sheffield.—Fifth Assistant Medical Officer. Salary commencing at £140 per annum with board, &c. Applications immediately to the Medical Superintendent.

Births.

GEDGE.—On March 4th, at Pewsey, Wilts, the wife of Arthur Sydney Gedge, M.R.C.S. and L.R.C.P., of a daughter.

SAUER.—On March 5th, at 84, Westbourne Terrace, Hyde Park, London, W., the wife of Dr. Hans Sauer, of a son.

Deaths.

DUDLEY.—On March 7th, at 149, Cromwell Road, London, S.W., William Lewis Dudley, M.D., F.R.C.S., Eng., in his 62nd year.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXIV.

WEDNESDAY, MARCH 19, 1902.

No. 12.

Original Communications.

A CASE OF

COMPLETE CONSOLIDATION OF THE LEFT LUNG

WHICH PRESENTED GREAT DIAGNOSTIC DIFFICULTIES. (a)

By, BYROM BRAMWELL, M.D., F.R.C.P.,
F.R.S.E.,

Physician to the Edinburgh Royal Infirmary, &c.

THE patient, a married man, æt. 57, a cellar-man by occupation, was admitted to the Edinburgh Royal Infirmary on January 28th, 1902, complaining of great shortness of breath on exertion, debility, hoarseness of voice and troublesome cough, and some pain in the left hypochondriac and infra-axillary regions.

The illness had commenced seven months previously. There had been very little expectoration, but the patient had lost weight and had had some sweating at night. At first he denied syphilis, but subsequently admitted that he had had a hard chancre followed by secondary symptoms eight years ago. When thirty-seven years of age (twenty years ago) he had had rheumatic fever. For the past twenty years he had occasionally suffered from sciatica and from what he termed rheumatic pains in the legs. These pains do not appear to have been lightning pains.

On admission he was found to be very debilitated and considerably emaciated (height, 5 ft. 5½ ins.; weight, 9 st. 7 lbs.); the temperature was 99° 2'; the pulse, 96. He was not anæmic and did not look cachectic; there was some cyanosis of the face and lips.

The whole of the left chest from top to bottom was dull on percussion. At the base of the left lung the dullness was less absolute than one would expect in a case of pleuritic effusion, and hypodermic exploration showed that there was no fluid. Over the greater part of the left lung loud bronchial breathing, the expiratory sound being particularly well-marked, and increased vocal resonance were present. There were no moist sounds over any part of the left lung. The dullness was clearly due to consolidation of the lung. At the level of the nipple the left chest measured half-an-inch more than the right (18½ and 18¼ respectively).

There was some impairment of the percussion note between the right scapula and the spine, and over this area and all down the right side of the spinal column a systolic murmur was audible. Indistinct pulsation could be felt in the second and third left

interspaces close to the sternum. Over the manubrium sterni and in the second and third interspaces, both right and left, a systolic murmur and accentuated aortic second sound were audible; the murmur and accentuation were much louder in the second and third left interspaces than on the corresponding point on the right side. Loud, blowing tubular breathing was audible over the manubrium sterni, and especially under the left sterno-clavicular articulation.

The heart appeared to be of normal size; the mitral sounds were normal. The radial arteries were thickened and somewhat atherosed. The left radial pulse was somewhat smaller and the apex of the upstroke in the sphygmographic tracing less sharp than that of the right.

The veins in both upper extremities and on both sides of the neck, but especially on the left side of the neck and on the left arm, were somewhat engorged.

The left vocal cord was fixed and immobile. There was no difficulty in swallowing. The pupils were contracted and usually equal (three millimetres in size), but occasionally the left pupil was much more contracted (two millimetres). No tracheal tugging could be detected. The contraction of the pupils to light was somewhat sluggish. There were no enlarged glands either in the neck or axillæ.

The red corpuscles were slightly reduced in number, normal appearance; the white corpuscles numbered 28,000 per cubic millimetre, i.e., marked leucocytosis was present.

The deep reflexes were altered in a very interesting way. The right knee-jerk was active, the left absent even after reinforcement; both Achilles-jerks were absent. This condition of the reflexes was highly suggestive of previous syphilis, and on cross-examining the patient he admitted (though he had previously denied it) that eight years previously he had a hard chancre followed by secondary symptoms.

The X-ray examination gave no definite information. The picture which was obtained, both on the screen and in the photographic negative, was very indistinct. It showed complete consolidation of the left lung, and some opacity to the right of the spinal column, between the right scapula and the middle line, and below this point to the base of the right chest. Mr. Dawson Turner who made the examination could give no opinion as to the nature of the lung consolidation, or as to the presence or absence of an aneurysm.

The diagnosis was extremely difficult. The dullness was clearly due to consolidation of the lung; there did not appear to be any fluid in the pleural cavity. Most of the competent observers who had examined the case were of opinion that the consolidation was due to malignant disease of the lung and mediastinal glands. Dr. Bramwell found it very

(a) Read at meeting of Edinburgh Medico-Chirurgical Society March 5th, 1902.

difficult to accept this opinion. He had never seen such extensive consolidation the result of malignant disease of the lung without much more cachexia and anæmia. Dr. Bramwell thought that the consolidation of the left lung was probably due to aneurysmal pressure on its root. There was certainly arterial and aortic disease. The patient had had syphilis and the condition of the reflexes was suggestive of a post-syphilitic lesion. The absence of anæmia and cachexia and of any glandular enlargement at the root of the neck was against malignant disease. On the other hand, the absence of tracheal tugging and of difficulty in swallowing was against aneurysm. The paralysis of the left vocal cord, the difference in the pulses and pupils were rather in favour of aneurysm, though they might of course be due to a mediastinal new growth. It was difficult to reconcile the greater measurement of the left chest (half an inch more than the right) with aneurysmal pressure on the left bronchus and resulting consolidation of the lung. In other cases of this kind which had come under Dr. Bramwell's notice, the left lung had always been more or less collapsed. The leucocytosis was at first sight strongly in favour of a new growth, for leucocytosis is usually a marked feature in malignant disease of the lung, but it is not present in uncomplicated cases of thoracic aneurysm. Dr. Bramwell was, however, of opinion that the leucocytosis could quite well be accounted for by the condition of the lung, granting that the consolidation was the result of aneurysmal pressure on the root. He had seen, either during life or in the post-mortem room, several cases in which consolidation of the left lung had been produced in this way; in some cases the lung had been completely solidified, and catarrhal and inflammatory changes, in one case going on to gangrene, had developed in it. Such a condition of the lung would account for the leucocytosis. The point was of considerable diagnostic interest; so far as he knew there were no recorded observations regarding it—the condition of the blood in aneurysm with consolidation of the left lung due to pressure on the root.

The course of the case during the time that the patient had been under treatment (rest and iodide of potassium) was, Dr. Bramwell thought, in favour of an aneurysm rather than of a new growth. In the course of five weeks the patient had gained 7½ lbs. in weight, the leucocytes had dropped from 28,000 to 9,800 per cubic millimetre (the red corpuscles now numbered 4,300,000, and the hæmoglobin equalled 75 per cent.); the pain in the left side had disappeared, the dyspnoea was rather less, and the patient had gained strength. The pulse had remained quick (average about 100), the temperature was usually normal, though occasionally somewhat elevated; there had been very little expectoration. During the past three or four days the patient had spat a small quantity of thick, tenacious, dark-brown sputum. Microscopical examination of the sputum showed numerous large cells with well-marked nuclei; many of the cells contained pigment particles derived from the lung, others fatty granules. The character of the cells was not distinctive; they might be merely swollen catarrhal cells derived from the bronchi or air cells; they might be derived from a new growth (carcinoma or large-celled sarcoma); the pigmented character of some of the cells was, perhaps, in favour of the former view.

Taking the whole of the facts of the case into consideration, and after carefully weighing the evidence, Dr. Bramwell adhered to the opinion which he had formed when he first saw the case; he thought that the consolidation of the lung was probably due to aneurysmal pressure on its root; but he admitted that the diagnosis presented great

difficulty. If, as others who had seen the case supposed, the consolidation of the lung was due to the presence of a new growth, there certainly seemed to be arterial (aortic) disease as well. It might be suggested that the consolidation of the lung was due to a syphilitic lesion, but the fact that the whole lung was involved rendered this supposition extremely unlikely.

PATH AND MODE OF INFECTION.

By DR. L. HUISMANS,

Oberarzt, Cologne.

THE following remarks have for basis a case of pyæmia which came under my notice some time ago, from which I have made a few preparations to illustrate my object in carrying out my investigations of the cause of the pyæmia and the channel through which it found access to the body. I shall venture to preface my remarks with the hope that clinical facts will meet with more favour than they have done of late since the introduction of bacteriology as the guiding star of all our efforts at diagnosis and treatment. Modern thought is now running riot with our reason, and decentralisation leading to an erroneous specialisation of bacterial results which are not unfrequently very contradictory to bedside observations, which have recently been almost lost sight of.

My own recent researches have been confined to the properties of the pyogenic microbe, and I believe that its introduction acts on a centre that produces heterogeneous morbid phenomena. The following example may be of interest.

Mr. S. was brought to hospital on the evening of March 5th, 1900, with a temperature of 39·6°, which fell to 37·7° C. in the morning—pulse 96. The heart was normal; in the left pleura an effusion which extended to the middle of the scapula; otherwise the lungs were healthy. Over the left spina scapulæ was a small crucial incision from which serous fluid escaped. This the patient said was made for the relief of a painful carbuncle which had formed on this site six weeks previous to his admission. In the right eye there was marked oedema of the bulbar conjunctiva, the pupil was moderately dilated and did not react to light, while on the anterior surface of the lens there was a white exudation. Nothing abnormal was found in the left eye. In the right knee there was a very painful swelling. The urine had neither albumin nor sugar. On the following evening the temperature rose again to 39·8° C. (103·7° F.). An exploratory puncture was made into the chest, from which exuded a serous fluid tinged with blood.

This confirmed the diagnosis of pyæmia with abscess in the right eye and knee, and it was thought that the serous fluid in the pleura was the prodroma to empyema just as meningitis serosa often becomes purulent. In this case, however, the origin may be attributed to the painless, slow-healing carbuncle.

The prognosis was bad, and, as expected, the patient died suddenly the following night.

The post-mortem examination revealed an abscess in the vitreous exudation on the anterior surface of the lens, suppuration in the right knee around the femur, which had burst into the joint. After removing the sternum, the cavity of the pleura was found to be full of serous blood-stained fluid mixed with large black clots. It is presumed that severe hæmorrhage occurred during the night and killed the patient. In the upper part of the right lung there were adhesions. In the pericardial cavity there was serous fluid, but the pericardium itself was unchanged. Heart tissue was also healthy, although there was a little atheroma in the aortic valve. The

mediastinum in the region of the arch of the aorta was free. The aorta from the heart to the diaphragm was regularly cylindrical, measuring 85 to 95 mm., or 3·34 ins. in circumference, and was highly atheromatous. About three centimetres above the point where it passes through the diaphragm a fresh red thrombus extended up the aorta 10 cms. At this part the aorta, pleura and mediastinum were soldered together. Beneath the thrombus there was softening of the arterial wall, with a perforation as large as a sixpence, the edges being ragged. The pathological section shows a hæmorrhagic infarct in the lung, with union of pleura and fibrinous clots. No other inflammation existed.

This was evidently an inflammatory embolus which had become impacted in the arterio-pulmonalis, which later produced a hæmorrhagic infarct. The virulent embolus which was associated with the aortic atheroma had not had time to form a pulmonary abscess with empyema, although the complications of pleuritis serosa, adhesion of the mediastinum, and softening of the aorta hastened the termination, as the perforation allowed a flow of blood into the left pleura, which was the immediate cause of death.

It may be noted here that the blood in the aspirated fluid was a premonitory sign of the result, as this frequently occurs in the sputum before the bursting of an aneurysm of the arch of the aorta.

The remoteness of the pyæmia is another important point which cannot be better illustrated than by quoting from my "Contributions to the Knowledge of Septic Diseases," where I relate a case of pyæmia and death after a bite on the thumb which healed up perfectly. About fifteen days after healing the patient began to complain of pain in the left axilla with swelling of the glands and high fever. This was rapidly followed by peritonitis, pleuritis, pericarditis, and nephritis of a month's duration. The post-mortem revealed a mass of streptococci in the axillary glands.

Lippmann, of Berlin, relates another interesting case bearing on this subject in his "Rückfalle." In the case of a child who had scarlatina a number of glandular swellings were left about the maxillary angles. Some time after, the child was taken suddenly ill without any apparent cause; the temperature rose, the throat became sore, and another attack of scarlet fever developed, and immediately the whole of the swollen glands disappeared. He affirms that years may elapse before the latent glands explode, and he relates others, from five months up to three years, with nephritis, otitis, &c. In this case there seem to be three factors to reckon with, viz., phagocytosis, the formation of antitoxin, and *glandular interception*. On this subject Arnold, of Heidelberg, seems to found his "Staub-inhalation und Staub-metastase," and terms the glands "filter absolut sufficiente." In 1886, Arnold commenced his treatment. This consisted of carbon in fine powder obtained from condensing the smoke of turpentine. This was inhaled and was supposed to enter the retro-bronchial glands and to play a part in the lymph sinus. This he found never passed into the blood unless caseous degeneration of the gland occurred, or when ulceration and atrophy with emphysema were present. The same analogy might be applied to the bacteria if the toxin be excluded.

Moreover, Ribbert and Landerer, in their "Teleology," go further into the functions of the lymphatics, whose sinus they maintain is wholly governed by the follicle. This is the "battle field" of the bacteria and the leucocytes and the follicles, the rampart wall which the bacteria have to storm before they can lead the force into the citadel. When the attack commences the spinal centre is apprised of the danger, and immediately leads into the field an army

of leucocytes which, when overpowered, cease resistance, and the conqueror takes possession. If, however, the circumvallation can be restored before the whole army passes into the circulation the invaders may be totally annihilated, while the approaching enemy is again defied and held without the fortress, but entangled in the meshes of the gland, where they may lie in ambush waiting an unguarded opportunity when a rush can be made with ultimate success. Ribbert and Landerer record one of these ambush adventures to have lasted thirty years in the case of a patient with osteomyelitis acuta! This form of ambush is considered very common in tuberculosis, where attacks alternate with resistance extending over years. I well remember a case of my own, G., who three weeks after being discharged from hospital cured of typhoid, came back with a high temperature, which was followed by periostitis tibialis et ulnaris with doughy infiltration of the surrounding muscles. After this had passed away the left testicle began to swell, and formed a large abscess.

Dressmann relates several similar cases, one resembling Ribbert's, in that a typhoid attack was followed by periostitis, &c., but in all his observations no enlargement of the spleen occurred.

Leichtenstern endeavours to show that the nephritis of scarlatina is due to the same cause though this has been objected to by casuists as being too obvious. Leichtenstern thinks this is due to the active muscular movement which assists the lymphatic vessels in carrying the poison from the skin to the lymphatic glands in greater quantity, this passing into the circulation and being finally eliminated by the kidneys. Leichtenstern overlooks the fact that the toxin is the cause of the nephritis, while the bacteria are held back in the gland, and may make a renewed attack at a later period. Hence the reason of Denig's admonition that fever patients are not kept sufficiently long in bed to overcome the sepsis of the disease which blazes up at the slightest provocation. There is another point that should not be forgotten, viz., that even in typhoid fever a few virulent bacteria have been found in the urine after the attack is over, which proves that all the microbes are not retained by the glands as proved by Neufeld.

It has already been stated that the deposit of infectious material is retained during a period of latency in the gland. This may occur in more remote tissues, such as cysts. Wallgren tells us of a typhoid patient with an ovarian cyst, who three months after recovery was taken very ill with high fever and great pain, necessitating operation on the cyst, which was found to contain 1½ litres of a yellow greenish fluid from which cultures were made that agreed in every particular with Widal's typhoid bacillus. The cyst wall was infiltrated with these microbes. It may therefore be easily perceived how a slight injury to such a cyst would provoke a new attack by liberating the latent germs.

The different forms of infection as well as their different modes of transmission may here be briefly referred to. It is now acknowledged that anthrax and tuberculosis are not found operating at the same time and place, although septic infection is not uncommonly present to modify the clinical course of the disease. This is well illustrated in slight cases of angina where the streptococci may be present, but whether the disease will be severe septic-pyæmia scarlatina or erysipelas, no one can forecast till the fever is well advanced. The question arises, has the serous membrane any effect in the spread of the disease? In polyarthritides rheumatica, as in scarlet fever, we have an arthritis serosa. From this it would appear that scarlatina-arthritis is the severe form, because it more frequently passes on to the pyæmic form. Another peculiarity of the scarla-

tina infection is its proneness to pass over to the puerperal state; but as both forms of scarlatina are due to a streptococcus, it is more readily taken up. The same thing may be seen in the frequency of furunculosis in scarlatina with remitting fever in which is to be found a streptococcic pneumonia. The streptococcus of erysipelas differs from the streptococcus of dermatitis scarlatina, so far as it locates itself in a particular region of the cutis, but the exfoliation is exactly the same. Carrying the resemblance still further, we find that the nodules around the margin of an active centre of erysipelas is analogous to erythema nodosum, or petechiæ in septicæmia and purpura rheumatica.

Another important question arising in connection with these septic diseases is immunity. Will the same antitoxin produce immunity in all these diseases with apparently the same microbe in spite of clinical differences? or will a different toxin be required? The list of authors is long who affirm with confidence that septic disorders of the blood, scarlatina, polyarthritis rheumatica, and pyæmia have the same microbic and pathological origin. In support of this view many have contributed irresistible facts. Michael had six cases of rheumatic endocarditis which gave diplococci under the microscope, but on cultivation produced streptococci; Wusserman gives cases of chorea post-rheumatic, with streptococci on valves which when injected in dogs produced articular inflammations, and when cultivated produced genuine streptococci. The absence of bacteria in the synovial fluid of inflamed joints is no proof of their absence; in pleuritis serosa or hæmorrhagic tuberculosis no bacteria can be discovered, but if injected into animals they may produce typical tuberculosis.

Baginski and Sommesfeld have attempted to classify these septic infections into three divisions—severe, moderate, and slight, but the protean forms that clinically appear weaken the utility of such classifications in practice. Under "severe," where the kidney was involved, they would place pyæmia sepsis and septicopyæmia. The moderate group would embrace those with cloudy swelling of kidney coming late, as erysipelas, scarlatina, and polyarthritis rheumatica. The light form would rarely involve the renal organs, such as furunculosa purpura, rheumatica erythema nodosum, rheumatismus musculorum, and chorea post-rheumatica.

From the variety of opinions advanced the critic is apt to become sceptical, and exclaim that bacteria are to be found as geologists find fossils in the different strata and are only indications of some remote past.

Therapeutic Notes.

By GEORGE FOY, M.D., F.R.C.S.,
Surgeon to the Drumcondra Hospital, Dublin.

OIL OF CAJUPUT.

EVERY physician has on his list a number of cases of winter cough. His patients are advanced in life, and for some years past have had, during the cold months, night cough, with an abundance of mucopurulent phlegm and embarrassed respiration. From 3 a.m. to 5 a.m. they sit up in bed coughing and expelling the tough mucus, they can hardly get their breath, and they complain of a pain in the region of the heart, which in the great majority of these cases is weak from degenerative changes, and sometimes dilated. To make matters worse the patients as a rule suffer from flatulent dyspepsia. The heart is greatly laboured, and calls for some powerful stimulant to rouse the right ventricle into action and pro-

duce a firm, strong contraction; under such conditions cajuput will be found a valuable addition to the chloride of ammonium and strychnine mixture. It consists principally of cincol or eucalyptol, and consequently is a valuable alimentary antiseptic, checking the decomposition of food in the stomach and from its stimulating effects on the muscle tissue, producing contraction of the viscus and eructation of wind. The drug is freely eliminated by the lungs, and after a five minim dose the characteristic camphoraceous smell of the oil is detected for a considerable time in the breath of the patient. In bronchorrhœa, where the sputum is offensive, the antiseptic action of the cajuput is soon manifest. Unlike many drugs of its class it does not irritate the kidneys.

It has, however, one drawback—patients after a few weeks take a distinct distaste to it. By giving tincture of nucis vomica or liquor strychnia as a tonic separate from the expectorants the nausea and loss of appetite which they produce may be averted and the bitterness of the strychnia may act as fillip to the appetite.

Cajuput has the advantage of being therapeutically compatible with all our best known stimulating expectorants. Its camphoraceous taste, which many patients dislike, is best concealed by adding it to a paste of liquorice powder and honey; this can be rubbed up with chloroform water, when it forms a not unpleasant mixture. For ordinary bronchial attacks the drug is unsuited, but for cases in which its use is indicated its effects are prompt and the relief it affords very great. When in pneumonia the heart is over-taxed and threatens to stop cajuput is a valuable restorative, and a trustworthy therapeutic agent.

DYMAL.

DYMAL, a salicylate of didyme, is one of the latest antiseptics claiming consideration. It occurs as a light, very fine, inodorous powder. Mixed with lanoline in the proportions of one part to ten, it forms an excellent ointment for the treatment of burns of the second and third degree, lessening the pain, diminishing the secretion, and promoting healthy granulation.

For minor surgical operations it makes a good dusting powder, with well-marked antiseptic and dessicant properties, and it has the advantages of being non-toxic and non-irritant.

The ointment produces very good results in acute vesicular eczema, though, in chronic forms of the disease, and in scaly eruptions generally, it seems to have little effect.

BLENNORRAGIA.

For the prophylaxis of blennorrhagia, Stakel, of Vienna, recommends the use of salol to the interior of the neck of the womb, or that it be painted with a small quantity of camphor-salol. He also used an ointment consisting of protargol one part, vaseline nine parts. It is introduced to the mouth of the womb in a fine collapsible tube, and the required amount pressed out so as to smear the internal surface of the neck.

The Mortality in Foreign Cities.

ACCORDING to official returns supplied to the Registrar-General, the death-rate of the various populations per thousand for the latest week to hand were: In Calcutta 39, Bombay 101, Madras 54, Paris 27, Brussels 14, Amsterdam 15, Stockholm 18, Christiania 16, St. Petersburg 23, Moscow 28, Hamburg 16, Munich 19, Vienna 20, Prague 24, Buda-Pesth 16, Trieste 24, Rome 21, Venice 25, Cairo (8 days) 29, Alexandria (8 days) 34, New York (including Brooklyn) 21.

The Hunterian Lectures ON THE ANATOMY, PHYSIOLOGY AND PATHOLOGY OF THE IMPERFECTLY DESCENDED TESTIS. (a)

By W. McADAM ECCLES, M.S.LOND.,
F.R.C.S.,

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ABSTRACT OF LECTURE III.

PATHOLOGY—(continued).

CYSTS OF THE IMPERFECTLY DESCENDED TESTIS.

MR. PRESIDENT AND GENTLEMEN,—There are at least four varieties of cysts that may be developed in connection with the testis that has failed to reach the scrotum. These are: (1) cysts formed upon the epididymis; (2) cysts found in the testis proper; (3) cysts due to foetal remains; and (4) dermoid cysts, teratomata. 1. Cysts in connection with the epididymis.—Like the cysts derived from the epididymis of the fully descended organ, so those found associated with the arrested gland are of two varieties, the small and the large. In the former the cysts never tend to enlarge to any but a comparatively small size, certainly not greater than that of an ordinary cob-nut. They are not therefore of much clinical importance. In the latter there is a tendency for the cysts to grow and they may assume such proportions as to become of very definite clinical significance.

2. Cysts in connection with the testis proper.—That the tissue forming the testis proper can originate cysts is a fact that is well recognised. They have been for the most part designated simple cysts or cystic fibroma of the testis. They are found in connection with the imperfectly descended testis as well as in that organ which has reached the scrotum. They are, perhaps, more usually seen in the lower animals than in the human subject.

3. Cysts in connection with foetal remains.—Attention has been already drawn to the fact that cysts in connection with the imperfectly descended testis are derived from the dilatation of certain foetal remains, and perhaps more frequently so in the arrested testis than in the one that has fully descended. They are extremely interesting, and may be classified as follows: Those derived (a) from the hydatid of Morgagni; (b) from the Wolffian tubules; (c) from the vasa aberrantia; and (d) from the paradidymis. These cysts vary much in their characters. One which was found in the abdomen of a sheep, considered before death to be of the female sex, occupied the pelvis. Another cyst that I have examined was formed from the left testis which was removed from the abdomen of a horse, aged two years.

4. So-called dermoid cysts of the testis that have reached the scrotum have been undeniably observed, although it is no doubt true that some of the specimens that have been recorded are more likely to have been dermoids derived from the scrotal tissues rather than from the testicular body. I have not been able to trace a record of a true dermoid cyst of an imperfectly descended testis in the human subject, but there are several recorded in animals, and particularly in the horse. In these latter animals they have been shown to present similar characters to the common dermoids found in the human ovary, and probably their origin is somewhat the same.

MALIGNANT NEW GROWTHS OF THE IMPERFECTLY DESCENDED TESTIS.—Both sarcoma and carcinoma may attack an imperfectly descended testis, but the mesoblastic neoplasm seems to be of rather more frequent occurrence than the epiblastic. Sarcoma of a testis, whether of the fully descended or the partially migrated organ, is a comparatively rare disease. Considering that

every male, except an infinitesimal minority, has at birth two testes, wherever they may be situated, it follows that the number of testes that might become the seat of a new growth of a malignant character is enormous, yet the instances of such lesions admitted into large hospitals is decidedly small. From the published statistics of one hospital at which over 4,000 males are annually admitted there were only thirty-eight cases of sarcoma of the testis, whether fully or imperfectly descended, seen in fifteen years, giving an average of two and a-half cases a year. It is a matter of extreme difficulty to determine satisfactorily whether a testis that has not reached the scrotum or has passed into an abnormal position is proportionally more liable to become attacked with sarcoma than one which is situated in its usual place. In the thirty-eight cases which have just been alluded to only one was in a testis which was imperfectly descended, the gland lying in the abdomen and belonging to the left side. In a close examination of 48,000 males with hernia, 854 had imperfect descent of one or both testes, or one in every fifty-six, and none of these presented any form of malignant disease of the testis, though many had had attacks of inflammation of the testis, and in some instances these had been often repeated. The forms of sarcoma that affect the testis when it is retained are similar to those that occur in the normally placed gland, although there are not, so far as I have been able to determine, instances of every variety. The varieties as a rule met with are: the round-celled, whether chiefly of large or small cells, the spindle-celled, the mixed-celled, and the myxo-sarcoma. No instance of cartilage being present with the sarcomatous elements in a testis which has not reached the scrotum is on record. This is a matter of some interest seeing that cartilage is comparatively frequently found in the spindle-celled sarcoma of the fully-descended organ.

The disease begins most usually between the ages of 20 and 40 years, and it is therefore a disease rather of middle life. Sarcoma of the fully descended gland is not uncommon in quite young boys. There does not seem to be any marked difference as to which side the new growth attacks. This is not altogether in accord with the fact that the right testis is the one that is most frequently the seat of arrest. Inguinal inclusion is the most common place for the arrested testis to be found, and thus it is the general position in which sarcomatous imperfectly descended testes are discovered. After this position the abdominal retention is the next most productive of a malignant new growth, which again is of interest from the fact that abdominal inclusion is not the second most common position for the testis to be found, just below the superficial abdominal ring being more usual.

A definite history of an injury, such as a blow, a squeeze, &c., is not infrequently given in the cases where sarcoma attacks the testis lying in the scrotum, but when the lesion affects the imperfectly descended testis a predisposing cause of this nature is not nearly so common or so clear. On the other hand, it must be remembered that the testis which lies in the inguinal canal is subjected to numberless though probably slight occasions of violence, which may pass in the greater number of instances without any notice being taken of them.

An associated hernia is such a common complication of an imperfectly descended testis that caution must be used in considering that it has any influence on the production of malignant disease, though this has been much asserted by some observers. In the 854 instances of arrest of the testis accompanied by hernia which have been already mentioned in no single instance was a sarcomatous growth also present. Further, out of twenty-six cases of sarcoma of the imperfectly descended testis only two had a hernia associated with the new growth, and in neither of these did the protrusion seem to have any bearing whatever on the production of the neoplasm.

It is well recognised that vestigial elements in imperfectly developed organs are peculiarly liable to give origin to malignant growths. As was shown in the first lecture, the examination of testes which have failed to reach the scrotum reveals in most of the instances two

(a) Delivered before the Royal College of Surgeons of England on Feb. 28th, 1902.

distinct abnormalities. First, the seminiferous tubules are atrophic or undeveloped and present no signs of spermatogenesis; and secondly, there is a distinct increase in the interstitial cellular elements. It is open to question whether these latter cells, which appear in so much larger numbers than they do in normally placed testes, have an epithelial or mesoblastic origin. If epithelial, then they may be the remains of the lining of aborted seminiferous tubes; if mesoblastic, probably they are the remnants of the Wolffian body. Although there does not at present seem to be sufficient evidence to definitely determine their source, yet on the whole it would appear that they owe their existence to mesoblastic rather than to epiblastic tissue. The cells, moreover, are somewhat like those of the adrenal, particularly the cortex of this structure, but it is doubtful whether they can be taken as the remains of such. As has been stated, the majority of malignant growths of the testis which have been arrested are of a sarcomatous nature, and the occurrence of these interstitial cells may therefore be an explanation of this frequency.

While it has already been noticed that carcinoma of the imperfectly descended testis is less common than sarcoma of the gland, yet it is probable that this is even more distinctly so from the fact that many of the cases which have been recorded as "cancer," "encephaloid," or "medullary" disease by the older writers were in reality examples of sarcoma rather than of carcinoma. The most probable source of the cells, and, therefore, the growth of which they form the chief part, is from the imperfectly formed epithelial elements of the seminal tubules. Another reason why carcinoma of the arrested testis is comparatively uncommon may be found in the fact that there is so little active epithelium present in the poorly developed organ.

While sarcoma of the arrested testis occurs most usually between the ages of 20 and 40 years carcinoma is, on the whole, a disease of rather later life—namely, between the ages of 30 and 50 years. The two sides of the body are equally liable to the affection.

HYDROCELE IN CONNECTION WITH IMPERFECT DESCENT OF THE TESTIS.—When the testis is arrested within the abdominal cavity no tunica vaginalis testis is developed, and therefore there can be no intra-abdominal hydrocele formed. But when the organ has passed beyond the bounds of the abdominal wall, then a processus vaginalis testis will always be found of a smaller or greater extent, and a hydrocele may therefore be in evidence. Further, it is true that when a testis is retained within the abdomen sometimes a processus vaginalis may be drawn down into the inguinal canal, the scrotum, or even into the perineum or Scarpa's triangle. It is possible, then, to have a hydrocele outside the abdominal wall with a testis which is completely retained within that cavity. A short classification of hydroceles in connection with imperfect descent of the testis may be given as follows:—Inguinal, scrotal, bilocular and trilocular, peritoneal and in Scarpa's triangle. An inguinal hydrocele may be further subdivided into two classes—one in which the testis is still within the abdomen and the other in which it is lying in the inguinal canal.

Inguinal hydrocele with the testis in the canal is the most common form of hydrocele in association with an arrested testis. When there is a communication of the processus vaginalis it may be either a very free one or it may be blocked by the testis. When the tunica vaginalis is shut off from the general cavity of the abdomen the hydrocele may be unilocular or multilocular. The fluid found within is of the ordinary serous hydrocele nature or is inflammatory in its origin and characters. In a certain number of instances the testis, when it occupies a position at the upper limit of the canal, acts as a plug to the deep abdominal ring and thus prevents the return of the fluid within the sac except under special conditions. Unilocular hydroceles with the communication with the abdominal cavity shut off may be acute or chronic, the acute being as a rule due to inflammatory attacks, while the chronic is probably caused by slight recurrent inflammations. The multilocular hydroceles are the outcome of inflammation, which has not only caused the formation of the fluid but has led to production of adhesions which have divided up the

cavity of the tunica vaginalis. Truss pressure is not a marked cause of hydrocele, for out of 936 cases in which a truss had been worn only thirty-two were complicated by a hydrocele. A scrotal hydrocele is one in which the processus vaginalis testis has passed into the scrotum beyond the place of the arrest of the accompanying testis. As a rule, that part of the pouch which lies below the superficial abdominal ring becomes shut off from the rest before the onset of the hydrocele. Such a condition is not so very uncommon.

A second variety of hydrocele occurs when the testis is arrested whether within the abdomen, in the inguinal canal, or just below the superficial ring, and that portion of the processus vaginalis which lies in the canal becomes distended with fluid and, being unable to contain more without further space, a secondary sac is formed in one of the planes of the abdominal wall. Sometimes this additional portion is protruded in the space between the aponeurosis of the external oblique and the muscular tissue of the internal oblique muscles.

The third variety is very rare and consists of a secondary sac lying in the extra-peritoneal tissue behind the body of the os pubis in the pelvis. The three varieties may be respectively termed the deep interstitial, the superficial interstitial, and the properitoneal. Sometimes the superadded sac may become of enormous size and may mount up on the abdominal wall so as to lie in such position as to simulate a hydronephrosis.

HERNIA IN ASSOCIATION WITH IMPERFECTLY DESCENDED TESTES.—It is probable that a hernial protrusion is the most frequent pathological condition associated with imperfect descent of the testis. The exact frequency in which inguinal hernia accompanies imperfect descent of the testis is difficult to estimate, but from a review of a large number of cases it is distinctly more than half. As has already been seen, in the majority of cases of arrested testes there is an associated want of formation or arrest of development of the adnexa. Thus it happens that there remains a patent process of the peritoneum into which abdominal viscera may descend. It is, however, necessary, as in the hernia of congenital type with a testis normally placed, that there should be some other besides this primary predisposing factor, and, indeed, other than the imperfect development which so often accompanies imperfect descent. Neither of these two factors is in itself sufficient actually to determine protrusion; 35 per cent. of the cases of hernia with arrested testis occur in the first year of life, while of those in persons who are not affected with imperfect descent, only 7.7 per cent. commence before twelve months of age, showing that the congenital defect has an undoubted influence on the onset of the protrusion. Inguinal and abdominal inclusion favour the early development of a hernia. The exciting causes may be such as are present in other so-called congenital hernia—viz., disease of the lungs, over-distension of the abdomen by intestinal gas, obstruction to the outflow of urine, constipation, and other less common conditions. It may be also true that the presence of the testis in the inguinal canal may in itself prevent the proper sphincter-like action of the lower fibres of the internal oblique and transversalis. This and other reasons would seem to show that the position in which the testis is arrested plays an important part in the frequency with which a hernia is developed.

There are at least five varieties of inguinal hernia associated with imperfect descent of the testis—namely, bubonocoele, scrotal, interstitial, cruro-scrotal, and superficial perineal. As would be naturally expected a bubonocoele is the most frequent form of inguinal hernia to be met with in association with imperfect descent of the testis. It is, moreover, the early stage of several of the other varieties. With the non-closure of processus vaginalis nothing is more likely to happen when the testis lying in the inguinal canal than that some of the abdominal viscera should prolapse into the waiting sac. A bubonocoele may also be associated with a testis which has transgressed the confines of the inguinal canal and is lying in front of the body of the os pubis. Further, a scrotal hernia may be associated with imperfect descent of the testis. By this term is meant a pro-

trusion which, having left the inguinal canal through the superficial ring, has passed into the scrotal tissue and has not distended the fold between the scrotum and the thigh.

By an interstitial hernia is understood an inguinal protrusion, a part or the whole of the sac of which is placed in one or other of the planes of the abdominal wall, transgressing the ordinary limits of an inguinal hernia. Interstitial hernia may be associated with imperfect or abnormal descent of the testis. On the other hand, they are also found present in males whose testes have reached their normal position in the scrotum. And, further, they actually occur in female subjects in a proportion greater than in the male sex; and, lastly, all instances of inguinal hernia associated with imperfect descent of the testis are not of the interstitial variety. These statements of fact go to prove conclusively that imperfect transition of the testis is not a necessary accompaniment of interstitial inguinal hernia. An examination, however, of a large number of cases of this form of protrusion in males leads to clear evidence that imperfect descent of the testis has a marked bearing upon a development of the hernia. Nearly 1 per cent. of inguinal hernia in male subjects are of the interstitial variety; 5 per cent. of those who show hernial protrusions with imperfect descent of the testis present one or other of the varieties of interstitial hernia. In males 73·4 per cent. of interstitial inguinal hernia are associated with more or less imperfect descent of the testis. The position of the arrested testis is a matter of great interest in view of the relationship which undoubtedly exists between the imperfect descent and the interstitial sac. In the majority of instances the arrested testis is found in the inguinal canal and at a position towards the lower end of that space. Next, it is most usually seen just below the superficial abdominal ring, and in some of these latter cases it is conceivable that it may have been pushed by the oncoming hernia through the superficial ring. In a few instances it may be found lying on the aponeurosis of the external oblique and towards the anterior superior spine of the ilium, again having reached the spot by the pressure exerted by the protruded viscera.

There are three chief varieties of interstitial hernia usually described. In the first the sac is found between the aponeurosis of the external oblique and the muscular fibres of the internal oblique, and this is the one which is most frequently associated with arrest of the testis. It usually presents an external swelling which is very characteristic in its shape and extent; beginning in the region of the inguinal canal, it mounts upwards and outwards towards the anterior superior spine of the ilium. The whole course of the gradual formation of the tumour can be observed if a patient, after the contents of the sac have been reduced, is directed to lie on his back and cough. There is no other condition that will give the spectacle of a gradually increasing tumour under these circumstances. The shape of the swelling is usually ovoid, and its margins are fairly distinct. It is flattened on the surface and does not project far from the abdominal wall. When there is a scrotal portion as well as an interstitial, the former is usually secondary to the development of the latter and usually indicates that the resistance to the increase in the primary part has become greater than that to the entry of the viscera into the scrotum. The second variety of interstitial hernia is that in which the sac is placed between the aponeurosis of the external oblique and the skin. It also is not infrequently associated with an arrest of the testis. The method in which the sac has arrived at its position may be one of two. Either the peritoneum has been pushed forward and then upward through a gap in the aponeurosis, or the sac, at first lying in the inguinal canal, has transgressed the bounds of this space, protruded through the superficial ring, and finding its way into the scrotum blocked has turned upward on the abdominal wall. In both of these the direction taken by the hernia is that of the least resistance, for the attachment of the deep layer of the superficial fascia to the front of Poupart's ligament would bar its progress into the thigh. As a

rule, the external swelling present in the second variety is more pronounced than that of the first. The third form of interstitial hernia is that in which the sac lies in the plane between the transversalis fascia and the peritoneum, that is, in the extra-peritoneal tissue. This is a rare form and one which is not so commonly associated with imperfect descent of the testis.

By a cruro-scrotal hernia is meant a hernial sac which distends not the scrotal tissues but the fold of skin which is found between the scrotum and the thigh. The hernia, therefore, will be covered with ordinary cutaneous tissue and not with dartos. It is always associated with an imperfect or abnormal descent of the testis, and the hernia follows the organ. The testis, usually an imperfectly developed one, having left the inguinal canal, is for some reason—probably a want of development of the scrotal tissue or a tenseness of the fascia at the entrance of the scrotum—prevented from continuing its further descent into that region. It will therefore remain permanently in the cruro-scrotal fold, or pass into the perineum or possibly into Scarpa's triangle. If the processus vaginalis testis which accompanies it remains patent viscera may descend into it and gradually distend the fold so as to form a cruro-scrotal hernia. As the hernia progresses the pouch becomes larger and more definite, and hangs directly downwards and does not pass backwards into the perineum. On examining a patient who is the subject of this form of hernia it will be first noticed that the scrotum is either imperfectly developed on one side or, being developed, it is not distended. Lying external to it and separated from it by a distinct sulcus, is an adventitious sac covered with normal skin. On the patient being requested to cough, an expansile impulse will be felt in the swelling. The contents of the sac are usually reducible, and after reduction a small testis may usually be felt fixed at the bottom of the pouch of skin which, when the viscera are not distending it, hangs lax and is thrown into folds.

A hernia which accompanies the testis into the tissues of the perineum may be designated a superficial perineal hernia, it being termed superficial to distinguish it from that rare form of perineal hernia which leaves the pelvis through a gap in its floor. The course of the descent of a superficial perineal hernia is from the abdomen, along the canal, through the superficial ring, past the scrotum near its entrance, and then backwards towards the margin of the anus. This form of hernia is necessarily rare, for perineal ectopia of the testis is uncommon, and even when present an accompanying hernia is seldom seen. It appears as an elastic swelling on one side of the perineum with an expansile impulse on cough, frequently resonant on percussion, and usually reducible on pressure. After the return of the contents of the sac, the testis, sometimes well developed, can be felt lying by the side of the anus, and often tethered by a band, probably of the gubernaculum to the region of the external sphincter or tuberosity of the ischium.

Clinical Records.

JERVIS STREET HOSPITAL.

Case of Pseudo-Elephantiasis. (a)

Under the Care of Wm. J. THOMPSON, M.D., M.R.C.P.,

Physician to Jervis Street Hospital, Consulting Physician to the National Hospital for Consumption, Ireland.

THE patient was admitted to Jervis Street Hospital a couple of days ago complaining of acute pain in her left side. On examining the part the spleen was found to be enormously enlarged, extending downwards almost to the crest of the ilium, and inwards as far as the umbilicus. Further examination revealed the interesting condition of the left leg, which she had never before shown to anyone or spoken of in any way. It might, I think, be classed as a case of pseudo-elephantiasis. She is sixty-two years of age; her family history is good, both her parents lived to advanced ages, neither of them had ever been abroad, and she was never out of this coun-

(a) Paper read before the Royal Academy of Medicine in Ireland, Section of Medicine, March 7th, 1902.

try. She has always been strong and healthy, and has been a domestic servant for forty years. About thirty years ago she first noticed a swelling in the upper and outer part of the leg, about the region of the great trochanter which came on very slowly, gradually extended inwards (surrounding the leg) and downwards. This swelling at first was always moist on the surface, so much so that it kept her underclothing damp, but, as far as the patient remembers, never stiffened the linen. In about seven years the whole leg down to the ankle was involved. At the time of her change of life, twenty-three years ago, she had some very severe attacks of uterine hæmorrhage, which necessitated her resting in bed, and she affirms while so resting the swelling in the upper part of the leg commenced to get smaller. She was never married, and never had any trouble at her menstrual periods. The leg at present is about the same for the past fifteen years, except that the exudations have stopped and the surface has lately become very dark in color and quite rough. As you see there is great thickening and enlargement between the knee and ankle-joint. The measurement at the thickest point is 26 ins., at the same point on the right leg it only measures 11½ ins. Since her admission into hospital the swelling has become much softer and less resisting—probably due to the rest in bed. The foot and as far on the ankle as the shoe fitted is scarcely swollen and the swelling above this hangs quite over the foot when the patient stands up. From the thigh to the knee the swelling is not nearly so marked; thickest part measures 24 ins. and the measurement at the corresponding point on the opposite leg is 15 ins. Up to her admission she was at work as cook, and except for the feeling of heaviness, never had any pain. She is positive that at no time had she any attack of pain or burning feeling in the swelling as is so often described in such cases. The average quantity of urine passed per diem is 42 ozs. It is acid in reaction, sp. gr. 1017, no trace of albumin, sugar, or chyle. She is pale, thin, and emaciated, and states that for the past year she has lost flesh rapidly. As far as I can make out it is not usual to have the spleen enlarged in such cases, and it is an interesting point whether in her case the splenic trouble is a distinct and separate disease, or whether both belong to the same category. Elephantiasis is essentially a disease of tropical countries, and in cases found in these parts the *filaria sanguinis hominis* is found in great numbers. Climate and locality, combined with bad living, are doubtless the predisposing cause. No race is exempt from it, but the white suffer less than the dark. It affects both sexes, more especially the male sex; it occurs at all ages, and it is found in all conditions of life, but is more usual in adult and middle life. It is doubtful if hereditary taint has any marked predisposing effect. It is a chronic disease, as, according to Richards, the average duration from observations made on over 600 cases is eleven and a-half years. Keen and White, in their "Surgical Text Book," describe a case under observation for seventeen years, and during that time the patient had repeated attacks of lymphangitis, each of which produced an aggravation of the previous condition. Dr. Archer, of the Barbadoes Hospital, described a case in the *British Medical Journal* of 1900, occurring in a black, æt. 40, and of five years' duration. The circumference of the leg was 45 ins. Amputation was performed and the patient made a good recovery.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, MARCH 14TH, 1902.

Mr. HOWARD MARSH, F.R.C.S., President, in the Chair.

TWO CASES OF ARTHRITIS OF THE KNEE.

MR. PAGE briefly recorded the clinical history of two cases of arthritis characterised by considerable effusions into the joints, which did not subside under the influence of rest, warmth and local remedies. Their etiology was obscure. In both instances they had been attri-

buted to a slight injury, but the severity and stubborn character of the arthritis made it unlikely that such was the complete explanation. When these joints were aspirated a greenish, cloudy fluid was obtained, floating in which were flakes of lymph and leucocytes. Aspiration of the joints was followed by a re-accumulation of the fluid and return of pain, and it was observed that when the arthritis was at its height the patients were slightly delirious. In both cases recovery had rapidly followed aspiration together with irrigation of the joints with a one per cent. solution of carbolic acid. In the second case full doses of salicylate of soda given after the joint had been treated by aspiration and flushing with carbolic, appeared materially to promote recovery. Mr. Page was of opinion that this form of arthritis which in its clinical course was unusual, must be the result of an infection of the joint by a micro-organism which had a special affinity for the tissues of the joints, and he drew attention to them now, because Dr. Poynton and Dr. Paine had demonstrated, isolated and cultivated such a micro-organism, and had produced experimental results which led to the conclusion that this organism was the exciting cause of the arthritis.

Dr. POYNTON and Dr. PAINE described the investigation they had made in the second of the two cases described by Mr. Page. Upon two occasions they had found in the exudation numerous small diplococci growing in chain. The exudation contained in addition fibrin, and leucocytes which were not necrotic. This diplococcus grew well in pure culture, in an acid medium of milk and bouillon, in bouillon to which had been added ascitic fluid, and on blood agar. The cultural and morphological characteristics were indistinguishable from those of the diplococcus of rheumatic fever. Intravenous inoculation into rabbits produced a condition more akin to that which results from inoculation with the diplococcus of rheumatic fever than that which results from the streptococcus pyogenes. That is to say, multiple arthritis, and in one case valvulitis resulted, without visceral suppurations. The spleen after death was small, and in none of the four experiments that were made did death result from septicæmia. On the contrary, two of the animals recovered completely, after showing local signs of infection, and two were killed when the arthritis in each case had existed for two months. Quite independently from Mr. Page they had by bacteriological investigation arrived at the conclusion that the infection was an unusual one; and this investigation pointed to the probability that the condition was more closely allied to a rheumatic than to a suppurative arthritis. The scientific interest of the question lay in the light that such an investigation might in the future throw on the etiology of rheumatoid arthritis, and the vexed problem of rheumatic and septic processes. One other point was worthy of note, viz., that many diplococci were present in the exudation. Dr. Poynton and Dr. Paine had found that the acute and clear effusions of rheumatic fever were usually sterile both in man and in animals, but nevertheless the diplococcus might be found in the synovial membrane. They thought that the endothelial lining of the synovial membrane was an important barrier to their escape, and that in this case of arthritis this barrier had been in all probability much damaged.

MALIGNANT ENDOCARDITIS GIVING WIDAL'S REACTION.

Dr. HALE WHITE and Mr. PAKES gave an account of a patient who was in the hospital for malignant endocarditis from which she died owing to cerebral embolism. The blood on June 10th failed to agglutinate typhoid bacilli even in a strength of 1 in 2. On June 10th agglutination was produced with a strength of 1 in 2 and 1 in 20, but not with a strength of 1 in 200. Pure cultures of streptococcus longus were obtained from the blood. On June 29th cultures from the urine collected with every precaution showed the presence of a streptococcus identical with that previously obtained from the blood, and a bacillus belonging to the paracolon group. Every attempt to isolate the typhoid bacillus failed.

The agglutination test was tried with five different strains of bacilli and with four a complete agglutination was obtained with a dilution of 1 in 20, and with one a partial agglutination was obtained with a dilution of 1 in 200. On September 13th the patient died. Blood taken from the heart and the spleen showed streptococcus longus in pure culture, but no typhoid bacilli could be discovered. The patient never had spots or other signs of typhoid fever, nor were any signs of healed ulcers found post-mortem. Thus, this is an instance of a patient who, suffering from malignant endocarditis of streptococcal origin without any clinical, post-mortem, or bacteriological evidence of typhoid fever, yet nevertheless developed in her blood serum certain substances which had the power of agglutinating the typhoid bacillus. The authors point out the clinical importance of this result in considering the diagnosis between typhoid fever and malignant endocarditis, and also the fact that many observers have failed to obtain a Widal reaction in malignant endocarditis. In this peculiar case the presence of the reaction cannot have been due to the patient having had typhoid previously, for no reaction was obtained when she was admitted. She was treated with various strains of anti-streptococcal serum, but without any good result.

In the discussion which ensued the general opinion appeared to be that, although Widal's reaction is not an infallible guide to diagnosis, it furnishes invaluable aid, especially if the technique be rigidly adhered to and a suitable dilution employed.

Mr. SNAES read a paper on a case of

ACUTE PARALYTIC DILATATION OF THE STOMACH, which occurred in a medical man, *æt.* 30. The disease commenced insidiously with an intermittent fever of obscure origin, and was accompanied with constipation, fecal accumulation, and progressive loss of flesh. Previous to the dilatation of the stomach, phlebitis of the veins of the left leg and iliac region occurred, and later the stomach became suddenly distended, and on passing an oesophageal tube three quarts of a dark green sour-smelling fluid were withdrawn. Vomiting was never present, and no peristaltic waves were observed. Complete recovery followed daily lavage of the stomach, and up to the present time, just twelve months, no recurrence of the disease had taken place.

Dr. LEE DICKINSON and Dr. W. J. FENTON gave the completed history of a case of Lymphadenoma with Growths in the Skin. The living patient, a boy, *æt.* 16, had been shown at the Society last April, the main interest attaching to the growths in the skin, as to the true nature of which some difference of opinion was expressed. Anti-syphilitic treatment was adopted without benefit, and the disease progressed steadily in the glands and internal organs, and ended fatally in August. The post-mortem appearances were those of the hard form of lymphadenoma in glands and spleen, and secondary growths of the same character were found not only in the skin, but in the dura mater, and in the cancellous tissue of the tibia. The liver was lardaceous, and contained an unmistakable tuberculous focus, but elsewhere no tubercle was found. The case, therefore, proved to be one of lymphadenoma upon which tubercle had supervened.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF MEDICINE.

MEETING AT THE ROYAL COLLEGE OF PHYSICIANS, ON FRIDAY, MARCH 7TH, 1902.

The President, SIR CHRISTOPHER NIXON, in the Chair.

Dr. WILLIAM J. THOMPSON introduced a case of PSEUDO-ELEPHANTIASIS

in a patient admitted to Jervis Street Hospital a few days ago, a description of which will be found in another column under the heading of "Clinical Records." In discussing the case,

Prof. McWHEENY remarked that save for a moderate polymorpho-nuclear leucocytosis and an increase in large hyaline leucocytes of transitional type, the blood

exhibited no abnormality. He had observed three cases of this kind. In one, lymphorrhœa was a prominent feature, and the patient, a young man, ultimately died of septic intoxication. The two others were middle-aged men, and were treated by amputation. In both cases he had satisfied himself by dissection that the cause of the lymphatic obstruction was chronic tuberculous lymphangitis. The histological features were interesting, and comprised immense thickening of the epidermis, especially of the *strata lucidum* and *corneum*, thickening of the true skin with dilatation of the lymph spaces, and general œdema. All fibrous structures showed marked overgrowth. The lymphatics were accompanied by streaks of small old infiltration, in which multinuclear giant cells of tuberculous character were embedded. The skin was about ten or twelve times as thick as normal. In both of these cases he had convinced himself that the pseudo-elephantoid condition was of tuberculous origin, and had confirmed his view by discovering the bacilli in one of them.

Sir GEORGE DUFFY stated that not long since he met with a similar case of pseudo-elephantiasis of both legs, in a patient who had formerly suffered from eczema, he ascribed it to chronic lymphangitis excited by eczema. The blood showed nothing abnormal, it was carefully examined for filaria, but none were found.

Mr. TOBIN some years ago met with a case of the disease. The importunity of the patient induced him to tie the femoral artery of the side affected, but the operation, which he performed contrary to his own opinion, did no good.

Dr. WM. J. THOMPSON, in reply, said that there was no history of eczema.

Dr. J. MAGNE FINNY and Dr. ED. J. M. WATSON on

CASES ILLUSTRATING THE AID OF X-RAYS IN THE DIAGNOSIS OF INTRATHORACIC TUMOURS.

Dr. Finny called attention to the difficulties which attend the diagnosis of an intrathoracic tumour by the ordinary methods of clinical tests, not only as to its actual presence, but also as to its nature, and he claimed for the X-rays a position and a most valuable aid in clearing up the doubts which must attend such cases as regards (a) the presence of a new growth or an aneurysm, (b) the pulsatile or non-pulsatile nature of the tumour, (c) the exact position and dimensions of the tumour. Dr. Finny submitted skiagraphs which Dr. Watson had taken of three cases which occurred in 1901, and detailed the clinical records.

Case I. was an example of sarcoma of the right lung which occurred in a woman, *æt.* 30, and whose illness commenced by hæmoptysis. When admitted, under Dr. Finny's care, in Sir Patrick Dun's Hospital in February, 1901, the right side of the thorax was apparently full of fluid and was opaque to the X-rays, so that no information was at that time afforded. The suspicion that something more serious than pleural effusion was aroused by the fact that the right mamma and the subcutaneous tissue of the right side were thick and cedematous and the veins varicose with a downward blood stream. After 72 ozs. of serum, clear and free from inflammatory or other morbid products had been with drawn, Dr. Watson took the skiagram (exhibited), and it was then evident that a tumour existed in front of and to the right of the vertebral column, occupying more than three-fourths of the lung space below the level of the fourth rib and extending to within a short distance above the diaphragm. Although the tapping gave relief to the dyspnoea and some of the other symptoms, the solid œdema, the varicosity of the veins, and the other evidences of intrathoracic pressure did not disappear, but rather increased, causing cyanosis and dysphagia, and the patient died at home four and a-half months subsequently in an attack of breathlessness. No post-mortem was possible. The disease was primary, and considering the age of the patient it was presumably sarcomatous, and had its origin in the connective tissue of the glands in the posterior mediastinum, and grew peripherally, invading the lung and pleura.

Cases II. and III. were examples of aneurysm of the aorta occurring in adult males, *æt.* 42 and 54 respectively; the first of the arch, the latter of the descending

thoracic aorta. In Case II. the aneurysm had probably existed for two or more years, the evidences of an aneurysm of the ascending and transverse portions of the arch were readily made out, both the X-rays showed that the whole arch was involved, and that the sac was much larger than physical examination could determine, and extended quite as much to the left as to the right of the middle line. The sac bulged forward behind the sterno-clavicular joint and above the sternum, pushing the trachea to the left side. Tracheal tugging was manifest, and the pulse was absent from the left brachial and radial arteries. In Case III., on the other hand, the patient had been quite free from all history of aneurysm till two months before being seen, and there were no physical signs of any sort, the only symptom being one of pain referable to the third intercostal space in the left mammary line and extending to the left shoulder. This pain was at times so severe as to necessitate cessation of all work, the patient having to sit down or stand still in the midst of his labour or while walking in the street, and yet the X-rays showed a very distinct shadow in the region of the aorta, above the heart, extending well to the left side, and, more than that, the tumour was seen by the screen to be distinctly pulsatile, enlarging with each systole of the heart. In both cases a modified Tufnell treatment was adopted, and iod. potass. administered for five to seven weeks, and both patients left hospital greatly benefited as regards pain. Recent information is to hand that Case II. is still well, ten months after treatment, and has been quite free from any symptom (while in hospital he was on the point of death by asphyxia for three days, owing to the presence of the aneurysm in the trachea and bronchus), and Case III. has been at work for over two months without intermission. Dr. Finny looked upon the improvement recorded as rather a coincidence than as the result of treatment, which was carried on imperfectly and for quite too short a space of time, and is but an example of the variability of the growth of an aneurysmal sac, and the temporary improvement which may follow a change of direction of the yielding wall. At the same time this very peculiarity, as was first pointed out by Stokes ("Dis. of Heart and Aorta"), gives the keynote of diagnosis between an aneurysm and a malignant growth.

An interesting paper was then read on

THE USE OF X-RAYS IN MEDICAL DIAGNOSES

by Dr. HAUGHTON, who said that during the past six years the X-ray examination of a large number of patients (some 1,900 odd) in hospital and private practice had convinced him that while surgery and dentistry made increasing use of X-rays, medicine in this country had not fully availed itself of their aid. The reason might be twofold—a natural diffidence to adopt a new and untried method, or neglect on the part of advocates of the process to call attention to its value in medicine. The difficulty was now removed by the records of splendid work from Continental centres; and with regard to the second he might state that some three years ago he had the honour to call attention to this matter before the Pathological Section of the Academy, and in a Presidential Address before the Dublin University Biological Association. In pulmonary tuberculosis the great value to patient and physician of an early diagnosis was referred to, and in his opinion X-ray examination in chest cases would come into very general use when the true value was justly estimated. Before describing his method of examination Dr. Haughton stated that in his opinion the fluorescent screen was preferable to photography, because cardiac movements disturbed the lung a good deal, and though respiratory movements could be avoided by very short exposures, the heart movements always spoiled the photographic result. We are having a number of illustrations engraved for this paper, which we hope to publish in full next week.

Dr. KIRKPATRICK considered the paper just read by Dr. Haughton as one of exceeding great value as a supplemental aid to the ordinary methods of diagnosis. But the X-rays do more than this, for they give information unobtainable by any other method. He was particularly struck with their value in pneumonia. Acute croupous pneumonia is said to get quite well, and

the physician looks on the case as cured; but by the aid of the X-rays in one of his cases, Dr. Haughton had demonstrated to him that the lung had not recovered its elasticity, and acting on the information he secured the patient sick leave and rest until the X-rays demonstrated that the lung had returned to the normal. In a case of broncho-pneumonia, Dr. Haughton demonstrated to him that the diaphragmatic excursion was limited to less than normal on both sides. Its value in the incipient stage of phthisis was made clear in a case of his in which the patient had had a vomiting of blood. The loss of blood did not recur, and when examined no physical sign of disease was discernible; by the X-ray screen Dr. Haughton showed an opacity in the apex of the left lung and a diminished excursion of the diaphragm on the affected side. Since then the patient has developed the ordinary physical signs of tuberculosis, and bacilli are found in her sputum.

Dr. LANE JOYNT considered that they were greatly indebted to Dr. Haughton for his excellent paper and his demonstrations of the rise and fall of the diaphragm, the value of which information can hardly be over-estimated in dealing with thoracic diseases. He recommended all physicians to bear well in mind that all skiagraphs exaggerate the size of the part photographed, and this amount of exaggeration is dependent on the distance of the object from the plate; thus a distance of four inches from the plate gives an enlargement of one-fourth.

The PRESIDENT also spoke.

Dr. FINNY thanked the members present for the kind reception accorded to his cases, and referred to the great interest and pleasure Dr. Haughton's paper had given him.

Dr. HAUGHTON, in thanking the members for the way they received his paper, desired to say that Dr. Watson's skiagraphs of the thorax as shown by Dr. Finny were the best he had seen. The thorax was difficult to photograph with the X-rays, and he thought it was due to Dr. Watson that the excellence of his skiagraph should be acknowledged. With Dr. Lane Joynt he recognises that all X-ray photographs exaggerate the size of the object, due to a disturbance of the visual angle. He, however, hopes to correct this error by triangulation.

The meeting then terminated.

HARVEIAN SOCIETY OF LONDON.

MEETING HELD THURSDAY, MARCH 6TH, 1902.

Mr. WATSON CHEYNE, F.R.C.S., President, in the Chair.

Dr. LONGRIDGE showed a girl, *æt.* 7, with an irregular temperature of three months' duration, for which no obvious cause could be found. Typhoid had been eliminated by repeated non-reaction to the Widal-Grünbaum test. No evidence of tubercle could be detected. The tuberculin test was disallowed on account of the irregularity of the temperature. The only evidence of disease that could be detected were König's sign, which had lasted for six weeks, a transient erythematous rash, some pain and swelling of the wrists, the temperature and wasting. The child was not anæmic. There was some leucocytosis, and she took her food very well.

Dr. PENROSE considered the case to be an obscure rheumatic condition.

Dr. CAUTLEY thought it might be an early case of osteo-arthritis, and he believed there was a little swelling about the wrist-joint. If so that would support the view, and febrile attacks were a feature of some such cases. He had never seen a case of such long duration without definite joint change.

Dr. LONGRIDGE, in reply, said he had seen cases of osteo-arthritis in which the causal factor seemed to be a septic condition of the teeth, but the condition cleared up when the teeth were purified. The present child had bad teeth, but they were not septic. The family history was good. She had two brothers older than herself, and a younger sister, all robust. The only diseases the present child had had were whooping-cough and measles.

Dr. E. CAUTLEY showed a case of

DISEASE OF THE CAUDA EQUINA.

The patient, *et.* 26, had a chancre eight years ago, and presented a scar on his penis. He was quite well until last October, when he had sudden retention of urine. Four days later he could not hold his motions. He was treated by catheterisation and aperients, both as an out-patient and an in-patient, at a hospital, but the disease was not diagnosed. Later on, the actual cautery was freely applied to the sacral region when he was in the infirmary. In December he began to have some loss of power in the left leg and numbness in the buttocks. At present he exhibits some loss of power in the extensors of the left leg. The cremasteric and patellar reflexes are very active, while the plantar reflex is lost. The sphincter ani has lost power and does not grasp the finger on examination. There is diminution of sensation to touch, pain and temperature, with a feeling of numbness over a considerable area of the buttocks, the perineum, penis and scrotum. Testicular sensation is impaired. He could not pass water at first, but now has partially regained control over the bladder. Stools are occasionally passed unconsciously. The probable diagnosis was syphilitic disease of the cauda equina, that part from which the second, third and fourth sacral nerves arise. He was treated with mercury and potassium iodide.

Dr. CAUTLEY also showed a typical instance, clinically, of Primary Lateral Sclerosis in a man, *et.* 25. No possible exciting cause had been found, except gonorrhoea, about two years before the onset, which took place three years ago.

The cases were also discussed by Dr. Sutherland, Dr. Longridge, and Mr. Jaffrey.

Mr. P. L. DANIEL read a paper on "Some Rare Cases of Sarcoma of the Thyroid Gland," and exhibited a large number of pathological and microscopical specimens from cases which had suffered from this disease.

The President said sarcoma of the thyroid was apparently not very common. He was interested in the statement that out of six cases of malignant disease of the thyroid at Charing Cross Hospital, four were sarcomata. He had not generally examined such cases histologically, but had accepted the statement of the books as correct that sarcoma was much more rare than carcinoma. He had not yet encountered a case of malignant disease of the thyroid which he felt justified in operating upon; and those cases which did not seem to benefit under treatment were not kept in hospital, so that no opportunity of post-mortem examination was afforded. The most interesting question was that of treatment, because malignant disease of the thyroid was one of the most terrible forms, on account of the great distress it caused. In one case which was diagnosed as sarcoma of the thyroid, a good deal of benefit resulted from the use of Coley's fluid. One case went on for more than a year; it was injected with Coley's fluid, and apparently there was a complete cessation of the growth. But she had influenza and it lighted up again.

Mr. CAMPBELL WILLIAMS asked whether there was any pigmentation in the skin in these cases? He agreed that primary sarcoma or epithelioma of the thyroid was rare.

Dr. CAUTLEY asked whether in any of the cases the growths in the thyroid were secondary. Occasionally in cretins who were improving under thyroid treatment, if the treatment was stopped the thyroid began to enlarge, but it would go down again on the resumption of the treatment. There was, no doubt, a connection between the thyroid gland and the sexual functions.

Dr. LONGRIDGE asked whether there were any secondary growths in the bones, and if so, whether such growths partook of the histological character of the thyroid itself?

Mr. DANIEL, in reply, said the skin was not pigmented. He showed a specimen in which there were secondary nodules affecting both lobules of the thyroid. With the exception of the spine in one case there had been no tumour of bone or lung in any of the cases, although the walls of the subclavian vein were undoubtedly involved. On section the new growths in the spine were seen to be simply pure sarcomata.

LARYNGOLOGICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, MARCH 7TH, 1902.

The President, Mr. E. CRESSWELL BABER, F.R.C.S., in the Chair.

Dr. FITZGERALD POWELL showed a case of complete "Recurrent Laryngeal Paralysis" in a man, *et.* 24. The patient stated that in March, 1901, he suddenly lost his voice, which returned after three months' treatment. In December he again suddenly lost his voice and came under Dr. Powell's care. On examination complete paralysis of the left vocal cord was found. There was an entire absence of any of the usual causes which produce such a paralysis. The patient stated that at the time of the first attack his doctor considered he had influenza. At the present time there was some movement in the cord, and the voice had suddenly undergone great improvement. Sir FELIX SEMON considered that the paralysis was originally due to influenza, and that some extra vocal effort or a cold would be sufficient to produce a recurrence.

Dr. POWELL also showed a case of "Hæmatoma of the Vocal Cord" in a female, *et.* 29, the symptoms of which were hoarseness and loss of voice coming on suddenly, and there was sluggish movement of the left cord. Dr. F. de Havilland Hall pointed out that the hæmorrhages often coincided with the menstrual period or some catamenial disturbance.

Dr. POWELL exhibited a modification of Mackenzie's laryngeal forceps for the removal of growths in the anterior commissure and also drills for draining the maxillary antrum through the tooth socket.

Dr. F. WILCOCKS showed a case of "Paralysis of the Left Vocal Cord," symptoms of which had been present since last Christmas. There was no history of syphilis and no signs of any intra-thoracic pressure. Dr. de Havilland Hall thought that although there were no physical signs paralysis was probably due to the pressure of an aneurysm. Mr. P. de Santi, Sir Felix Semon, and Dr. J. Donelan instanced cases in which the paralysis of the left cord had preceded any other signs of an aneurysm.

Mr. H. BETHAM ROBINSON showed a case of

LARYNGEAL STENOSIS

due to cicatricial contraction in the inter-arytænoid region in a young man, *et.* 20, who complained of difficulty of breathing on exertion. He gave a history of diphtheria some years previously, which had left him with an impaired voice. The voice had gradually improved, so that now it was only husky. Examination showed a perforation of the nasal septum, loss of the uvula, and a cicatricial web passing between the aryttænoids. There was no history of syphilis. Sir Felix Semon pointed out the importance of carefully distinguishing between true paralysis and loss of abduction due to mechanical causes as seen in this case. The opinion of members of the Society was divided as to whether the cicatricial web was due to diphtheria or syphilis.

Dr. A. BRONNER showed sections of a tuberculous growth of the mucous membrane of the right middle turbinate in a man, *et.* 50. Dr. St. Clair Thomson mentioned that tuberculosis of the middle turbinate was extremely rare.

Mr. DE SANTI showed a case of "Tertiary Intra-nasal Syphilis," in which the right frontal sinus had been opened twice with negative results in a man, *et.* 43. He invited suggestions as to further treatment. Several members considered that there was probably a sequestrum at the junction of the sphenoid and the vomer, and advised that this region should be explored.

Mr. DE SANTI also showed a case of "Angio-neurotic Edema" of the right hand accompanied by attacks of dyspnoea in a woman, *et.* 26. Though examination of the larynx revealed no oedema or abnormal condition, he pointed out that cases had been recorded in which death from suffocation had occurred due to sudden oedema of the larynx.

Dr. H. LAMBERT LACK showed a case of "Rapidly Recurring Papilloma of the Larynx." When first seen

the patient had a growth on the right vocal cord, which was removed. This was followed by considerable congestion and thickening of both vocal cords, which had gradually cleared up. At the present time there was recurrence of the papilloma on the right cord, and also two distinct growths on the other cord.

Dr. J. DUNDAS GRANT showed a case of "Traumatic Tracheal Stenosis" in a girl, *æt.* 22, dating from an accident at the age of three years. During the last six months she had been troubled by some dyspnoea.

Dr. G. C. CATHCART showed a case of "Rhinorrhœa" in a girl, *æt.* 9, which had existed since the age of two years. Adenoids had been removed and various intranasal operations performed, and both locally and internally a great variety of drugs had been tried without result. Dr. de Havilland Hall recommended a mustard footbath and the administration of atropine and morphia at the commencement of an attack. The treatment of such cases was further discussed.

Mr. R. LAKE showed a case of "Atrophic Rhinitis," in which melted paraffin had been injected into the inferior turbinated body with good results. The patient had been under treatment for many years, and was so far improved that crust formation had ceased, but she complained that she could not blow her nose. Mr. Lake had therefore endeavoured to contract the passages by enlarging the inferior turbinate by means of submucous injections of paraffin. These had proved most successful as far as the patient's comfort was concerned.

Dr. H. TILLEY showed a case of papillomatous growth on the posterior edge of the vomer. The growth was dead white in colour, contrasting very strongly with the normal redness of the surrounding structures. He regarded it as a harmless curiosity.

Dr. TILLEY also showed a case of Syphilitic Disease of the Larynx Simulating Malignant Disease. The right vocal cord was motionless on phonation, and there was considerable uniform swelling of its posterior half. There was also some ulceration below the cords.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, March 16th, 1902.

CYSTORECTOSTOMY.

ECTOPIA vesicæ has for centuries exercised the ingenuity and skill of surgeons. De Chauliac and Albucasis in the middle ages, and Wiseman in modern times, were not more puzzled over the lesion than the surgeons of the nineteenth century, whose unsuccessful efforts to remedy the ectopia are known to all senior medical students. We need not enumerate the operations that have been devised since Antoine Dubois and Baron Dupuytren declared that the lesion was not beyond the resources of their art, and hopefully strove to produce a radical cure. For fifty years British and foreign surgeons sought success on the lines laid down by Dupuytren. At best the results were poor, the victim of the malformation was forced to carry about his prosthesis, which in time gave forth an intolerable stench and excluded the patient from the society of his fellows. It is to the credit of British surgery that the first great advance made was effected in 1851 by Mr. Simon, who inserted the ureters into the rectum. The operation as performed had its drawbacks, but, as Maydl demonstrated at the International Congress in Rome (1894), the evils were those of technique, not of the principle of the procedure. He tried to remedy this by dissecting off the vesical mucous membrane surrounding the urethral orifice, and then transplanting the fold of membrane with its intact urethral orifices into the rectum. The results were better, the orifices remained patulous, but nephritis and rectal troubles followed. A recto-vesical

fistula gave no better results. But it did much for the art of surgery; it gave the idea of cystorectostomy to M. Soubotine, of St. Petersburg, to whom we are indebted for the most promising operations for the relief of the dangers and discomfort of *ectopia vesicæ*. M. Soubotine has now successfully performed the operation some six times, and the results exceed anything ever before obtained by surgical methods in this malformation. He publishes an account of the operation in the Bulletin of the Academy of Medicine of St. Petersburg in 1900, and last year published a paper on the subject in Moscow.

The operation is completed in three stages. He commences by placing the patient in the prone position, then by a long incision over the sacral spine down to the extremity of the coccyx he separates the latter from its attachment and removes it, laying bare the rectum, which he now longitudinally incises, exposing the anterior wall of the bowel, and preserving intact the anal sphincter. The second step of the operation consists in making an incision three centimetres long in the anterior wall of the rectum immediately above the sphincter. This incision lays bare the posterior wall of the urinary bladder, which is drawn down and back through the cut in the anterior wall of the rectum; its convexity is then cut, and the free edges of the rectal and vesical incisions are sutured together, thus forming a free communication between the bowel and the bladder; this completes the second stage. He now makes a horse-shoe shaped incision in the anterior wall of the rectum, the incision is prolonged to the cutaneous surface of the perineum; he thus obtains two flaps, each equal in size to one-third of the circumference of the rectum. The surface of the flap is lightly dissected up and their inferior borders sutured together in two sets of sutures, one passing from mucous membrane to mucous membrane and the other set uniting the muscular tissue. The incision in the posterior wall of the rectum is then closed, and finally the cutaneous wound; in two cases he covered the hiatus on the anterior abdominal surface by utilising the scrotal cutaneous tissue.

Four days after operation he introduces a sound into the urinary bladder through the newly-formed urethra. Strangely enough, the free opening between the bladder and rectum appears to close up quickly, and neither by washing the bladder nor by defecation is any evidence of the opening obtainable after a few days. The urinary cavity which forms at the expense of the rectum is found to easily contain 100 grammes of liquid, which the patient can retain for hours and eject with considerable force when necessary.

Such is M. Soubotine's operation. It differs from all others in that it provides a urinary bladder lined with its natural tissue, mucous membrane, and with muscular walls which act readily under the stimulus of the will. Thus within the century has been fulfilled the dream of Dubois and Dupuytren, and the untiring energy and ever watchful care of medicine been rewarded with success.

FIBRO-SARCOMA OF THE CORD.

This very unusual lesion is reported by M. Pantolini (*Arch. prov. de Ch.*). There was no difficulty experienced in its removal. A microscopic section of the tumour showed the well-known characters of a fibro-sarcoma. The case may be considered as almost unique. Fibrous

tumours of the cord have been removed by M. Lenoir, M. Letievani, and sarcomatous ones by Dr. G. Mason, of Philadelphia, A. M. Moullin, of London, and W. J. Walsham. There is no record as far as we know of a fibrosarcoma of the spermatic cord; indeed it is wonderful how free from neoplasms the structure is.

UNUSUAL CASE OF GLOSSO-LABIO-LARYNGEAL PARALYSIS.

At a recent meeting of the Société Médicale des Hôpitaux, MM. Variot and Roy exhibited a child nine years and a half old, who presented all the symptoms of glosso-labio-laryngeal paralysis. They consider that the condition was congenital. There is, however, no history given of this extremely interesting case, without which no idea of its being congenital or otherwise can be formed. Congenital cases of the disease are almost unknown, Hitzig, however, reports such a case (*Bull. Klin. W.*), the patient being at the time of writing six years old. Erh considers that Hitzig's case belongs to another class of disease. The disease is seldom met with before forty years of age. The cases of Kayser, of a boy, æt. 12; of Frerich's in a boy, æt. 10, and even Wachsmuth's case of a girl, æt. 17, are looked on as of doubtful diagnosis. It is interesting to note that the first description of the disease and the first attempt to explain its pathology was given in a letter to Sir Charles Bell by Dr. R. W. Robinson.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, March 15th, 1902.

At the Free Society of Surgeons, Hr. Goldstein read a communication on

INJURY TO THE KIDNEY.

He had collected twenty-two cases of rupture of the kidney, treated at the Friedrichshain Hospital, some of them with and some without complications. Most of them had been caused by being run over or by falls from a considerable height, and only one was a case of penetrating wound. Violent pain in the injured side and hæmaturia were constant symptoms in all. The pain was either constant, or it came in paroxysms, caused by blocking of the ureter by blood clots. There was frequently dulness on the injured side. The bloody urine continued a variable length of time, often several days, and in one case twenty-three days. On rare occasions, and the symptom was then a serious one, secondary hæmorrhage came on from the injured kidney.

As regarded prognosis, implication of the peritoneum was of great importance; in seven cases there was pronounced irritation of the peritoneum; but even when the irritation was very marked, it was not proof that the peritoneum was really injured. In two cases operation was performed, on account of increasing anæmia and enlarged area of dulness. In one case the upper end of the viscus was torn completely off; in the second the kidney was ruptured in several places, the parts not adhering together. Both patients died. For the last eleven years no operation had been performed, and an expectant treatment had been adopted, all the cases recovering.

Hr. Hahn then spoke on

SURGERY OF THE SPINAL CORD.

There were four kinds of conditions that led to opera-

tive measures: injuries by puncture, or fracture of the column, with compression of the cord, tumours, and inflammatory affections, especially those of a tuberculous nature.

Of punctured wounds, two cases were of surgical interest, one of the neck, and one of the spinal cord. The first had already been published, but it was the more important as fifteen years had passed since then, and the nervous system now, as then, presented an exact outline. The puncture was between the second and third cervical vertebræ on the right side. The patient presented the symptoms of a Brown-Séquard hemiplegia of that side; the disturbance of sensibility of the other side was not so pronounced. In the third week after the injury there was some movement of the injured side; after three months there was no real paralysis remaining. The present condition was as follows: The right pupil was smaller than the left, the right arm was thin and cyanotic, the coarse power diminished. On the right there was hyperalgesia, on the left the sense of temperature was lowered, touch was accurately localised. This observation confirmed the statement of Enderlen to the effect that the spinal cord cut completely through was not restored perfectly on union taking place.

The second case was admitted into hospital in 1894 with the diagnosis of tumour of the cord. A cicatrix on the back, however, pointed to injury, and the patient admitted that twelve years before he had been stabbed in the back; he had been in good health from that time up to two years ago, then he got occasional pains and weakness in the legs, and for fourteen months he had been unable to walk. At the time of admission he had complete paralysis of the lower extremities; sensibility was extinguished almost up to the umbilicus, there were spasms, the reflexes were exaggerated. Besides the above there was great decubitus.

The injury was suspected to be at the level of the ninth dorsal vertebra, as both the symptoms and the cicatrix pointed to this. On account of free bleeding the operation had to be performed in two sittings. The eighth and ninth vertebral arches were resected, the cord here showed a depression, covered by a white mass. A projection was felt on the body of the vertebra, concerning which it could not be decided whether it was a foreign body (knife blade) or a projection of bone. It could not be removed. No change took place in the condition of the patient after the operation and he died in a short time, and the autopsy showed a firmly fixed foreign body, and the spinal cord softened and band-like at the spot.

In the case of fracture with compression it was always a question as to operation. Statistics did not appear to favour it. He had four cases of fracture treated by operation—one twenty days, one fourteen days, one nine weeks, and one three days after the injury. Only the one operated on nine weeks after the operation improved and was discharged from hospital; he died a year afterwards. The others died, one in fourteen days after the operation, and one six and a-half months, and one nine months after. None recovered, although the fracture was comparatively favourable in all four; in two the bodies of the vertebræ were fractured.

In spite of this, however, he advised operation as early as possible after fracture of the arch, before de-

generation had set in. An exploratory incision should first be made; if no fracture could be found nothing further should be done. If compression was caused by a projecting piece of the body, this could be stripped off. As regarded other conditions, he had twice operated for echinococcus. In the first case the cysts lay from the third to the eighth dorsal vertebrae; they were removed by resection of four vertebral arches. Two days later the patient died; he was already very low and had a large bed-sore. In the second case there was no compression but only irritation of the cord. There was an abscess of the column that contained cysts and had advanced towards the ninth dorsal vertebra. The patient recovered.

Operation was performed three times for supposed tumour. In one case the symptoms pointed to a process connected with the lumbar roots. The operation showed a thickened bony mass but no tumour. Improvement, leading to recovery, took place at once. The other two cases died; one was a case of softening, and one a syringomyelia.

With present aids to diagnosis the level of a tumour was not so difficult to determine, but it was difficult to determine the nature of the growth. It was important to ascertain whether a tumour was intra- or extradural; in the latter case the prognosis was more favourable, and the dura would not be opened and the cerebro-spinal fluid would not escape. In case it was necessary to open the dura it was well to place a temporary circular ligature above the spot to be incised, which would prevent the escape of fluid and would be well borne by the cord. This ligature should not be removed until the incision opening had been carefully closed by suture.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, March 15th, 1902.

TUBERCULOUS PROPHYLAXIS.

KAUS resumed the discussion on Weichselbaum's paper on tuberculosis. He severely criticised the blue ray treatment of Kaiser, and declared his belief that Kaiser could not have been experimenting with the tuberculous bacillus at all, but probably with some sort of cocci or sarcini, notwithstanding the fact that he got the culture from a sero-therapeutic institute. Recently test trials of Kaiser's method had been made in the institute under his own supervision, with typhoid, cholera, and coli bacilli, with negative result.

Rauch confined his remarks to the "curoste" of Gleichberg in the prophylaxis of tuberculosis. He was in favour of notification and disinfection of tuberculous patients; also the use of the Dettweiler spittoon, a milk steriliser, and a methodical tuberculin test of the cows. He compared the death-rate from 1815 to 1825, showing that the death-rate had fallen since the foundation of the institution in 1835.

Weichselbaum, in reply, said that Rabl was correct in asserting a clinical distinction in scrofula, but he must admit it to be tuberculous in its pathological anatomy. Winternitz, he said, had three points to answer:—(1) Tubercle is widely diffused—Nägele having met with it in 90 per cent.; but we must remember he did not find the bacilli in 90 per cent. only in some of the fluids. These

bacilli may be found in the urine, faeces, and in various cavities of healthy people, but Kitasato had proved that the presence of bacilli in the lung was the true phthisis. (2) Again it is found that in the open sunlight and air no bacilli are to be found, but only in rooms where phthisical patients had resided, therefore some other factor than disposition must be considered. If these were aggregated into one place the danger would be less.

The struggle for the spittoon was not to be dogmatised upon, although the United States sent people to prison for spitting on the floor. The disposition would depend on the virulence and number of bacilli present in proving the contagion to be genuine or abortive. The increase of the toxin would determine the ultimate results.

AN UNUSUAL ACCIDENT.

M. Zuppinger (*Wien. Kl. W.*) gives the following history of a case of pneumothorax in a child. The patient, *æt.* two years and a half, was put to bed in his usual health and fell into a normal sound sleep; some few hours later the household was alarmed by the screams of the child, who was found to be deeply cyanosed and suffering from intense dyspnoea, and covered with a cold sweat.

A little later he was brought to hospital, where it was found that he had pneumothorax of the right side.

Death occurred thirty-six hours after the screaming fit, and at the autopsy it was found that the right lung had been perforated by a wire which was used as the thread of the palliase getting free and piercing the boy's side.

The case is interesting in that the wound produced by the wire was so small that it escaped detection until the autopsy.

EPITHELIOMA AND RÖNTGEN RAYS.

Schiff showed a patient, *æt.* 101, who had been treated for epithelioma of the nose with perfect success after fourteen sittings. Twelve days after this the cicatrix was smooth, firm, and hard. Six months ago the same patient had a similar epithelioma treated with the Röntgen rays which had not since returned, and may be considered cured.

In a second case of lupus exulcerans hypertrophicus he obtained a similar result with the Röntgen rays. The advantage of the Röntgen rays over the Finsen method lies in the rapidity of healing by the former, the Finsen rays being slower in their action.

Schiff suggested that lupus institutions might easily be merged in the present movement of building tuberculous asylums in the country, as the two diseases were so closely associated.

TUBERCLE IN THE ARMY.

Wick next went into statistics and quoted from Franz, of the Bosnian Army, who found that only 61 per cent. of the soldiers reacted to tuberculin. This number, he said, was a very modest estimate considering that it comprehended lupus, caries, otitis, and lymphadenitis tuberculosa. Another important calculation would be the proportion of morbidity to the mortality, which might be done by an examination of all schools and seminaries. Benedikt had made an estimate of adults attacked with tuberculosis in consumption hospitals before special institutions were provided and since they were in operation. The proportion before was only 1.7 per cent., and since their inauguration was

16 per cent. These figures tallied with those in Meran, Gleichenburg, &c.

LUPUS DISSEMINATUS.

Ehrmann next showed a case of lupus disseminatus which had assumed the form of acne. The blue-violet colour and the soft consistence of the efflorescence were conclusive as to diagnosis. It seemed to have spread from a tuberculous centre by the passage of a large number of the bacilli into the capillaries, where they were arrested and started fresh centres of destruction. Along with these lupoid efflorescences were to be found typical tuberculous ulcers. He expressed the opinion that patients with diseased internal organs might take on tuberculosis when otherwise healthy, but lupus must be acquired.

The Operating Theatres.

FRENCH HOSPITAL AND DISPENSARY.

ABDOMINAL HYSTERECTOMY FOR FIBROID UTERUS WITH CYSTIC OVARIES.—Mr. O'CALLAGHAN operated on a woman, æt. 40, who had been first admitted into the medical wards under Dr. Vintras, suffering from irritability of the bladder with frequent micturition. She had very little trouble until a year ago when menstruation became profuse, reducing her to an anæmic and bloodless condition. Her bladder became so irritable that she could not retain her urine for more than an hour unless lying down; she also suffered from constipation, amounting at times almost to obstruction. After consultation, operation being advised, she was transferred to the care of Mr. O'Callaghan. Owing to the patient having to work for her living, and being incapacitated from doing so by these pressure symptoms, which were entirely due to a large fibroid uterus being fixed in the pelvis by adherent tubes and ovaries, it was decided to operate without delay. The abdomen was opened by a four-inch incision in the middle line. This it was found afterwards necessary to increase up to the umbilicus, owing to the difficulty of delivering the uterus out of the pelvis. On both sides of the uterus were two firm ovarian cysts, with hæmato-salpinx, which made the usual steps of the operation much more difficult and tedious. The uterus was first removed at the level of the os, and then enucleation of the cysts was proceeded with; each of the cysts unfortunately ruptured, filling the pelvis with a thick, black, tarry-like fluid; this was mopped up with warm sponges, and the toilet of the peritoneum finished most carefully after the ovaries and appendages had been removed. The peritoneal vault was closed with catgut sutures, no drain being left in the vagina, but owing to the soiling of the peritoneum during the operation it was thought wise to leave a glass drain in Douglas's pouch for twenty-four hours. Mr. O'Callaghan said this was a case which demonstrated the uncertainty which was so apt to be met with in abdominal work; as before operation he had hoped from external examination that this would have been a very simple case, but it was evident to those present (among whom were Mr. Edmund Owen and Dr. Clement Godson) that owing to the difficulties met with the operation turned out a very complicated and tedious one, lasting over an hour, whereas he had hoped to be able to complete it under forty minutes. The condition of things found in this pelvis easily accounted for the pressure symptoms which had made

the patient's life a burden and drove her to seek operative interference, as the enlarged fibroid uterus was bound down by the adherent appendages and tilted forward, infringing on the pubes, and thus occupying all the bladder space, while the cervix was pushed backwards pressing on the bowel, this being increased at times by congestion of the left broad ligament.

Twenty days after operation the patient was sitting up in bed, and in a few days will leave for the French convalescent home at Brighton.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 19, 1902.

DISINFECTION.

THE London County Council is deserving of high praise for the judicious encouragement and wise support which it has granted to scientific research and the vigour and persistence with which it has endeavoured to secure hygienic conditions for the people. Dr. Shirley F. Murphy, the Medical Officer of Health to the London County Council, has just issued a most valuable report containing the result of the investigations of Drs. Klein, Houston, and Gordon as to the value of various methods of disinfection carried out under ordinary conditions as met with in dwelling-houses. The report is deserving of the most careful consideration. Among fluid disinfectants carbolic acid, permanganate of soda, bleaching powder and corrosive sublimate have been tested, while among gaseous disinfectants formalin and sulphurous acid gas have been employed. Seven microbes have been experimented with, organisms representative of highly resistant and less resistant pathogenic forms. Spores of anthrax bacilli, staphylococcus pyogenes aureus, the bacilli of typhoid fever and diphtheria, bacillus pyocyaneus, the vibrio of cholera and the tubercle bacillus. Four different sorts of material were chosen as the bearers of the infective organisms, and such as in ordinary practice would be met with requiring disinfection, namely cloth, unwashed or unpainted wood, linen, and wall-paper. To them the micro-organisms distributed in

broth, in milk, or in melted gelatine, were liberally applied, and the charged materials were then exposed to the various disinfectants. The results are of much practical importance. As regards gaseous disinfectants, it was found that both formalin and sulphurous acid failed in the case of wood and cloth charged with spores. Formalin vapour showed to greater advantage than sulphurous acid in the case of tuberculous sputum dried on linen and paper. As regards fluid disinfectants, corrosive sublimate, 1 in 1,000, with twenty-four hours' exposure, destroyed all microbes, including the spores of anthrax and the tubercle bacilli; carbolic acid in 5 per cent. solution, with twenty-four hours' exposure, failed to destroy anthrax spores, but was efficacious for all others. In the case of Condry's fluid, one teaspoonful to a pint with twenty-four hours' exposure gave a negative result, and even when used in five times that strength was still practically useless. Bleaching powder, generally speaking, only destroyed the less-resistant forms of microbes, though in the case of anthrax spores on paper and on linen, this material proved more effective than carbolic acid. The typhoid bacillus was killed by all the disinfectants except Condry's fluid and bleaching powder. Condry's fluid gave a negative result in each experiment, and bleaching powder for the disinfection of wood and cloth infected with this organism failed with one hour's exposure, but was efficacious on twenty-four hours' exposure. The bacillus diphtheriæ was killed by formalin and sulphur di-oxide. The vibrio of cholera was in each experiment destroyed by all the disinfectants except Condry's fluid and bleaching powder. Staphylococcus aureus was also killed in each experiment by all except Condry's fluid and bleaching powder. Anthrax spores were only destroyed with certainty by perchloride of mercury, the other disinfectants either failing on each occasion or being uncertain and almost invariably failing when wood and cloth were the materials to be disinfected. For tubercle bacilli carbolic acid and perchloride of mercury were the only disinfectants efficacious on each occasion; Condry's fluid and sulphur di-oxide were of negative value, and the other disinfectants untrustworthy. It is interesting to note that neither formalin nor sulphur di-oxide were efficacious for the wood or cloth infected with this bacillus. This authoritative report will be of great value to sanitary authorities. Unfortunately the truth regarding the relative value of the various germicides has been much confounded by the pernicious custom of certain would-be pathologists and chemists who prostitute their profession in order to sing the praises of certain preparations widely advertised by disinfectant manufacturers. We strongly condemn the action of any so-called scientist who agrees to allow his services to be retained in the interests of any proprietary article, disinfectant or otherwise. It is therefore particularly interesting to have such a report as the present one, and we trust the London County Council will continue such an admirable method of securing the best and most trustworthy

information on medical and hygienic questions as the appointment of special investigators.

THE HOUSING QUESTION.

THE attention of the Government of the United Kingdom is so occupied at the present moment with affairs of "imperial" interest that there has been for several years past little time to attend to social reforms at home that are merely of national importance. Chief among these questions that urgently call for legislation is that of the housing of the working classes in the great towns of the Kingdom. This matter lies at the root of progress in public health and in public morality, to say nothing of the importance of maintaining a decent standard of physical development and vitality among the workers who form the backbone of the wealth, of the administration and of the defence of the country. The sums expended by various local authorities throughout the kingdom show that the urgency of the problem has been generally recognised. Half a million of money goes only a small way in purchasing sites and erecting dwellings. When a year ago the London County Council decided upon spending that amount upon carrying out a scheme of the kind at Tooting, it was pointed out that whereas 12,000 persons would be thereby provided for, yet, on the other hand, the normal increase of population for London in a single year amounted to 30,000. As regards legislation the whole matter still waits to be handled in a broad and statesmanlike manner. The fatal defect of the Act of 1890 was its cumbrous and costly machinery, which always rendered it practically a dead letter so far as medical officers of health were concerned. Mr. Chaplin's Bill of 1900 registered one advance by enabling the local authorities of the metropolis to buy land outside their own districts for the purpose of carrying out housing schemes. A year ago it was stated in the House of Commons that in London alone there were 30,000 people living at the rate of six in a room; 9,000 at the rate of seven in a room; and 3,000 more at the rate of eight in a room. That fact is in itself more than sufficient to justify the demand for a drastic and immediate treatment of the whole question. Lord Cross, a kindly man, spoke last week upon the housing problem at a Poor-Law Conference in London. He very rightly observed that a great point in this matter was to secure proper provision for people of the poorer class, and at the same time to avoid pauperisation and demoralisation. He believed sufficient means existed, but that efficient administration was required rather than fresh legislation. With all due respect we may point out to Lord Cross that his views are in direct opposition to the convictions of, we should imagine, every medical officer of health in the United Kingdom. The existing Housing Acts have proved an abject failure when tested by the simple question as to whether they have or have not achieved the object for which they were called into existence. The overcrowding of great towns is going

on space, and is every year being multiplied automatically by the natural increase of population. The only people who thrive on the overcrowding of urban populations are the landlords, whose rents are inflated to a fictitious value in direct proportion to the degree of overcrowding. As an example may be cited the enormous rise in rents that has taken place in the East End of London during the past ten or fifteen years. The increase of small tenement rooms of the great towns generally during the past few years has probably ranged from twenty to fifty per cent. or more. The fact that landlordism lies at the back of the question is being gradually more and more recognised by all classes of society. The landlord is not only able to avoid his just share of the liabilities of local taxation, but he often evades his responsibility as regards the sanitary condition of his property. In coming legislation the landlords will take care to secure full compensation for any property they may be compelled to sell to the local authority upon an inflated basis that has been founded upon the damaged lives and the misery of the poorer classes. Beyond a doubt, as we have long since said, the cost of land, its burden of ground rent, and its extortionate house rent will have to be grappled with before the problem of the housing of the working classes can be satisfactorily settled. Meanwhile, every large suburb of every large town is creating its own housing difficulty, so that the day of universal wringing of hands cannot be long deferred. The statesman who arises to settle this question will be more entitled to the thanks of his countrymen than any costly and showy champion of imperial interests in remote parts of the world.

QUACK REMEDIES.

We heartily welcome the expression of opinion of the County Amagh Grand Jury on quack medicines which they made during the present Spring Assizes to Mr. Justice Wright through their foreman, Sir James H. Stronge, Bart. Their condemnation met with the approval of that distinguished judge, and will be acceptable to all men who desire the welfare and happiness of the community. In the winter of 1898 some of the more notorious offenders were laid by the heels and are still doing "time" for their fraudulent practices. One group of defendants pleaded "not guilty," sheltering themselves under the ingenious excuse that they never sent any medicines in return for the money. They advertised in almost all the religious and sporting papers, and their usual lure was that a 31s. 6d. packet of their drugs produced the desired results. When the poor gull sent the 31s. 6d. he got a long list of questions to answer, and when he or she complied with this request there came the opinion that the nature of the illness was so serious that the medicine should be continued for some time, and that it should be a somewhat stronger than the ordinary mixture. A quantity of the medicine of the necessary quality would cost £5 5s. Then the correspon-

dence ceased, and if, as sometimes happened, the buyer became indignant at getting nothing for his money, and threatened proceedings, he was informed that the vendors were reluctantly forced to the conclusion that the drugs were intended for an unlawful purpose and if they got any more annoyance they would hand over the whole correspondence to the police authorities. We quote this from the open proceedings in court and we have no reason to suppose that they were not generally known to newspaper proprietors of both religious and sporting papers. Many are the disguises of the advertising quack who lives by playing on the fears and gullibility of the unfortunate victims of illegitimate pregnancy. One callous ruffian advertised pills that should not be taken during pregnancy as they were "likely to cause abortion"; for twelve soap and aloes pills bearing the above caution, this Shylock charged 4s. 6d. a box, and sold the boxes by the gross. The game appears to be so very profitable to quacks and newspaper proprietors that there is little hope of its being discontinued. We had hoped that the 1898 exposures of the ways of the quacks and the utter worthlessness of their remedies would have a salutary effect, but no good has resulted from the then action of the Executive, and it almost seems hopeless to try to rouse the authorities again into activity. We would, however, suggest that the printer and publisher of any newspaper, pamphlet, circular, magazine, or printed matter advertising any commodity likely to facilitate the commission of an illegal act of the class or character of miscarriage or abortion shall be on conviction imprisoned for a period of not less than one month or more than twelve months. Religious journals are the worst offenders, but the political journals are among "the first three," and the proprietor of a up-to-date political paper who professes to read between the lines of every manifesto of his own or the opposite party may be credited with sufficient acumen to see the hand of Esau, and yet recognise the voice of Jacob deceiving the feeble and the blind. It is intolerable that a brood of avaricious newspaper proprietors be allowed to fatten on such ungodly and unmerciful gains. A common thief is sent to jail, every man approving of his committal. If a receiver has facilitated his converting his ill-gotten gains into money the receiver, if caught, is also liable to a term of imprisonment. It strikes us that the newspaper proprietor who inserts the advertisement plays the same rôle to the quack vendor as the receiver to the thief, and merits the same punishment. If the law were so interpreted our religious papers would become clean and our sporting ones reformed. In this matter as in many others our great contemporary, *The Times*, has given an example of cleanliness that is an ideal standard.

THE King has promised his patronage and that of the Queen to the grand bazaar which is to be held at the French Embassy on June 10th and 11th next, in aid of French charities in London.

Notes on Current Topics.

Small-pox in London.

ONCE more the steady progress of small-pox has to be recorded in London. Cases are being reported from various parts of the United Kingdom. Manchester is said to be now free, but Salford is still infected. The medical officer of the workhouse at the latter place, referring to a recent case of small-pox in the casual ward, pointed out the inconsistency of paying large sums of money to vaccinate the outside public while a mass of unprotected persons were crowded together in the workhouse. The disease has spread at Ashton-under-Lyne, numerous cases have occurred at North Shields; twenty-one cases have been notified at Nelson; thirteen at Bury St. Edmunds; while many cases continue to be reported at Swansea. The Metropolitan Asylums Board has apparently come round to the view of the disease taken for some months past by THE MEDICAL PRESS AND CIRCULAR, namely, that the present outbreak is likely to be of very serious dimensions. At a meeting last week the Chairman of the Ambulance Committee spoke of it as being practically certain that the epidemic would continue through the whole of next winter, with the probability of an increase in severity. It has been decided to establish an adequate road ambulance service in case of any breakdown in the river steam-boat organisation owing to fog or other circumstances. The flood of anti-vaccinationist correspondence to the newspapers continues in unabated stream. It is really somewhat disheartening to find a gentleman writing from a county vicarage to submit the proposition that small-pox is not epidemic and not infectious; that its cause is *ab intra* and not *ab extra*; and that it can be cured by "a natural and simple method." The reverend gentleman does not enlighten us as to the nature of his therapeutics. In Glasgow the disease continues to extend, and a total of 202 cases were under treatment on March 10th. With regard to the recently-organised system of free medical consultations in doubtful cases of sickness in the Metropolis, Dr. Sykes, Medical Officer of St. Pancras, has reported that during the past thirteen weeks about one-half of the doubtful cases of fever or eruption examined were found to be cases of small-pox, about one-fourth cases of chicken-pox, and the remaining fourth distributed among a number of other conditions. On Tuesday, the 11th, there were 76 fresh cases of small-pox reported in London; on the 12th, 52; on the 15th, 43; on the 16th, 45. The total number of cases under treatment at midnight on Saturday last was 1,565. Since the beginning of the outbreak there have been 766 deaths from small-pox. During the past week the deaths registered from that cause in London were 80, which is a greater number than any hitherto recorded in a similar period. Of those who died 43 were vaccinated, but no information is given by the Registrar-General as to revaccination.

Hospital Consultants and Out-patients.

A LAY correspondent of one of the London daily newspapers recently invoked the "powerful aid" of the Editor in removing a source of great pain and discomfort to a steadily increasing number of the community. This flourish of trumpets referred the "almost brutal" manner of speaking to out-patients adopted by some of the hospital doctors. Logically speaking, the description raises no issue for argument, as the action complained of must be either brutal or not brutal, and almost brutal is the same as not brutal. However, the complainant apparently means quite brutal, for he goes on to say that in a hospital not far from the Edgware Road he heard a week ago two doctors speak to patient after patient in a manner which would have raised a mutiny in a prison. One observer made the curious remark that he "thought it unlikely the Creator would thus address a blackbeetle." Surely this is not meant to illustrate the relative position of hospital consultants and out-patients. The correspondent further states that in the same room was another doctor, and it was "a pleasure to hear his sympathetic and gentlemanly remarks." It may be at once admitted that all consultants of experience have a sharp quick way of getting at the facts of a case. Many of them are busy, over-worked men who have to get through the drudgery of seeing perhaps fifty or a hundred out-patients. The only way of doing so is to take them at the rate of twenty or thirty in an hour, a speed which leaves no time for pleasant conversation, however desirable that might be to relieve the dreariness of the out-patient room. It is the system that should be blamed, not the men who have to administer it. To our mind the swarm of out-patients should be reduced to the few that really want consultant opinion besides private medical advice.

Acetylene as an Illuminant.

IN view of the gradual extension of the use of acetylene as an illuminant, the question of its effects upon the human organism becomes of actual interest. The mere fact that, as usually met with, it possesses a disgusting odour, is assumed by many to justify the assumption that its presence in the air, even in comparatively small quantities, is likely to be attended by disastrous consequences. Now the disagreeable nature of the odour of acetylene has been shown to be in large measure due to the admixture of the gas with various impurities, foremost among which are phosphoretted and sulphuretted hydrogen, gases which exert a well-marked deleterious action when breathed in certain proportions. As a matter of fact it requires a tolerably large proportion even of the impure gas to produce tangible effects of a pathological character, and means are at present available for eliminating the actively injurious constituents of the gas prepared from calcium carbide, so that the risk of injury is reduced to a minimum. It is only in the case of portable lamps that any risk of the kind may

be said to occur, and only because it has hitherto been found difficult to so regulate the output as to avoid leakage. When produced in a proper gasometer with appropriate fittings no such leakage is to be feared, or if any does occur it is in the open air where it can do no harm. Doubtless as our experience of this new illuminant increases we shall obtain more accurate data upon which to proceed but in the interest of a cheap and unrivalled source of light it is desirable to accept stories of alleged injurious effects with caution.

The Diploma of the Spectacle Makers Company.

THE Master of the Spectacle Makers Company which, like most other City companies, comprises but an infinitesimal minority of the particular calling, points out that the diploma granted after examination by his company in no wise authorises opticians undertaking sight testing. The examination in fact bears on theoretical and applied optics and trade technique, in other words, it simply seeks to ensure that the diplomates shall have an intelligent knowledge of their calling. It has been urged that sight testing is after all a tolerably simple matter which can be mastered by any intelligent tradesman with a moderate amount of study and experience. Even if this fallacious hypothesis be conceded the fact remains that in many instances persons with failing vision who apply to the optician for glasses are in reality suffering from some form of disease of the organ of vision or from some constitutional disease with visual manifestations, calling for appropriate treatment. This occult cause of failing vision would of a certainty escape recognition at the hands of the mere tradesman whose object in life is to sell as many pairs of spectacles as he can at as high a price as the appearance of the applicant seems to warrant. No amount of experience or casual training will enable the rule-of-thumb man to diagnose these conditions, and in a certain proportion of cases material harm must accrue to the sufferer, who of course is as ignorant of the cause of his trouble as the optician to whom he applies.

The Case for Vaccination.

UNDER this title an excellent little book has just been published by Messrs. Baillière, Tindall, and Cox, the author being Mr. E. Brown, L.R.C.P., M.R.C.S. It is addressed mainly to the public, but the facts and figures which are judiciously marshalled may possibly prove of service to the medical practitioner who, it is to be feared, is not always as well posted as he might and should be in regard to the salient facts upon which the practice of vaccination as a prophylactic of small-pox is based. The great obstacle to the more general adoption of vaccination is the ignorance of the general public on the matters at issue, and we know that when the reason is weak the prejudice is strong. The author mentions as one reason of the unpopularity of vaccination among the lower classes, the attitude of medical men who are but too apt to regard the question of vaccination as

chose jugée, and to refuse to enter upon any discussion of its merits. This, however, is a case in which the old precept to give our decision but not our reasons would be more honoured in the breach than in the observance. Doubtless those alone who have received a medical training are competent to form a trustworthy opinion, but this fact does not militate against their seeking to influence those with whom they come into contact by convincing argument, couched in terms likely to be understood of the people. This little book will furnish them with the necessary data, and as it is sold at one shilling it ought to have a wide circulation at the present juncture.

Should the Arm be Bandaged After Excision of the Breast?

THE methods of operating in cases of cancer of the breast have been long and ably discussed. Champions have proudly maintained the honour and glory of special procedures. The first to propose has been quickly followed by the first to perform and he in turn has been hotly chased by the one who claims to have perfected, and so proceeds the merry dance. This is desirable for healthy emulation, and is productive of much good. The question of post-operative detail in such cases, in so far as the position of the arm is concerned, has been lately exhaustively argued by Mr. Thomas Carwardine, of Bristol. It is surprising to find that he thinks the practice of fixing the arm to the side after excision of the breast is universally adopted. This detail has been long given up in many places, so much so that probably there are many young qualified men who have never seen it done. In the article we have referred to it is stated that (a) "the fancy remains as a fetish," and, that why it should be retained, it is scarcely possible to say. The suggestion is made that perhaps it was thought that movement caused suppuration. The more obvious explanation seems to be that the abducted position was thought to promote the retention and accumulation of blood, and hence favour delay in union. It is not suggested that Mr. Carwardine's paper will not be received with disfavour in some centres of surgical teaching; for in Senn's recent work on tumours it is directed that the arm be bound to the side. Nevertheless, we can assure Mr. Carwardine the practice he has so ably advocated is being and has long been carried out by others, who will gladly welcome the appearance of his very able exposition, so clearly and logically expressed.

Clinical Pathology.

MANY of the older practitioners, it cannot be denied, are in ignorance as to the possibilities and limitations of diagnosis by purely pathological methods of research. Dr. Stuart McDonald, in a valuable paper in the current number of the *Scottish Medical and Surgical Journal*, which might be studied with advantage by every practitioner, shows that there are two classes of men who not infrequently invoke the aid of the pathologist. First,

those who demand impossibilities; and second, those who make no endeavour to conceal their doubts as to the ability or usefulness of pathological investigation to aid practical medicine. Of course a middle path is the only wise and just one. It is necessary that a pathologist's report should be used as a guide, but not to be followed implicitly. At the present time so much attention is often devoted to the non-essentials of the curriculum, that there is danger of neglecting the training in the conduct and interpretation of the procedures and results of clinical pathology. We venture to think that special attention should be given in the post-graduate schools, now becoming so popular, to a practical study of methods of pathological investigation specially applicable to clinical medicine.

Scottish University Malcontents.

It is extremely difficult for anyone not brought up in the atmosphere of a particular University or school of medicine to appreciate points raised in connection with its curriculum or management, and few have had the opportunity of being thus brought intimately in contact with more than one University. It is on this account that the average man finds it hard to judge of the merits of the charges which are being so frequently made, and with such energy, against the whole conduct of affairs at Glasgow and Edinburgh Universities. The *Edinburgh Medical Journal* for this month contains a plea "for something more than a mere living wage for University assistants," "free trade for intellect and a fair remuneration," the appointment of a larger number of extra-academical examiners for graduation, that an age limit should be fixed for the occupancy of chairs, &c. Malcontents will scarcely be satisfied to be told that at other than Scotch seats of learning a living wage for assistants is not universally given. An appeal is made to the *undergraduate* to institute certain reforms apparently by force of combination, and a promise is made that the way in which reforms may be enforced will be pointed out in future pages.

Arsenicated Beer.

THE recent experience at Halifax, to which we alluded in a former number of THE MEDICAL PRESS, would seem to show that the beer of the North of England is still not altogether free from dangerous quantities of arsenic. Evidence presented to the Royal Commission at its recent meeting would, however, go to prove that such manifestations as peripheral neuritis and dilatation of the heart from myocardial degeneration are now comparatively rare in Manchester and district. All this would seem to favour the view expressed by many investigators that probably arsenic has for long been an important factor in the production of so-called "alcoholic" lesions in that part of the country, but it is manifestly illogical and unscientific to contend, as some seem inclined to do, that there is no such affection as alcoholic neuritis. A very complete *resumé* of the subject of arsenical poisoning

from beer contaminated by arsenic is furnished by Dr. T. N. Kelynaek in the recently issued volume of the "Medical Annual." The article is well illustrated, is furnished with useful references, and is likely to be of service to those interested in the subject.

The "Great Coat" in Modern Life.

OF recent years the fashion of walking out in the winter months without a "top" or "great" coat has waxed and multiplied among men. One of the results of the campaign in South Africa has been to emphasise this assumption of hardiness. From a medical no less than from a common sense point of view it may be pointed out that what is natural out on the veldt may be risky and unnecessary here at home in the streets of our great towns. In the one case a man is in perfect training and gets plenty of exercise, whereas in a town his pursuits and pleasures are often of a flabby and sedentary nature, and it is difficult to obtain out-of-door recreation. Under these circumstances the circulation becomes depressed and the body is less able to withstand sudden exposure to cold, so that the extra outside coat assumes a position of great importance as a kind of compensation balance to maintain an equable temperature of the body. Perhaps one of the most fixed characteristics of mankind, certainly the one that enables him alone of mammals to claim the whole world, regardless of the rigours of climate, as his own, is the power of regulating the thickness of his clothing. Calico in the tropics and thick furs in the frozen regions are extreme instances in point. Under modern social conditions in the United Kingdom he has to face extremes not only of season but also of in- and out-door temperatures. What reasonable man, were he strong as Hercules, would drive home from a hot theatre in mid-winter without an extra wrap in the shape of a top coat?

Tobacco and Old Age.

THE use of tobacco at any time of life is a vexed question, to say nothing of the doubt whether it should be sanctioned after the advent of old age. In most things appertaining to the latter half of life there is a kind of instinctive regulation of the means whereby life is sustained on the one hand and made tolerable on the other. Thus a man drops the severer sports in favour of golf and cycling and rowing, and games that are not too exacting for the heart and the muscles. So is it also with eating and drinking. A wise man curtails the pleasures of the table, that is to say, if he wish to carry his existence into the confines of the sere and yellow leaf. The question naturally arises, what is he to do in the matter of tobacco? Most men settle the question for themselves by dropping their pipes and cigars—old men rarely smoke cigarettes—when they have got well past middle age. The heart, when it begins to show signs of wear, bears the depressant action of tobacco badly. Hence, many a heavy smoker at thirty is a total abstainer from tobacco at sixty. Yet the healthy old

man can smoke to the last day of his life, even though that take place several years after he has passed the century. Many instances are on record where centenarians, both men and women, have smoked or taken snuff regularly year in and year out to the end of the chapter. So that we must conclude the regular use of tobacco is not incompatible either with the attainment or the enjoyment of longevity. Much the same line of reasoning—with all due deference to our temperance friends—applies to the use of alcohol; not, however, be it carefully noted, to its abuse.

Alleged Benefit Society Frauds.

A CASE of direct interest to medical practitioners generally throughout the kingdom was partly heard last week in a London police court. As the case is still *sub judice*, obviously no comment can here be offered, but at the same time a few general considerations of extreme importance suggest themselves apart from the truth or otherwise of the particular charges brought forward. The evidence for the prosecution stated that the defendant joined a benefit society and went on the sick list on account of rheumatism and lumbago for several months. During the period he was drawing sickness pay he was alleged to have joined two other friendly societies and to have produced evidence that he was in good health. His position, therefore, was that of holding medical certificates on the one hand, that he was ill and unable to work, and on the other that he was in robust health. It is clear that if such were the facts the medical men have been tricked on one side or the other, or perhaps on both. The danger of being made the catpaw in roguery of the kind indicated is ever present in medical attendance upon sick club patients. To the honour of the working classes of this country it may be said, however, that frauds of the kind under discussion are of rare occurrence. Now and then they are undoubtedly perpetrated, and can only be detected by constant vigilance on the part of the friendly societies and their medical officers. As fraudulent claims are nearly always associated with multiple assurances, it would be well to furnish the medical attendants with a list of all such members, and to keep the particulars posted up to date from time to time.

The Meat of Diseased Animals.

THERE can be no more cruel fraud practised upon the public than that which palms off upon them meat that is tuberculous, or in other ways unfit for food. The evil is absolutely preventable, for skilled inspection is able to detect at sight those conditions of disease that fall within the present roughly-defined naked eye, appearances warranting the destruction of the whole or of part of a carcass. From a scientific point of view it may be doubted whether the permission to sell any part of an animal organically affected with tuberculosis is not fraught with danger. However, the meat trade can now invoke the support of Professor Koch upon that point, whereas the sanitarian must patiently await the verdict of the Tubercu-

culosis Commission's investigation at Stanstead farms as to the communicability or otherwise of tuberculous disease from the lower animals to man. Fortunately, in a great number of instances the condition of a carcass demands no discussion as to abstract questions, but it may be condemned forthwith, so to speak, on its demerits. Last week a Peterborough farmer was summoned for sending to the London market the carcass of a tuberculous cow whose lungs were adherent to the chest wall on both sides. The Guildhall magistrate imposed a fine of £80 and four guineas costs or two months' imprisonment. The bad meat convictions in the Metropolis within the past two or three years have been many, and the punishments most exemplary, either heavy fines or imprisonment without option of fine being inflicted. By a wise move the burden has been shifted to the shoulders of the county butcher or farmer, who is at the root of the mischief. This example might be followed with advantage in all parts of Great Britain and Ireland.

Gelatine as a Therapeutical Agent.

THE value of subcutaneous injections of gelatine in enhancing the plasticity of the blood has been established, although the method of treatment has not so far come into general use. It would be of especial interest to try its effect in a number of well-marked cases of hæmophilia, the number of recorded experiments of the kind being small, and, therefore, inconclusive. It has been pointed out that glycosuria, albuminuria, and other similar conditions are due to variations in the cryoscopic properties of the blood, and it is suggested that the deleterious effects which the altered blood ultimately determines on the liver, the kidneys, and the capillaries might be prevented or recovered from if the normal plasticity of the blood were restored by the administration of an aqueous solution of gelatine by the mouth or otherwise. According to Dr. Lombard, of Paris, noteworthy effects have followed the ingestion of half an ounce of gelatine a day, and the method is simple and innocuous enough to command a trial.

Ventilation as a Prevention of Respiratory Disease.

MUCH disease of the respiratory organs arises from a neglect of adequate ventilation. Under our artificial conditions of life it is particularly difficult to avoid the breathing of atmospheres laden with organic impurity. Much might, however, be done to mitigate the evil. Dr. Arthur Ransome ("Tuberculosis," Jan., 1902,) endeavours to show the need of a standard of efficient ventilation in all work-places and such centres of public assembly as theatres, concert-rooms, churches, chapels, and rooms in which meetings are held. In our efforts to establish sanatoria for the afflicted it is necessary to safeguard the relatively healthy, for "there can be little doubt that consumption is kept up to its present high mark by the tuberculous dust which now circulates in the air sewage of these places, and it is high time that steps were taken to rid ourselves of this oppro-

brium." The ardent advocates of locomotion along underground tubes will do well to consider the practical aspect of Dr. Ransome's paper.

The Cerebellum and "Libido Sexualis."

DR. BERNARD HOLLANDER, in his recent ambitious and suggestive, but not very convincing, work on the mental functions of the brain, endeavours to explain why Gall, and phrenologists since his time, have insisted on the association of sexual desire with the cerebellum. Dr. Head is quoted as affirming that pain and tenderness is referred to the occiput in diseases of the ovaries and testicles. Dr. Austin Flint is also reported as having observed persistent priapism and manifest exaggeration of the sexual appetite in cases of disease or injury of the cerebellum. Dr. Carpenter is also quoted where he says: "The circumstances that great application to gymnastic exercises diminishes for a time the sexual vigour, and even totally suspends desire, seems worthy of consideration in reference to such a view; for if the cerebellum be really connected with both kinds of functions, it does not seem unreasonable that the excessive employment of it upon one should diminish its energy in regard to the other." Evidently there is much work for the scientific physiologist to confirm or contradict the suggestions of the phrenologist.

John Parkinson, Botanist.

IN the first number of our elegant and welcome contemporary, *The Country*, which should appeal to all lovers of rural life, there is an interesting article concerning John Parkinson, who lived in the reigns of Elizabeth, James I., and Charles I. His "*Theatrum Botanicum*," which he called his "man-like" work of herbs and plants as contrasted with the earlier "feminine" one of flowers, was published in 1640, when he was 73 years of age. Parkinson, we understand, had a garden in Long Acre, which locality would appear to have furnished material for the medicine chests of our Elizabethan and Jacobean apothecaries. Parkinson was appointed Royal Apothecary to James I., and Charles I. conferred on him the title of "*Botanicus Regius Primarius*." It is interesting to recall the memory of one who was considered worthy of "*A Triumphall Evergreene Lawrell Crowne*."

Professor Niels R. Finsen.

THE name of Finsen is known throughout the medical world, but few are acquainted with the personality of this great Copenhagen physician. Miss Margaret Thomas, in her recently published work, "*Denmark, Past and Present*," gives a portrait of Dr. Finsen and a description of his institution for the cure of lupus at Gammelstofsgrade. Finsen was born in the Faroe Islands, where his father was then Governor, in 1860. He belongs to one of the noblest Icelandic families. His education was commenced at the College of Rejksjvile, whence he proceeded to the University of Copenhagen. The Danish Government have had wisdom to actively

support Finsen in his beneficent work, which has just brought honour and distinction to Denmark.

Nerve-Deafness.

THE attention of British otologists has of recent years been so rivetted on the treatment of suppurative disease of the middle ear and its dangerous sequelæ that the many non-purulent affections of the middle and internal ear interfering mainly with the natural function—that of hearing—have received comparatively little consideration. It is refreshing to note that in the British Laryngological, Rhinological and Otological Association a discussion has taken place on the diagnosis and treatment of various forms of nerve-deafness, on a paper by Dr. Dundas Grant, which we hope to publish in our next issue. The auditory nerve is an extremely sensitive part of the nervous system, and it is not surprising that it should suffer, as the enumeration of the varieties of nerve-deafness plainly shows, in the course of various constitutional disturbances. We note among other forms the anæmic, congestive, hæmorrhagic, hysterical, parotitic, syphilitic, senile, "occupation," toxic, neo-marital, and neurasthenic. It is obvious that without discriminating diagnosis of the varieties the treatment of nerve-deafness as such cannot be rationally carried out. The adjourned discussion will no doubt prove of great practical value.

The Prohibition of Promiscuous Expectoration.

THE Glamorganshire County Council is evidently a body abreast of the times. At last week's meeting of that body a bye-law was adopted, subject to the approval of the Home Secretary, forbidding spitting on the floor of public carriages, public buildings, theatres and shops, under a penalty of £5. We see no reason why this proposed bye-law should not be sanctioned, the more so because, if sanctioned, the praiseworthy example set by the Glamorganshire County Council is likely to be very generally followed by other administrative bodies all over the country. This reform has been "in the air" for some time, and now that public opinion has been educated to a sense of the impropriety and danger of this disgusting habit, we firmly believe that the public would cordially assist in rendering the law operative.

The Government and Cancer Research.

A STATEMENT has found its way into the Press to the effect that the Government is not favourable to the idea of appointing a Royal Commission to investigate the problem of the origin, spread and prevention of cancer. It is, however, reported to be "highly probable" that Mr. Balfour will ask Parliament to make a grant of public money in aid of the scheme of research formulated by the Royal Colleges of London. This course would certainly hold out greater promise than any mere inquiry of available data, indeed it would be difficult to conceive an undertaking less adapted for investigation by a Royal Commission than such a complicated subject as the one under consideration.

A Memorial to Sir William McCormac.

STEPS are being taken by the medical staff of St. Thomas's Hospital to promote a fund for the purpose of erecting a lasting memorial of the many years' connection of the late Sir William McCormac with that institution. The present idea is to place a bust in the central hall and, should the amount subscribed permit, some further mode of commemorating his services will be devised in connection with the hospital.

A Sale of Poisons Exemption Act.

A BILL is shortly to be introduced into Parliament by Sir Herbert Maxwell to protect agriculturists and horticulturists against proceedings under the Pharmacy Acts for the sale of various poisons, and in anticipation thereof a petition has been drawn up and presented in its favour. The petition is a trifle premature seeing that the Bill is still *in posse*, and in any event it is to be hoped nothing will be done in the direction of relaxing the law regulating the sale of poisonous substances; indeed, if legislation be demanded, it ought to be in the opposite direction.

At a recent meeting of a district council near Birmingham, one member boldly moved a resolution in favour of the repeal of the Vaccination Acts as a whole, on the ground that, without being in any sense a preventive of small-pox, vaccination was injurious to the human system. Dr. Tibbetts, the medical officer of health, was ready with a very telling rejoinder, to the effect that the only member of the proposer's household who had contracted small-pox was the one who had not been vaccinated, and this allegation the proposer was unable to contradict.

THE death is announced of Surgeon-General Theobalds, late of Weston-super-Mare, at the age of 80. Surgeon-General Theobalds had a long and active career, having entered the Indian Medical Staff in 1848 at the age of 26. He retired in 1880 after thirty-two years' service, having in the meantime done much active work. He was in India during the great mutiny, and subsequently was chief medical officer to various hospitals. He took the keenest interest in the management of the local Christian and medical charities.

WE regret to have to record the death of Dr. Hugh Fraser, a graduate of the University of Aberdeen, who succumbed to an attack of typhoid fever, at Bethulie, South Africa, on the 4th inst. Dr. Fraser left England four years ago to practise at King Williamstown, but a few months since he accepted the post of medical officer at the Bethulie camp.

PERSONAL.

DR. JAMES HARPER has been elected an Esquire under the order of the Hospital of St. John of Jerusalem in England.

At last week's investiture at St. James' Palace

Sisters Waterhouse, Nixon and Bidmead were decorated by the King with the Royal Red Cross in recognition of the services rendered by them at the front.

MR. HENRY N. CUSTANCE, who has acted as Secretary of the Metropolitan Hospital Sunday Fund for the last twenty-nine years, having resigned owing to ill health, Sir Edmund Hay Currie has accepted the office.

DR. W. CHEYNE WILSON, M.D. Edin., has been appointed Physician to the South Devon and East Cornwall Hospital. He is to have charge of the X-ray department which is about to be established there.

DR. H. C. DRURY, F.R.C.P.I., has been appointed a Visiting Physician to Sir P. Dun's Hospital, vice the recently-elected Professor of Institutes of Medicine, who has been exempted by the College from his hospital duties.

DR. G. NORMAN MEACHEN, Clinical Assistant to the Hospital for Diseases of the Skin, Blackfriars, has been appointed Honorary Physician in Charge of the newly recognised department for Diseases of the Skin at the Tottenham Hospital.

SIR THOS. BARLOW, Bart., M.D., Sir Wm. Church, Bart., M.D., Sir J. Reid, Bart., M.D., Sir Henry Thompson, Bart., M.D., Sir Francis Laking, M.D., and Mr. Alfred Fripp, C.B., F.R.C.S., had the honour of an invitation to the first Court held by his Majesty the King on Friday last.

MR. ARTHUR EVANS, M.D. Lond., M.S. Lond., F.R.C.S. Eng., has been appointed assistant surgeon to Westminster Hospital. Dr. Evans, whilst he was attached to the Yeomanry Hospital in South Africa, was taken prisoner by the Boers under De Wet, but subsequently released.

DR. LOUIS COBBETT and Dr. E. S. St. Barbe Sladen have been appointed by the Royal Commission on Tuberculosis to assist in the experimental work of the Commission to be carried out at Stanstead. They will reside on the farms and devote the whole of their time to the investigations.

THEIR Royal Highnesses the Prince and Princess of Wales paid a private visit to Guy's Hospital on Saturday last, inspecting the wards and other departments of the institution; after which they expressed to the treasurer their satisfaction on the great progress made in the work of renovation and reconstruction since their previous visit.

Scotland.

[FROM OUR OWN CORRESPONDENTS.]

THE UNIVERSITIES AND THE CARNEGIE TRUST.

Edinburgh.—A statement, the main points of which are summarised in the following, has been laid before the Trustees by the University authorities. The most clamant need of the University is a building for natural philosophy and engineering, and the Trustees are asked to set aside a sum of £8,000 annually for five years as a contribution to a fund about to be raised for the purpose of purchasing ground for University extension, and, in the first instance, for the erection of laboratories and class-rooms for the teaching of these two

subjects. The library is the second department for which help is demanded; £500 annually for five years to be devoted to structural improvements and £1,500 annually for general purposes. A grant of £2,500 is also asked for the forthcoming year, to be expended on equipment of the museums and laboratories of natural philosophy, geology, botany, zoology, anatomy, pathology, physiology, clinical medicine, and clinical surgery. The Court, recognising the importance of research scholarships, ask that a sum of £1,000 be placed at their disposal to that end in the forthcoming year. Application is also made for an annual grant of £4,000 for maintenance and extension of teaching and research in the various scientific laboratories, and towards payment of the salaries of the increased number of demonstrators, &c., required. As it is advisable that the following lectureships should be erected into professorships—French, German, applied mathematics, insanity, and ophthalmology—and as outside assistance might be available for the endowment of one or more of these chairs, the Court ask the Trustees to indicate in what manner they are prepared to aid in this object. The same applies to certain new lectureships in medicine, science, and commercial education, which the Court are very desirous of instituting. These claims may be summarised as requests for a capital sum of £45,000, and an annual allowance of £9,000, irrespective of what the Trustees feel disposed to contribute to the foundation of the new chairs referred to in the preceding paragraph.

Aberdeen.—The Court point out that this University is the most sparingly-endowed of all the Scotch Universities, and this is especially true of the general fund, which has only some £16,000 of capital at its disposal, and does not benefit by any surplus revenue from the fee fund. In illustration of the smallness of the resources of the University it is stated that for the maintenance of its laboratories and museums, and the provision of materials and apparatus for teaching and research, the sum available during the past financial year was only £1,168. A large extension scheme has been in progress for the past ten years, and all the departments of medicine and science, except physiology and geology, are now sufficiently housed. For these and other subjects accommodation is still required, and this the Court hope soon to be in a position to provide. With the completion of the proposed building the total sum raised and expended by the University will amount to £188,000. The Carnegie Trustees are asked to complete the endowment of a number of chairs, and to found numerous new lectureships and chairs, some of which are being carried on with the sole remuneration of the class fees, as a temporary arrangement. For this it is estimated that from £8,000 to £10,000 a year is required. From £1,500 to £2,000 annually is asked for research scholarships, and for other purposes £9,000 a year. A capital sum of £12,000 is also asked for, and the Wilson Trustees suggest the foundation of a lectureship on Scottish antiquities and ethnology.

St. Andrews.—The most urgent need is the alteration and extension of the buildings of the United College, which was built between 1827 and 1849, and is now quite antiquated. For this purpose, and for the erection of laboratories in physics and chemistry, £20,000 is required. To put the lectureships in botany, French history, ancient history, political economy, German, geology, and applied mathematics on a permanent basis by raising the salaries to £350, an annual grant of from £2,500 to £2,800 is asked. University extension lectures were at one time given in the neighbouring town, but the scheme failed for want of funds; if, however, the University possessed the necessary resources, matters could be put on a new footing. Additional library accommodation is much required, and a larger annual sum for expenditure on books and scientific journals.

Dundee.—The Trustees are asked solely to give assistance in completing the buildings of the University College. A scheme spread over seven years is suggested, giving the following total capital expenditure:—Medical buildings, £14,000; engineering, physics, and electrical

engineering, £40,800; botany, zoology, geology, £1,500; library, £1,000. An annual sum for maintenance amounting to £2,850, is also asked for.

Manchester.

[FROM OUR OWN CORRESPONDENT.]

THE JUBILEE OF OWENS COLLEGE.—THE ROYAL VISIT.

FIFTY years ago a somewhat obscure, and by no means wealthy, Manchester merchant spent his energies and his fortune in founding a new temple of learning in the Lancashire centre of industry. His devotion to this object has been followed by great results. In the Owens College the people of Lancashire feel that they possess an intellectual centre of their own, suited to their own needs and close to their own door. As a home for their college they have gradually raised a magnificent pile of buildings. Some of these form a noble quadrangle which has just been completed by the erection of the Whitworth Hall, which was on Wednesday last opened by the Prince of Wales. The ceremony honoured by the presence of their Royal Highnesses formed a part of the Jubilee celebration of the College, and was rendered brilliant by the attendance of delegates sent by universities, colleges and learned societies from all parts of the world. Here, and also at the huge social gathering held at the College in the evening, the ladies and the military men had a lower decorative value than usual, for their costumes paled before the masses of scarlet, purple and gold produced by the ample robes of the delegates and the officials of the College.

On Thursday morning a most impressive academic function was held, when the Duke of Devonshire, as President of the College, received from the delegates congratulations on the work of the past fifty years, and good wishes for the future of Owens. Earl Spencer, as Chancellor of the Victoria University, then conferred honorary degrees upon some citizens of Manchester, and upon a large number of the delegates present. The medical men thus honoured were the President of the Royal College of Physicians, the President of the Royal College of Surgeons, Sir Thomas Barlow, Sir John Burdon-Sanderson and Professor Alexander Russell Simpson, who were presented by Professor Young for the honorary degree of Doctor of Science. In the evening the delegates met the teaching staff of the College in the Whitworth Hall, where they dined in a manner befitting the occasion.

The presence of Royalty gave to the celebration the stamp of national importance; but quite apart from this, many facts show that the Owens College is a great institution. It has attracted to its staff many great men, and in turn it has supplied numerous fine teachers to other British and Colonial Universities. Many of its students have attained greatness in careers outside the academic world. The expressions of admiration and regard which have been sent from all the great centres of civilisation prove that the men of academic Manchester, like those of commercial Manchester, are citizens of no mean city. The college lacks the antiquity which some seats of learning boast; but for this reason, it is free from many of the anachronisms to which age is apt to cling. No one, for instance, attends chapel at eight o'clock in the morning within its walls, nor do its authorities consider it essential for students to wear gowns in the neighbouring streets. The College is not richly endowed, but it has been remarked that the endowment of research is apt to degenerate into research for endowment. Brains, labour and capital are doubtless necessary factors in every enterprise. They may, however, be combined in very varying proportions, and where knowledge and industry are to be found, money quickly follows. The future of this provincial college will be great, and its past is well worth study at the present time, for it is the prototype of the numerous similar institutions which are springing up in our cities, and which bid fair to play so important a part in our national life.

Liverpool.

[FROM OUR OWN CORRESPONDENT.]

ROYAL OPENING OF THE DAVID LEWIS NORTHERN HOSPITAL, LIVERPOOL.

THIS hospital, the re-building of which has occupied nearly six years, was formally opened by H.R.H. the Princess Louise on Thursday, the 13th inst. The hospital, as its name perhaps implies, was built by funds left by the late David Lewis, of Liverpool and Manchester. The money was bequeathed in trust to two of Mr. Lewis's nephews, one at present in Australia, and Mr. Ben Levy, of Liverpool, upon whom has devolved the whole of the burden of carrying out what they believed to be the testator's wishes. It is not generally known that there was nothing in the testator's will to prevent the trustees spending the large fortune bequeathed in any manner they wished—on themselves if they desired. The only indication of the will of the testator in the matter was in a letter accompanying the will to the effect that it was the testator's wish that the large amount bequeathed—something like £400,000—should be applied to the benefit of the industrial classes of Liverpool and Manchester. To their great and distinguished honour it can be said that the wish thus informally expressed has been carried out by the two trustees, and one of the objects of the trustees reached its final stage on Thursday last, when the hospital was formally opened by H.R.H. the Princess Louise, who was accompanied by her consort, the Duke of Argyll, and the hospital itself formally transferred from the trustees to the Lord Mayor of Liverpool on behalf of the city.

The hospital is perfect and up to date in all its details, and we are quite sure that as far as the medical and surgical staff are concerned, there will be nothing lacking on their part in order to carry to full competency the object of the testator and his noble-minded trustees.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

THE SMALL-POX EPIDEMIC.—A SUGGESTION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The statistics of the small-pox epidemic during the past month show in London alone an average of sixty-four deaths per week, whilst the daily removals to the hospitals have varied between sixty and a hundred. The suffering, the misery, and the loss are, as usual, falling heaviest upon the poor, by far the greater number of cases being notified in Stepney and other East End parishes inhabited almost exclusively by the labouring classes. A vast amount of injury is already being inflicted upon trade; whilst at the West End the influence of the epidemic is being shown in the steady decline in the rents of houses, which, in view of the Coronation season, had advanced to an unprecedented extent. Professional men whose patients come from a distance are beginning to receive intimations that visits from the country will be put off through fear of contagion—a straw sufficiently big to show which way the wind is blowing. In the meantime the efforts to stay the advance of the epidemic, vigorous and extensive as they may be, are quite inadequate to provide in sufficient degree the one prophylactic measure—namely, vaccination and revaccination—by which alone the whole mischief might be put an end to virtually within a month. If contemplation of the preventable death, sorrow, and misery is not enough to stimulate the philanthropist to exertion, one might think that the prospective loss to trade would rouse the commercial classes to recognition of the risk involved. If, as so many authorities believe, the outbreak should continue to extend more widely throughout the metropolis, and to involve more and more, as it has already begun, the districts of greater and suburban London, the effect will be to mar, if not altogether to spoil, the festivities of the Coronation

weeks. Thousands of foreigners and Colonials will be deterred from visiting England, and many more thousands of our own people from visiting town.

That the bulk of the people will accept vaccination if it is brought to their doors, and that even the conscientious objector will yield to a little persuasion in the presence of imminent danger, has been proved by experience in many places, and among others in the Reigate Urban District where I have a residence. The appearance of small-pox at Christmas-time in the village of Meadvale, and the measures taken to prevent its spreading were described by me in your columns at the time. The work of the public vaccinators was supplemented by that of a committee provided with funds by public subscription, and within a few days the entire village was practically protected by vaccination. Similar organisations throughout the metropolis might achieve similar results. The work would, of course, cost many thousands of pounds, but this would be as nothing compared to the burden upon the rates which the extension and prolongation of the epidemic must inflict, not to speak further of the injury to every commercial interest to which I have already sufficiently alluded.

I am, Sir, yours truly,

HENRY SEWILL.

Cavendish Square, March 14th, 1902.

Literature.

THE MEDICAL ANNUAL. (a)

DURING the twenty years that "Wright's Medical Annual" has existed no effort has been spared to make each succeeding volume more worthy of the medical profession and of the brilliant staff of sectional editors that take part in producing this international year-book. Of the thirty-seven contributors seven are Americans, and of the remainder a fair number are provincial men. One and all, however, have attained distinction on the subject on which they contribute. The distinguishing feature of the present volume is the excellent article on X-rays: the apparatus, the value in diagnosis, and their value as a therapeutic agent, from the pen of Dr. John Macintyre, of Glasgow, whose success in the use of the X-ray apparatus has done much to teach the medical profession its great value in diagnosing medical cases, particularly those of the heart and lungs. Of less general interest, but still of great value, is Mr. Abrahams' article on the "Disorders of Metabolism." We have referred particularly to these two contributions as evidence that the reader of the "Annual" is kept informed of the most recent advances in scientific medicine, and we may add that the other contributions are not reprints, but are brought up to the most improved teaching of the day. Nothing stale or unprofitable finds a place in this excellent volume, in which by clearness of statement, aptness of quotation, and helpful and beautifully finished illustrations everything is done to place in the hands of the practitioner a useful, trustworthy guide to modern medical practice.

GILES ON MENSTRUATION. (b)

THIS monograph, belonging to the *Medical Monograph Series*, treats succinctly and clearly of "Menstruation and its Disorders," and will unquestionably be useful as a standard work of reference to the medical student and practitioner, especially as no other work on this particular subject has been published for many years, and in this the author has practically exhausted the subject, the importance of which, as a guide to the "physiology of gynecology," is obvious. The book abounds with useful practical remarks such as the following: "Pain before the period is generally sacral, being due to uterine congestion, probably associated with and aggravated by tonic contraction of its lower

(a) "The Medical Journal: A Year-Book of Treatment and Practitioners' Index." 1902. Twentieth Year. Bristol: John Wright & Co.

(b) "Menstruation and its Disorders." By Arthur E. Giles, M.D., M.R.C.P. Lond., F.R.C.S. London: Baillière, Tindall, and Cox. 1902. Pp. 110. Price 2s. 6d., net.

pole, the region of the cervix and the os internum; whilst, during the period, the pain is generally hypogastric, being principally due to painful uterine contractions, &c." The significance of pain associated with the menstrual periods is a point to which the author has devoted great attention, and practitioners will appreciate the value of the hints which he gives. The chapters on menorrhagia, metrorrhagia, and dysmenorrhœa are particularly useful, if only to insist on a vaginal examination when these symptoms are present, and also as showing the great alleviation which can be afforded to patients by proper treatment, hygienic, medicinal and surgical, in the use of appropriate pessaries, curetting, &c., or the major operations, if malignant disease be diagnosed. This work will certainly add to the reputation of what promises to be a very serviceable and practical series of monographs.

UGLY, A HOSPITAL DOG. (a)

THE author certainly possesses a special talent in the matter of sentimental little stories illustrative of hospital experiences, seen from the in-patient's point of view. Although he writes in a simple, unpretending style, he evidently addresses himself to a public other than mere "small fry," indeed many of his smartest allusions would be unintelligible to those still at the threshold of life's experience. The principal story, that of "Ugly," is prettily related, and brings in a host of incidents which cannot fail to stir the feelings of the reader. The annals of hospital life indeed are rich in "incidents," and in the hands of Dr. Dabbs they are divested of their sordid and repulsive attributes, and serve sometimes to point a moral, sometimes to adorn the tale. Dr. Dabbs is seen at his best in prose. Of his attempts at versification perhaps the less said the better. The volume is tastefully bound, and admirably printed, and how it can be sold at the price is a mystery which we are unable to solve.

HISTORY OF THE SOCIETY OF APOTHECARIES.

THIS little book by Mr. Percy G. Lodge, F.R.C.S., L.S.A., which was published a few days ago by Messrs. J. and A. Churchill, is withdrawn for the present from circulation, in order to be recast and certain necessary corrections made.

Obituary.

SIR WILLIAM GUYER HUNTER, K.C.M.G., M.D.

WE regret to announce the death of Surgeon-General Sir William Guyer Hunter, K.C.M.G., which took place suddenly on Friday last. He was born in 1831, and graduated M.D. at Aberdeen in 1867. In 1852-53 he served in the Burmese campaign, and subsequently became Principal and Professor of Medicine in Grant Medical College, and in 1880 was made honorary surgeon to Queen Victoria and Vice-Chancellor of Bombay University. He was created a K.C.M.G. in recognition of his services during the outbreak of cholera in Egypt in 1883. From 1885 to 1892 he represented Central Hackney in Parliament, and was a member of the London School Board from 1886 to 1888. Sir Guyer Hunter was honorary surgeon to the King, consulting physician to Charing Cross Hospital, Fellow of many of the learned societies, colonel commandant of the Volunteer Medical Staff Corps, and a Knight of Grace of St. John of Jerusalem.

Novelties.

LESLIE'S WASHABLE CREPE BANDAGES.

WE have received specimens of an improved crepe bandage from Messrs. Leslie, Limited, of London. This bandage possesses a really remarkable degree of elasticity which enables it to adapt itself to any part of the

body without creasing, the pressure exerted thereby being uniform throughout. Another great advantage of this sort of bandage is its extremely porous nature, which allows free means of air to the skin. There is a woven edge which presents unravelling, without reducing the resiliency of the material. Not the least important of its qualities is the fact that it can be repeatedly washed without impairment of its special attributes. For bandaging the head and neck, and to exert pressure on varicose veins, &c., this material is vastly preferable to any other with which we are acquainted.

ROWNTREE'S COCOA AND CHOCOLATE.

It has been remarked that many manufacturers after they have made a name become less careful in the superintendence of their goods, which thereupon gradually deteriorate and others come in and take their place. This cannot be said of the "Elect" Cocoa and "Milk Chocolate" now under inspection. Some years ago, when analysing the cocoas of commerce we put those from Messrs. Rowntree's establishment under analytical survey, and found them to completely answer the tests for purity and careful manufacture. Recently the same firm has introduced some improved milk chocolate, and whilst examining this we also took occasion to test the cocoa previously analysed years ago by us, and are glad to report that both are absolutely trustworthy, and that invalids as well as those in health may have confidence when consuming them that they are what they are represented to be.

THE "M.P." PIPE.

THE "M.P." Pipe Co., 29, Ludgate Hill, have submitted to us a pipe which represents another attempt to solve the smokers' problem, viz., a pipe which shall not become foul. In the "M.P." pipe the vulcanite mouthpiece is split longitudinally, the two halves hinging on a pin near the lip end. The parts are in close apposition, and there is no danger of leakage from the surfaces in apposition. In proceeding to clean the pipe one has only to withdraw the mouthpiece, open and wipe it, whereupon it is as good as new. As it fits into the pipe proper close up to the bowl, no cavity is left where pyrolygneous filth can collect. On the whole the pipe appears to realise to a great extent the desideratum. Personal experience thereof has proved perfectly satisfactory.



NATIONAL HOSPITAL FOR CONSUMPTION.

THE tenth annual meeting of the friends and supporters of the National Hospital for Consumption for Ireland, was held in the Royal College of Physicians, Kidare Street, on Friday last.

The annual report of the Hospital was read, and the Medical report. The latter stated that during the past year 164 patients have been under treatment. Of these 123 have been discharged and two died, leaving thirty-nine still in the Hospital. Ninety-one per cent. gained weight, and 80 per cent. were obviously improved. From what we know of the after history of some of our patients who were in the Hospital four or five years ago, we feel that there is an increasing probability that in some of these cases the disease has been permanently arrested, and that to many of the remaining cases some years of working life have been added. The number of discharged patients is the same as in the previous year. They have, however, been kept two weeks longer in hospital, the average stay

(a) "Ugly, a Hospital Dog," Told by Himself, with Recitations and Readings. By George H. R. Dabbs, M.D. Price 1s. London: Charles William Deacon. 1901.

having been 13-4-5 week—a period not exceeded since 1897, when the time was 15½ weeks. Eight additional beds were provided last July, so that during the latter half of the year forty beds have been available for patients. But the demand for accommodation has been greater than ever. Frequently during the last year the number of applicants waiting for admission has been nearly 100, and on the men's side a delay of about four months has been quite unavoidable. In too many cases when the vacancy does occur, the applicant replies that he is "now too ill," and a still larger number are found on examination to be medically unsuitable. We hope that with the additional accommodation provided by the new building now ready for patients we may be able to admit applicants more promptly, and to treat them in an earlier stage of the disease. It is satisfactory to note that most of the patients endeavour after their discharge to keep up, as far as their circumstances admit, the treatment and mode of life with which their stay in the hospital has made them familiar, and that the measures necessary to guard against infection are more generally understood and appreciated than they were a few years ago.

His Excellency the Lord-Lieutenant, who had honoured the meeting by his presence, proposed the adoption of the report. This was seconded by the President of the Royal College of Physicians, and adopted unanimously. After the transaction of some further business the meeting adjourned.

Dublin Death Rate for the Year 1901.

ACCORDING to the yearly summary of the weekly returns of births and deaths in Dublin for the year 1901, just issued by the Registrar, the number of deaths registered during the year was 9,751, equal to 25·4 in every 1,000 of the population. The rates for the several Registrars' districts range from 11·2, the rate for Crumlin, to 31·7, the rate for the Castle Street District. Diseases of the respiratory organs caused 1,860 deaths, diseases of the circulatory system caused 876 deaths, and phthisis caused 1,274 deaths. There were 499 uncertified deaths, there having been no medical attendant during the last illness; of these, 325 were deaths of infants; 512 infants under one month old died during the year, and of these 157, 30·7 in every 100, were uncertified, no medical attendant having been in attendance; 29 per cent. of all ages were those of infants. From Table V. we learn that the deaths in families of the "professional and independent class" were equal to a death-rate of 29·6 a 1,000 of persons in that class; in the "middle class" the death-rate was 18·5 a 1,000; among the "artisan class and petty shopkeepers" it was 22·1; and in the "general service class" and "inmates of workhouses" combined, it was 35·9 a 1,000 of persons in that class.

A Sad End.

An inquest was held at Edmonton last week on the body of Herbert Blackburn, L.R.C.P., L.R.C.S., who committed suicide at an Inebriates' Home.

Medical, Sickness and Accident Society.

THE monthly meeting of the Executive Committee of the Medical, Sickness, Annuity, and Life Assurance Society was held at 429, Strand, London, W.C., on 28th ult. There were present the Chairman (Dr. de Havilland Hall), Dr. J. B. Ball, Dr. Walter Smith, Dr. F. N. Mutch, Dr. M. Greenwood, Mr. F. S. Edwards, Dr. Fredk. S. Palmer, Dr. St. Clair B. Shadwell, and Dr. W. Knowsley Sibley. The committee examined a long list of claims, of which about a score are cases of permanent incapacity. Of the remainder a large proportion arose from bronchial affections, which at this season are very prevalent. A considerable number of claims are on the list caused by influenza, but there seems reason to hope that the epidemic will not be so severe as on previous occasions. Very few claims from this cause have been received by the society in the last few days. A satisfactory addition to the new membership was reported, and a considerable number of the existing members have availed themselves of a somewhat recent alteration of the rules enabling any member of

five years' standing to apply to have his sick benefit increased to £6 6s. per week. Prospectus and all information on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

Ex-President Kruger's Physician.

DR. SCHOLTZ, who has just died, was formerly physician to Mr. Kruger. He accompanied Lord Roberts into Pretoria.

Westminster Hospital.

UNDER the patronage of the Queen and the Princess of Wales a grand concert was given at the Empress Rooms, Kensington, on Tuesday afternoon, in aid of the funds of this, the oldest London hospital supported by voluntary contributions. The object of the concert was to assist in raising a sum of £25,000, which is still required to meet the expenses incurred in carrying out very extensive improvements and bringing the hospital up to date, and also to enable the work of the hospital to be successfully carried on. In moving a hearty vote of thanks to the artists who had kindly given their services for the benefit of the hospital, Mr. George Cowell, one of the vice-presidents, made the announcement that, together with donations sent by those who could not attend, the concert had realised so far the substantial sum of £270. After deducting expenses, about £240 would be handed over to the hospital. This, he thought, was very satisfactory, and he thanked all who had assisted to bring about such a result. Among those who contributed to the programme were Mme. Belle Cole, Mme. Ruth Lamb, Miss Beatrice McEntire, Signor A. Batti, Mr. Hayden Coffin, Mr. Mervyn Dene, and Mr. Charles Capper.

Cholera among Pilgrims.

PRIVATE telegrams from Egyptian pilgrims to Mecca state that cholera is assuming alarming proportions. Practically the whole route of the pilgrimage is affected, from Djeddah to Medina and Mecca. The Egyptian Government is taking stringent precautions to prevent the malady being introduced into Egypt.

British Laryngological Association.

A VERY successful dinner was held by the British Laryngological, Rhinological, and Otological Association on March 14th at the Café Royal. The President of the Society, Dr. John MacIntyre, occupied the chair. There was a good gathering of London members, and among those from provincial centres were Messrs. Bark, of Liverpool, Lamb, of Birmingham, Woods, of Dublin, O'Callaghan, Stokes, and Sir William Dunn, M.P. After the usual loyal toasts, the "British Laryngological, Rhinological, and Otological Association" was proposed by Dr. Hawthorne and responded to by Mr. Lennox Browne, who spoke highly of the contributions of Irish laryngologists. The toast of "The Guests," proposed by the President, was replied to by Sir William Dunn, M.P., who humorously declared his inability to pronounce the name of the society at that period of the evening or indeed at any other time. Mr. Mayo Collier, in proposing the health of "The President," eulogised the energies and enthusiasm of Dr. MacIntyre in the advancement of their knowledge of the uses of electricity and the Röntgen rays in throat work. A good programme of music was provided by Mr. Wilhelm Ganz, assisted by Señor Guetary and Mr. Mervyn Dene. Mr. Woods and Dr. Daniels also assisted.

Royal Dental Hospital of London.

AT the annual general meeting of governors held at the new hospital in Leicester Square, on Thursday last, Mr. John Hampton Hale, vice-president, in the chair, the report stated that the new buildings were now complete in every detail, and during the past nine months had been open for the reception of patients. During the year 70,040 cases had been treated, an increase of 864 over the total of the previous year, and 50,785 more than the number treated in 1874 (the first year of the hospital's existence). The committee were gratified to be able to notify a small increase in the income. Unfortunately the income was found to be insufficient, and the committee earnestly appealed for increased help to meet the additional expense entailed by the enlarged buildings.

Notices to Correspondents, Short Letters, &c.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

DR. TATE.—You should either re-vaccinate the girl and then certify the vaccination or else write to the Local Government Board for directions. In no case can you or ought you to certify a vaccination performed by any one other than a registered medical practitioner. Further, in no case should vaccination or re-vaccination be done from material taken from a case of re-vaccination. The fact that such had been done in this case, would we think, render vaccination with proper material necessary.

MR. C. E. S.—We have posted the letter to "The Home Secretary" and are of opinion that having done so, much, no further trouble should be taken in the case.

MEDICAL ADVICE AT THE EXPENSE OF THE PROFESSION.

A few weeks since a Glasgow labourer who died suddenly in a dispensary which he had entered to obtain free medical attendance at the cost of the Parish, was found in possession of two savings bank books, which showed that he was a capitalist to the extent of over £500. A Perth man also died last week leaving a fortune of £1,400 who had been an inmate of the local poorhouse for nearly six months. These are specimens of every day cases in which the medical profession is robbed and the ratepayers imposed on.

A. B. writes:—"Can you recommend any publication which contains a list of sanatoria for the open air treatment of phthisis?"

[* The best publication for our correspondent's purpose is *The British Sanatoria Annual* the new edition of which for 1902 has just appeared, published by Messrs. John Bale, Sons and Danielsson, Ltd.—Ed.]

CADAVERS SAVED FROM FIRE.

During a fire in a hospital attached to a medical school in Chicago recently, the firemen, who groped their way through the dense smoke, heroically carried out six dead bodies. The bodies had just been received for dissection, and were lying partly clothed, on the floor, and the firemen thought they were patients or attendants who had been asphyxiated by the smoke and gas. (*New York Medical Record*.)

MR. M. SMITH.—We regret that we are unable to avail ourselves of the MS. you have left with us, as we had previously made other arrangements.

EARLY VACCINATION AND EARLY OPPOSITION TO VACCINATION.

A CORRESPONDENT sends us the following extract from Bettany's "Eminent Doctors," thinking it will be read with interest at the present time:—"In the early days of vaccination (November, 1895) Miss Bayley, of Hope, near Manchester, had vaccinated 3,600 persons, and a female friend of hers 2,000. Miss Bayley commenced by offering a reward of five shillings to anyone who could produce an instance of the occurrence of small-pox in any person vaccinated by her. Out of the whole number of cases above mentioned, however, only one claim was made; and Miss Bayley found, on referring to her books, that a mark had been made against the name, indicating a suspicion that the vaccination had not been effective.

"A small village in Gloucestershire stood out most resolutely against vaccination. At last deaths from small-pox in this village assumed such alarming proportions and swelled so enormously the cost to the parish for coffins and burials, that the officials were moved to urge the people authoritatively to be vaccinated and so save the parish expenses."

Meetings of the Societies, College Lectures, &c.

LONDON.

WEDNESDAY, MARCH 19th.

CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL.—8 p.m. Mr. Chichele Nourse: Cases illustrating the Correlation of Diseases of the Throat, the Nose, and the Ear.

BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY (30, Hanover Square, W.).—8.30 p.m.—Dr. Hamilton Cumming (Torquay) will introduce a Discussion on Chronic Affections of the Kidney and Merid Conditions of the Urine arising therefrom, in relation to Balneological, Climatic and Dietetic Treatment.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m. Prof. C. Stewart: Lecture on the Organs of Respiration.

THURSDAY, MARCH 20th.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m.—Clinical Cases will be shown by Mr. Watson Cheyne, Mr. Jackson Clarke, Dr. Atwood Thorne, Dr. Risien Russell, Dr. L. Guthrie, Mr. E. Boughton, and others.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 p.m. Dr. F. T. Roberts: On the Comprehensive Study of Thoracic Phthisis, Lumlilan Lecture III.

FRIDAY, MARCH 21st.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m. Prof. C. Stewart: Lecture on the Organs of Respiration.

EPIDEMIOLOGICAL SOCIETY (11, Chandos Street, Cavendish Square, W.).—8.30 p.m.—Dr. Daniels: Infantile Mortality in the Tropics.

DUBLIN.

THURSDAY, MARCH 20th.

DUBLIN UNIVERSITY BIOLOGICAL ASSOCIATION (Front Hall, Trinity College).—8.15 p.m.

ROYAL COLLEGE OF SURGEONS.—Council Meeting.

FRIDAY, MARCH 21st.

ROYAL ACADEMY OF MEDICINE IN IRELAND.—Section of Pathology, Royal College of Surgeons, 8.30 p.m.

TUESDAY, MARCH 25th.

Conjoint Examinations.—Preliminary commences.

Appointments.

BRECHING, D. H., B.A. Syd. Univ., M.R.C. M. Edin., Medical Officer to the Post-office at Huddersfield.

DICK, GEORGE, M.B., Ch.B. Edin., Medical Officer of Health for Caithness-shire, Royal Burgh of Wick, and Thurso Burgh.

MARTIN, JOHN MIDDLETON, B.A., M.B., B.C., D.P.H., Cantab., Medical Officer of Health for the Stroud Urban District Council.

MCAUGHTON, J. G., M.D., M.R.C.P. Edin., Honorary Medical Officer, Chorlton-upon-Medlock Dispensary, Manchester.

MORISON, R., M.B., Ch.B., Junior House Surgeon to the Birkenhead Borough Hospital.

WHITE, G. F., M.D., Senior House Surgeon to the Birkenhead Borough Hospital.

Vacancies.

Bradford Poor-law Union.—First Resident Assistant Medical Officer for the Hospital and Workhouse of the above Union. Salary £125, with prescribed rations, apartments, and washing. Applications to Thos. Crowther, Poor-law Officer, 22, Manor Row, Bradford.

Carlton Union.—Fever Hospital Nurse. Salary £30 per annum, with rations and apartments. Applications to John George Glover, Clerk. (See Advt.)

Chesterfield and North Derbyshire Hospital and Dispensary.—Resident House Surgeon. Salary £120 per year, with board, apartments, and laundress. Applications to the Secretary at the Hospital.

Co. Mayo.—Qualified Medical Assistant. Applications to Dr. Cram, Ballyhaunis, Co. Mayo. (See Advt.)

Down County Infirmary.—House Surgeon. Salary £20 per annum, with board and residence. Applications to Dr. Tate, Downpatrick. (See Advt.)

Essex and Colchester General Hospital.—House Surgeon. Salary £100 a year, with board, washing, and residence in the Hospital. Applications to C. L. Becher, Secretary.

Galway Hospital.—Resident Medical Officer and Compounder of Medicine. Salary £75 per annum, with rations and apartments. Applications to S. J. Leonard, Clerk. (See Advt.)

Lancashire County Asylum, Winwick, Warrington.—Assistant Medical Officer. Salary commences at £150 per annum, with furnished apartments, board, attendance, and washing. Applications immediately to the Medical Superintendent.

London County Asylum, Bexley.—Junior Assistant Medical Officer. Salary £150 per annum, with board, furnished apartments, and washing. Immediate applications to E. W. Partridge, Esq. (See Advt.)

Newcastle-upon-Tyne Dispensary.—Visiting Medical Assistant. Salary £160. Immediate applications to the Honorary Secretary, Joseph Carr, 41, Mosley Street, Newcastle-upon-Tyne.

Royal University of Ireland.—Examiners in Surgery, Midwifery, Pathology, and Ophthalmology. Applications to the Secretaries not later than April 19th. (See Advt.)

Births.

GILLIARD.—On March 13th, at St. Margaret's, Purley, the wife of E. Gilliard, M.R.C.S., L.R.C.P. Lond., of a son.

PHILLIPS.—On March 16th, at 88, The Avenue, Ealing, W., the wife of George Phillips of a son.

REARDON.—On February 23rd, at Bruff, the wife of D. F. B. Reardon, L.R.C.S.I., L.R.C.P.I., of a daughter.

THOMSON.—On the 10th inst., at Bridge House, Retford, Notts, the wife of Dr. George Thomson, of a son.

WEBSTER.—On March 11th, at 47, Craven Park Road, Harlesden, N.W., the wife of Dr. A. Irby Webster, of a daughter.

WILLIAMS.—On March 13th, at Much Hadham, Herts, the wife of Dr. W. Blundell Williams, of twin daughters.

Marriage.

LONGHURST-PHILLIPSON.—On March 8th, at St. Alban's Church, Teddington, Percy A. Longhurst, M.R.C.S., L.R.C.P. Lond., to Naida Eveleigh Phillipson, eldest daughter of the late N. E. Phillipson.

Deaths.

HETLEY.—On March 13th, at Norbury Lodge, Upper Norwood, Frederick Hetley, M.D., J.F., D.L., in his 81st year.

JOHNSTONE.—On March 16th, at St. Moritz House, Brighton, Athol A. W. Johnstone, F.R.C.S., aged 81 years.

MANSON.—On March 1th, at Christmas Island, from a gun accident, Patrick T. Manson, M.B., Lond., aged 24, eldest son of Dr. Patrick Manson, C.M.G., F.R.S.

PRESTON.—On March 16th, at 4, Abercorn Place, N.W., Wm. John Preston, M.D., aged 82 years.

TURNBULL.—On March 7th, at Cleveland Gardens, Surgeon-Major Francis Turnbull, I.M.S. (retired), aged 82.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXIV.

WEDNESDAY, MARCH 26, 1902.

No. 13.

Original Communications.

ON THE USE OF X-RAYS IN MEDICAL DIAGNOSIS. (a)

By WILLIAM S. HAUGHTON, M.D.,

Surgeon to Steeven's Hospital; University Demonstrator in Röntgen Photography; Member Röntgen Society of London.

DURING the past six years the X-ray examination of a considerable number of patients (some 1,900 odd) in hospital and private practice has brought home to me the conviction that while surgery and dentistry have claimed an ever-increasing amount of help from the rays, medicine, at any rate in this country, has not availed itself as fully as it might have done, of this additional mode of diagnosis.

The reason for this may be twofold—a natural diffidence to adopt a new method of examination whose utility was unproved, or neglect on the part of advocates in the process to call attention to its utility of medicine.

The first of these difficulties is now removed by the records of splendid and sterling work from French, German and American centres, and with regard to the second I may state that some three years ago I had the honour of calling attention to its possible value in the Pathological Section of the Academy, and in a Presidential address before the Dublin University Biological Association. It is my object briefly to call attention to those applications in medicine which have been proved successful, only detailing one or two illustrative cases among those which have come under my own notice.

In pulmonary tuberculosis I need hardly call attention to the great value of an early diagnosis, placing, as it does, the physician in a much better position to prescribe treatment, and greatly increasing the patient's chances of recovery.

In this disease, whose great prevalence and high mortality are universally recognised, X-rays have rendered splendid service, and will, I am confident, come into very general use when their true value is justly estimated.

Two constant physical signs are present, in this affection, when examined by the Röntgen method, namely, *opacity*, which depends on the *extent and density of consolidation* in the lung; and restricted movement of the diaphragm on the affected side, depending on the *loss of elasticity* in the lung-tissue.

Before detailing cases, let me describe my method of conducting this examination.

I may say at the start that the fluorescent screen is infinitely preferable to any photographic method for these reasons: The cardiac movements disturb the lung tissue for a considerable area around, and though very short exposures may avoid the faults

due to respiratory movements, the disturbances due to the heart considerably lessen the value of the examination. On the other hand, the method by screen examination occupies a much shorter time—a few seconds in some cases—and possesses the further advantage that with the eye one can actually *watch* the movements of the heart and diaphragm as their contour and position change, and record them on a suitable surface from which accurate measurements can be made.

I find most X-ray workers of experience agree with me in this opinion, and when *very delicate differences* in shadow have to be estimated, as happens in very early cases of lung trouble, one can so graduate the X-ray light, while watching it on the screen, as to indicate a very slight opacity, which cannot be done in the photographic method.

To examine a chest, one merely places the patient with his back to the Röntgen lamp, which is placed at a fixed, known distance from the screen, and in a fixed relation to the anatomical structures in the thorax.

I find two feet from the lamp to screen a convenient working distance, at the level of the ensiform cartilage for observing the movements of heart and diaphragm.

It must here be pointed out that if the comparison between two different patients is to be of any use, the successive examination must be conducted on what is known in experimental science as exactly similar conditions. Hence the necessity for adopting some such constant method as I have described.

If the patient is more comfortable sitting down the examination can be made so—but diaphragmatic movements are thus impeded. While if the recumbent position is essential for the safety of the case, a canvas stretcher permits the examination in the horizontal position.

Having placed patient in one of these positions, a large screen is placed over chest, the light turned on, and observations are made of the position of the heart, and excursions of the diaphragm in quiet breathing. Then its level in forced inspiration and expiration are observed, and finally a close scrutiny is made of the relative transparency of the two lungs. And any isolated shadows due to patches of consolidation are searched for. During the course of this examination it is very necessary to vary the amount and quality of X-ray light, as I find slight differences of shadow may be overlooked in a light which is too strong.

To record the results of this examination I use one of two graphic methods. First, looking at shadow of heart and diaphragm on screen, with a dermatographic pencil I trace the outline of each on the patient's skin, first in full inspiration, then in full expiration. Next, the position of any shadow due to consolidation is marked on skin. From these marks on skin a tracing is made on tracing paper (some of

(a) Paper read before Medical Section, Royal Academy of Medicine of Ireland, March 7th, 1902.

which were exhibited), noting position of supra-sternal notch, ensiform cartilage and nipples, or any special rib.

The other method of recording is to use a large sheet of celluloid, placed either on patient's skin or in front of screen, and on this celluloid the shadows are traced, precisely as in the first method.

One advantage of the celluloid method is that a case can be examined and recorded without the removal of clothes, a point that is sometimes much appreciated by the patient.

X-ray examinations in the following varieties of pulmonary tuberculosis have proved most valuable:—

In the diagnosis of very early disease, where there are no physical signs or where they are very doubtful, for instance, in a patient suffering from anæmia, digestive troubles, and a slight temperature, but with no cough or expectoration.

Next in one with very slight physical signs; or in one with complications such as bronchitis, pleurisy, emphysema, or pneumonia, masking the tuberculosis.

Again to confirm diagnosis, or to test lungs, when a known tuberculous focus exists elsewhere; or in cases with a bad family history, to allay fears on part of patient, or relations.

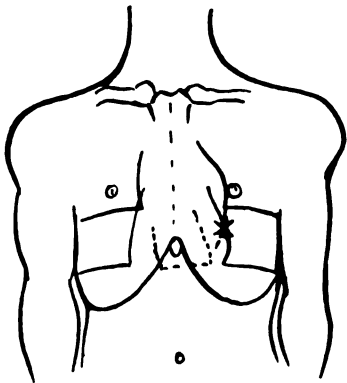


DIAGRAM 1.

In a very early case of consumption the following signs are found present in an X-ray examination.

1. Slight opacity of one apex, or of that part of lung where disease is commencing. As I have pointed out elsewhere, to detect this slight opacity due to consolidation requires sometimes a very considerable experience in X-ray screen examinations, and manipulative skill in adjusting the quality and quantity of the X-ray light.

2. Restricted movement of diaphragm in the affected side, due to loss of elasticity in the lung tissue. This restriction of movement is most marked, as a rule, in the lower ranges.

3. In some cases, during deep inspiration, the heart is displaced towards affected side.

Later on in such a case where the usual physical signs have become established, X-rays show an increase in the opacity and size of the shadow of the consolidated patch, and at the same time the diaphragm's movements become more restricted on the affected side.

Very often in a case where one apex only is suspected, X-rays will demonstrate a patch of consolidation in the other apex.

We can easily see the important bearing of these observations on the treatment of a case of phthisis, especially when taken in conjunction with percussion and auscultation. The results of the usual methods of examination can be confirmed, and in some cases the presence of more extensive disease diagnosed. In the course of treatment the precise extent and

progress of the disease may be watched by X-ray examinations repeated at regular intervals.

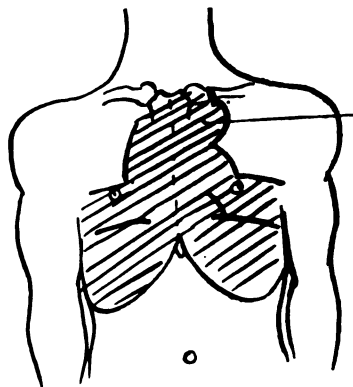


DIAGRAM 2.—PHTHISIS.

The process of resolution in a patch of consolidation is marked by a diminution in the opacity and size of its X-ray shadow.

What has been said of the value of this examination in the treatment of a case is, of course, equally important in giving a prognosis.

When phthisis is complicated by bronchitis the former condition is recognised by the patches of opacity.

When pleurisy is present it can be distinguished by signs to be mentioned later on. This is true also of such complications as emphysema and pneumonia.

In the diagnosis of acute pneumonia little doubt exists as a rule, but where the disease commences in the central portion of a lobe much doubt may exist for a time.

The Röntgen method in pneumonia yields following signs:—

1. Dense opacity of part or whole of lobe, according to degree of affection.
2. Restriction of diaphragm on affected side or sides.
3. Displacement of heart away from affected side, accompanied by dilation.

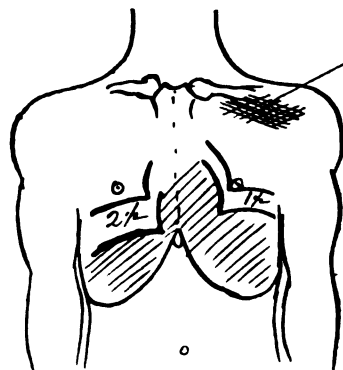


DIAGRAM 3.—PNEUMONIA.

In the after-treatment of a case of pneumonia, and more especially in forming a prognosis as to risks of secondary affections of the lung, I believe X-rays will be of the greatest service.

For a considerable time after the crisis in pneumonia, some weeks, the affected lobe is found to be somewhat opaque, and the diaphragm's movements much impeded by the want of elasticity in the lung. If these signs (when other physical signs are absent) persist for a considerable time, as they sometimes do, the after-treatment of such a case would be necessarily more cautious and prolonged.

The complication of pleurisy in pneumonia, also leaves behind it signs of restricted movement.

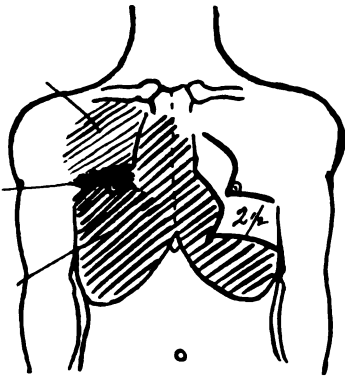


DIAGRAM 4.—LOBULAR PNEUMONIA.

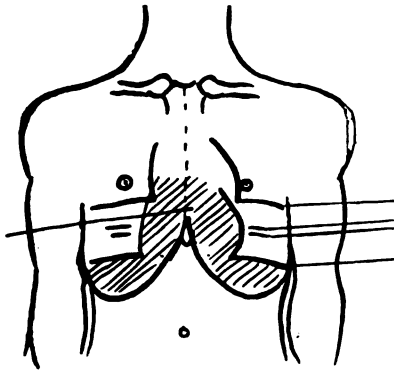


DIAGRAM 5.—IN PLEURISY.

When an effusion is present the screen shows following signs:—

1. Contour of diaphragm is partly or wholly obscured, the pleuritic fluid being very opaque compared with lungs.
2. The lung on affected side is more opaque uniformly, due to compression by the effusion.
3. The heart-shadow is also of course displaced away from the fluid.

When the fluid is free in the pleural cavity, changes in the patient's position will cause a corresponding change in the appearance on screen; while in an encysted pleurisy the shadow is stationary.

X-rays also show much more displacement of the heart than can be elicited by percussion, in a certain number of cases.

Interlobular effusion can also be readily distinguished.

In emphysema of the lungs the screen shows a much brighter and more transparent condition, due to dilatation of air vesicles and greater quantity of contained air. This is of course present on both sides.

In pneumo-thorax, both with or without hydro-py- or hæmo-thorax, the pleural space filled with air is remarkably transparent when contrasted with opposite side of chest.

Tumours of Intra-Thoracic Origin.—Malignant growths in lung, pleura, or mediastinal glands; also bronchial tuberculous glands, and some cases of oesophageal cancer, all yield distinctive X-ray signs.

Aneurysm of Aorta.—This condition is very readily diagnosed by X-rays, and especially in early stages seems of larger area than percussion can indicate.

Normal Heart.—Its size, shape, and character of pulsation (i.e., its size and position in systole and astole) can be watched and measured on the screen.

In many forms of cardiac disease most valuable information is obtained by observing changes in the size, shape, position, and pulsation of the heart. For instance, dilatation of an auricle can be distinguished from that of a ventricle. It is superfluous to indicate the value of these observations during the treatment of cardiac disease.

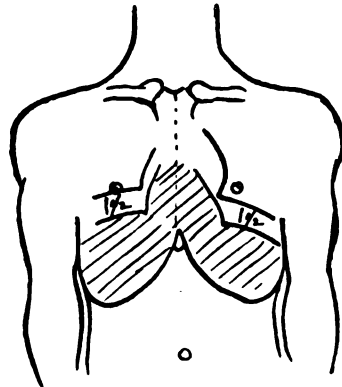


DIAGRAM 6.—ANEURYSM.

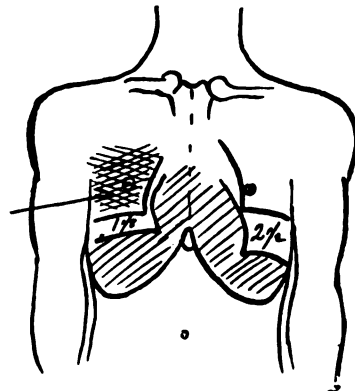


DIAGRAM 7.—NORMAL HEART.

In the abdomen we can now measure accurately the size, position, and shape of a distended stomach by giving a large dose of subnitrate of bismuth and observing the shadow cast by the stomach fifteen or twenty minutes after.

I should also mention that dilatation of the oesophagus due to stricture can at certain levels be diagnosed by the same means.

In summing up the uses of X-rays in medical diagnosis I would most vigorously insist that this graphic method for observing and recording the thoracic or abdominal organs by the eye should only be used as an aid to, and in conjunction with, the tactile and auditory senses of percussion and auscultation.

Before and after the meeting Dr. Haughton demonstrated this method of screen examination with his apparatus on a number of patients suffering from phthisis (early and late), malignant tumour of oesophagus, and pleurisy.

Deaths under Chloroform.

A DEATH under chloroform occurred a few days since at the Oswestry Cottage Hospital, the victim being a man, age 50. No details were given concerning the mode of administration, and the usual verdict was returned. An inquest was held by the Coroner for St. Pancras on the 16th inst., on a man, age 41, who died under chloroform (A C E mixture) given on a mask at the Royal Free Hospital during an operation for the relief of an abscess in the neck.

TREATMENT OF TUBERCULOSIS BY SPECTRAL ANALYTICAL BLUE LIGHT.

By Drs. STERKEL and GUSTAV KAISER,
Of Vienna.

[AS DEMONSTRATED IN PROF. EXNER'S LABORATORY.]

THERE is already a fairly abundant literature giving the history of the adoption of blue rays by Ernest Sterkel and applied clinically with much success by Gustav Kaiser.

Sterkel is the manager of the "Wiener Filiale" Company, owned by the firm of Reiniger, Gebbert, and Schall, manufacturers of electro-medical apparatus, who seem to have given a good deal of time and attention to static electricity, or Frank-linisation, as applied to medicine. The previous literature of the subject is very poor, and the best he could discover was the "Etudes sur l'Electricité," by Beckenstein (published by J. B. Baillière, Paris), which contains all that is known on the subject. The electrodes were of gold, silver, iron, antimony, zinc, &c., one globular, the other pointed for spark, while the patient was seated on an insulated chair, to which one pole could be attached at will. To observe the effects of these metals on the body the electrodes had to be made broad, while small points were made for observation under the microscope. With this arrangement the small points gave the following colours:—Aluminum, blue; antimony, white; lead, violet and light green; cadmium, green; iron, light blue; gold, reddish brown; cobalt, light blue; copper, green; platinum, white; silver, light green; bismuth, greenish blue; zinc, sky blue; tin, light yellow.

These different metals varied in their therapeutical effects, but a peculiarity arose when blue glass was put on the green rays of the copper electrode, the resulting colour being blue. Then followed spectral analysis, and out of ten different shades of blue only one retained the colour.

According to the papers read before the Electro-technic Society and at the Medical Institute, Sterkel and Kaiser began to operate conjointly on bacteria. Pure cultures of tubercle bacilli under a 32 candle-power incandescent lamp were destroyed in a short time. Sterkel next devised a concentrating reflector for penetrating the body and acting on the bacilli in the internal organs. Kaiser conducted his experiments in Prof. Exner's laboratory. The reflector raised the point or focus to 3,000 candle-power.

1. He prepared three pure cultures of tuberculous bacilli for the usual electric light and three for his "spectral analytical blue" light. The cultures were placed at five metres for thirty minutes under the different lights on six different days.

The three cultures under the blue light contained only dead bacilli while those under the ordinary light were still active. Animals were injected with the resulting media in both experiments—that subjected to the blue light giving negative, and the arc light positive results.

2. Cultures were prepared in a similar manner and placed for the same period of time at the back of patients, while the blue rays passed through the patient on to the cultures. On examination after three hours the bacilli were found to be much enfeebled.

3. The blue light rays again (with three cultures) were passed through a hollow lens filled with ammonia, alum, methylene blue, by means of the reflector and killed the bacilli in a very short time—animal experiment proving negative.

This hollow lens is made with two watch glasses

sealed together with a rubber band to which are attached two tubes for ingress and egress of solution at freezing temperature.

4. Light from the reflector was passed through two convex lenses and a bi-sulphide of carbon prism. Cultures were placed in the red, yellow, blue and violet—ultra-violet portions of the rays.

On examination the organisms exposed to red and yellow rays were still alive, but those under the violet-ultra-violet and blue were quite inert, as proved from animal injections.

5. A photographic negative with a thin film was placed at the back of a patient and the light passed through the body a distance of five metres, and in twenty-five minutes the bacilli were almost lifeless.

Kaiser next commenced operations on tuberculous patients. After six weeks treatment with six sittings daily the night sweats and bacilli in the sputum disappeared notwithstanding bad weather and indifferent circumstances.

In a second patient who had a tuberculous ulcer on the leg, this healed within four weeks.

An eczema of six months standing was healed within five weeks.

These results confirm the theoretical assumption that the blue to the ultra-violet rays are bactericidal; that the heat of the rays can be abrogated; that the intensity of the light is in proportion to the distance; that the blue rays are a powerful absorbent; and that they are also anæsthetic.

The patients experimented on were poor out-door patients or in workhouses with no resources. The use of "Tropon" artificial food for adults, and "Hygama" for children was prescribed.

ON STONE IN THE FEMALE BLADDER. (a)

By P. J. FREYER, M.A., M.D., M.Ch.,

Surgeon to St. Peter's Hospital, Lieut.-Colonel I.M.S. (Retired).

MR. PRESIDENT AND GENTLEMEN,—I have in the first place to thank you for the compliment you have paid me in inviting me, who have not the honour of being a Fellow of your Society, to be present this evening to contribute a short communication on "Stone in the Female Bladder" to its proceedings.

I propose giving you brief details of an interesting case sent me by Dr. H. Macnaughton-Jones, your former President, and, taking this case as a text, making some general observations on my personal experience of stone in the female bladder.

An unmarried woman, æt. 24, was sent to me in April, 1901, by Dr. Macnaughton-Jones with a diagnosis of stone in the bladder and vesico-vaginal fistula. For about a year previously she had suffered from increased frequency of micturition, pain in passing urine, and hæmaturia. Latterly, her symptoms had become much aggravated, and on admission to St. Peter's Hospital she was in a very miserable condition, being unable to retain her water for more than a quarter to half an hour, the pain and scalding being intense, and the urine thick, ammoniacal, and extremely offensive. The vulva was swollen and raw from the constant passage of foul urine over the parts, as well as from leakage through a vesico-vaginal fistula.

On April 24th, the patient being anæsthetised I performed litholapaxy. When the lithotrite was first introduced I failed to grasp the stone between the blades, though it was felt grating against the instrument. This was due to the shape of the stone, and its being fixed between the bladder walls, which felt contracted on it. I then distended the bladder with boracic lotion and re-introduced the lithotrite, when the stone was at once caught by its long axis, but, being about three inches long, the instru-

(a) Read at meeting of British Gynecological Society, March 13th, 1902.

ment failed to look on it. The calculus was released and caught by its short axis, when it was rapidly crushed into fine *débris*, and evacuated by the aspirator through a No. 18 cannula, English scale. A large quantity of stinking muco-pus was also washed out. The *débris* when dried weighed 237 grains, and on examination it was found to be composed mainly of soft phosphates, interspersed with particles of a dark, hard substance. These, when collected, turned out to be the *débris* of a slate pencil, which formed the nucleus of the calculus. I questioned the lady in the most delicate and persuasive manner I was capable of as to how this foreign substance could have entered this region of the body, but the only way in which she could account for the peculiar phenomenon was that in her childhood she might have swallowed the pencil! It was, I believe, one of the Georges who never could understand how the apple got into the dumpling. I leave it to you, gentlemen, who are much more intimate with the mysteries of the internal economy of the female sex than I am, to solve the problem as to how the pencil found its way into this woman's bladder.

The cystitis persisted for some time, necessitating the bladder being washed out daily by antiseptic and astringent lotions. On May 8th, a fortnight after the operation, I made a cystoscopic examination, and found that the bladder was quite healthy, both ureteral orifices normal, and that there was a puckered scar on the left of the trigone, in front of the left ureteral orifice, indicating the position in which the fistula had existed. This fistula had evidently been produced by one end of the slate pencil, covered by phosphates, ulcerating through the bladder and vaginal walls, and had rapidly closed when the source of irritation had been removed.

Stone in the bladder is, as you are aware, much more rare in females than in males. This is due to the urethra in the female being short and dilatable, the absence of a prostate, and the rarity of stricture of the urethra, so that small calculi passing down from the kidneys are not so easily arrested in the bladder in females as they are in males.

Among 1,047 cases of stone in the bladder operated on by me, there were twenty-five females, or about 2½ per cent. on the whole. Of these operations 861 were performed in India, seventeen being in females, or about 2 per cent., and 186 in England, with eight in females, or 4.3 per cent. From these statistics it might appear that the proportion of females to males afflicted with stone in the bladder in England is more than twice that in India. The disproportion I entirely attribute to the fact that in India the large majority of the female population is debarred through social prejudices from consulting a surgeon of the male sex.

Of these twenty-five operations for stone in females three occurred in my lithotomy days, before I commenced litholapaxy. These three occurred in children, and the calculi were removed by rapid dilatation of the urethra. All these were successful so far as the operation is concerned; but, unfortunately, in one instance, in which the stone weighed four and a-half drachms, incontinence of urine resulted, I fear permanently. Since commencing Bigelow's operation twenty-two cases of stone in females (seven children and fifteen adults) have come under my treatment, and of these twenty-one have been treated by litholapaxy with entire success. The remaining case was that of a woman, æt. 70. I attempted litholapaxy, but this stone composed of uric acid and weighing two ounces, was so extremely hard that though it was easily grasped by this my largest lithotrite, No. 18, English scale, I could make no impression on it, though I used all the force of which I was capable. The stone in this case I successfully removed by vaginal lithotomy. With my present experience I should remove it suprapubically.

Litholapaxy in females is, as a rule, not a difficult proceeding, the instruments employed being the same as for males. Even quite young female children admit large lithotrites and cannulae without any preliminary dilatation of the urethra. The only special difficulty met with is that, owing to the width and shortness of the urethral canal, the water which is necessary in the bladder

during the crushing of the stone is liable to rush out beside the lithotrite. This difficulty is obviated by getting an assistant to place the fore and middle fingers of one hand in the vagina and to press the posterior lip of the urethra against the instrument, a manoeuvre which prevents the water from flowing out. Litholapaxy in females is eminently successful, and the patient may be seen, as a rule, walking about a day or two after the operation. No forcible dilatation of the urethra being necessary, there is no incontinence of urine, that distressing sequel which sometimes follows the operation of dilatation. I have already referred to one such unhappy result in my own practice. Several similar cases from the practice of others have come under my notice since I commenced to practice in London.

One patient from whom I removed a calculus over an ounce in weight, by litholapaxy, was seven months pregnant. The details of this case are interesting, so I will give them.

Case.—M. C., a female, æt. 25, admitted to the Moradabad Hospital, May 11th, 1890, with symptoms of stone of one year's standing. Seven months gone in pregnancy. Great pain in the region of the bladder, which becomes so intolerable when she attempts to stand or walk that for three months she has had to keep lying down; this is evidently due to pressure of the gravid womb on the bladder, which contained a stone. When she desires to pass urine she has to insert her finger in the urethra, and push back the stone from the neck of the bladder. Next day I performed litholapaxy. The stone was at once caught by my No. 15 lithotrite, which had to be three times inserted before the calculus was completely crushed and extracted. Cannula No. 18 was employed. *Débris* of the calculus, which I pass round, are mainly urates and it weighs 477 grains. Next day the patient was sitting up and walking about her room untroubled by any symptoms. Discharged cured on May 17th.

This is a very interesting case, showing that litholapaxy can be performed in the last stages of pregnancy without the fear of causing a miscarriage. I hesitated at first about undertaking the operation till after the woman's confinement, but her miserable condition and the fear that the presence of a large stone in the bladder might greatly interfere with labour induced me to operate without delay.

THE FALLACIES OF "CANCER": AND THE MOST PROMISING DIRECTION FOR SCIENTIFIC RESEARCH.

By HERBERT SNOW, M.D. LOND., &c.,
Senior Acting Surgeon, Cancer Hospital.

At a moment when an august utterance has directed special attention to the subject of malignant disease; when on every side there is talk of research-laboratories, and of more or less costly schemes of investigation; when millionaires, to promote these, are being sedulously advertised for; and when the lay journals daily boom a new "cancer" "cure" or "astounding discovery," it may not be amiss to point out some of the almost innumerable fallacies which pervade that subject to its core. For until these are cleared away, or at least distinctly recognised and allowed for, there cannot possibly be any scientific progress whatever; and the treatment also must largely remain, as now, pure empiricism. The whole domain of cancer must continue for all practical purposes what it was lately styled by the *Practitioner*, "the darkest Africa on the map of medicine."

I. *Terminology and Nomenclature.*—The word "cancer" itself presents the initial difficulty; and supposing an authoritative investigation, would have first to be reckoned with. To talk of "cancer" at large is exactly tantamount to a discussion on "fever," and could lead to no more definite result. Each tissue develops its own

form of malignant new-growth, to which it would be idle to deny the designation of "cancer" or cancerous. Though the neoplasms resulting bear a general resemblance to each other in career, and often partially overlap in clinical features, yet the causation of each is essentially distinct, and the modes of development present fundamental differences.

On that tissue-basis (I submit the only one possible from a scientific point of view) we have to deal with nine primary forms of cancer, which may be considered *genera*. These arise respectively from epidermic epithelium, glandular epithelium, connective tissue, lymphoid tissues and lymph-glands, tubular gland-follicles, hair follicles, organic muscle-fibre, nerve tissue and endothelium. Then further appear a large number of secondary variants of the former, which may be aptly regarded as *species*. Thus the colloid, osteoid sarcomata; the melanotic sarcoma, and melanotic epithelioma, chloroma, intra-cystic forms of malignant growth, thyroid cancer, &c., &c.

It is of course admitted that the phenomena of malignant disease attacking the special female organs dominate professional conceptions of "cancer," and constitute what almost every writer upon the subject at large has in his mind's eye. But still malignant growths of the uterus and mammae, though numerically prevalent, constitute only a single group. And in any scientific inquiry, dealing for instance with causation, it is not permissible to consider a single section, to the exclusion of all the rest.

Then, in the ordinary nomenclature of malignant disease the utmost confusion is apparent. Some writers refuse the title "cancer" to sarcoma; on what grounds is not apparent. Three distinct forms of tumour are comprised under the term "alveolar sarcoma." The primary cancer of the lymph-glands and lymphoid tissues is often termed a sarcoma (from the meso-blastic origin of these structures and its significance in Cohnheim's almost obsolete theory). That highly elastic term may further denote (a) the true connective-tissue malignant tumour; (b) acute carcinoma, especially of the mamma; (c) the cancer of unstriated muscle, myo-sarcoma; (d) blastomata, the new growths from unobliterated embryonic vestiges; (e) endothelioma. Hence the same technical word is often used in widely distinct senses by different writers. Clinically and pathologically the phenomena of malignancy in pavement epithelium present important differences from those in secreting-gland cells; yet the word carcinoma is almost universally employed to signify both. And many more examples could be given.

II. Causation Fallacies.—Each individual case of malignant disease is preceded by well-recognised and ascertainable antecedents. In other words there is rarely or never mystery about the exciting cause of any given example.

To take the two leading genera, the exciting cause of epithelioma, the cancer specially of males, is the continued friction of a mucous membrane, i.e., direct irritation. On the other hand, the almost invariable precursor of a carcinoma, the cancer *par excellence* of the female, may be summarised as "*anything tending to preclude the tranquil devolution of organs which have passed their period of functional activity, and are entering on their final resting stage.*" Generally this is found on inquiry to have been depressing mental emotion, but exhausting toil or prolonged illness makes for the same effect; and occasionally, mechanical violence. The excitant of mammary and uterine carcinoma is most often indirect.

It is perhaps worthy of note that worry and trouble in elderly women may produce mammary lesions which are, primarily at least, non-malignant. Cystic degeneration of the mammae, and the solid adeno-fibromata of later life, own exactly the same causation as cancer, viz., perverted devolution of the organ. And even the huge uterine myoma is commonly preceded by well-marked signs of preceding congestion with functional derangement.

It is obvious that to bracket too closely together two varieties of disease owning such diverse modes of origin, to say nothing of subsequently divergent symptoms and clinical career, is a proceeding eminently unscientific. How much more so when all the remaining varieties

are confounded under a single heading! For any useful scientific purpose each and every form of malignant disease must be considered separately, at least in points of causation, unless or until we can discover some connecting link, such as a parasite, between them all.

III. The "Cancer Microbe."—No investigator has yet succeeded in establishing to the satisfaction of his fellows the existence of a microbe in cancer, nor since a considerable number were simultaneously proclaimed in different parts of the world, some seven or eight years ago, has anything been discovered to render its presence more probable.

Until then, the *a priori* difficulty which seems, if not absolutely to negative the parasitic theory, at any rate to render it highly doubtful and unlikely, still subsists. If there be a parasite in cancer it must behave altogether differently from every other yet known to science. A great gulf lies between the phenomena of every malady dependent on a microbe, and those of malignant disease. And it is very difficult to conceive how any such extraneous factor could generate that reduplication of normal tissue, though with perverted details—for example, mammary tissue growing in the liver, rectal structures deposited in the lung—which characterise cancer.

IV. Microscopic Reports.—Even the microscopic examination of growths, malignant or supposed to be such, is considerably vitiated by the custom of relying upon cut sections only. The preparation of thin sections accurately discloses the mutual relations of the constituent cells. It almost entirely disguises the shape of the individual cell itself. Under the microscope we see the stained nuclei only. Whereas an appreciation of the exact shape of the whole cell is often of the highest importance towards a correct diagnosis. From the examination of many hundreds of slides, I have been led to regard the spindle-shape as absolutely characteristic of all malignant new-growths really arising from the connective tissues, and so properly designated sarcomata. In the prepared thin section, this feature is frequently indistinguishable.

Another point which is essential to the differentiation of benign from malignant lesions, and which is, I think, often neglected by the microscopist is the army of leucocytes always around the cell-columns of an infiltrating carcinoma; absent in a simple hypertrophy, as when the uterine cervical glands are concerned in the familiar granular erosion.

V. The Path most Promising in Scientific Results.—The absence of any discernible congenital influence or hereditary predisposition in the great majority of cancer cases seems fatal to the embryonic theory of Cohnheim and to the pangenesis invoked by Darwin. And so far, no microbe is forthcoming in spite of several years of laborious search.

The only general theory of cancer which can be said to hold the field is the Autocytic. It explains, with reasonable adequacy, all the phenomena. It is a pithy expression of the actual clinical and histological facts, and it complies with the first desideratum of Darwin, "a good working hypothesis."

The Autocytic theory regards as the essential mechanism of all cancer-growth the escape of the particular cells involved from the control of the nervous system. These cells then become parasites, or rather autositae. They are rebels against the central power, and hence forward prey on the surrounding tissues of the body until death is the final result.

The characteristic features of all malignant or cancerous phenomena, which differentiate this class of diseases from all others, are: (a) Uncontrolled and heterogeneous proliferation of normal cells. (b) Progressive erosion of the surrounding healthy tissues by the new cells. (c) Auto-infection, or diffusion to distant parts. These three salient marks are, by this theory, and this alone, rendered fairly comprehensible.

Until some better explanation appears, it would seem the best policy to hold this tentatively valid, and to follow up its indications. In my humble view, the most promising path is by research among the lowest cellular organisms, the little amoeba and its congeners. By investigating the life-history of these creatures, by

experimentally inducing disease among them, by watching the phenomena of that disease, by gradually working upwards from the lowest to the highest, we shall ultimately be able to comprehend the great mystery of cancer—why the natural constituents of our body become metamorphosed into its deadly foes.

VI. Non-surgical Treatment and the most Hopeful Path of Improvement.—We are often able to hold the course of cancer remarkably in check by the judicious administration of opium, sometimes with cocaine. But, so far, the whole vegetable and mineral kingdoms, and every law of Nature known to man, have been in vain appealed to for a genuine "Cancer-cure."

In 1898 (*Lancet*, October 15th; *MEDICAL PRESS AND CIRCULAR*, November 9th) I pointed out that the nuclear or cell-particles emanating from malignant new-growths must be destroyed to a considerable extent before their successors can gain a foothold in the lymph-glands, producing the ordinary metastatic phenomena. Personally, I have, on this point, no doubt. So far as I can see, only thus can be explained the remarkable influence of proximity upon the secondary gland-infection of carcinoma or epithelioma.

If, for example, one of these lesions arise close to a lymph-gland chain, as at the axillary border there is a rapid enlargement of the adjacent glands, which quickly attain a larger bulk than the primary deposit, and far outstrip it in rapidity of clinical course. On the other hand, if an epithelial ulcer be developed on the fingers or toes, the axillary or inguinal deposits appear very tardily; in other words, the particles of protoplasm which pass into the lymph-currents are rendered inert, either there or within the lymph-gland, until finally triumphant by force of numbers.

Another highly significant point in this connection is the behaviour of the axillary glands with true mammary sarcoma. They are never distally infected, never show metastatic deposit, are implicated only when there is general blood-infection, or by contiguity. No one can doubt that the nuclear particles of sarcoma are conveyed to these glands, though they do not take root therein, like those of carcinoma. They must be destroyed either in the gland or the lymph current. In one of my own cases the glands contained no sarcoma-growth, but were all partially converted into little cysts filled with blood-clot.

Whether the contagious cancer particles are destroyed in the lymph-current or within the gland itself remains of course to be tested. And it is also uncertain whether the principle can be actually brought to bear for therapeutic purposes. These are questions for the prospective laboratorer.

After an exhaustive study of malignant phenomena for many years, I would strongly urge on these bodies the investigation of the principle asserted before any other; being convinced that it holds out by far the most hopeful chance of practical success in cancer-treatment.

Clinical Records.

DERMOID CYST OF THE LEFT OVARY WHICH CAUSED OBSTRUCTION TO DELIVERY. (a)

By J. FURNEAUX JORDAN, M.B., B.Ch., F.R.C.S.
Surgeon to the Hospital for Women, Birmingham.

On February 12th last, I received an urgent summons to a consultation with Dr. Norris, of Perry Barr, upon a case of labour in which delivery was prevented by a pelvic tumour, probably a cyst.

The patient, æt. 29, and married between four and five years, had one child three years old. No pelvic trouble had been suspected until, after she had been in labour three or four hours, the head failed to descend. On examination I found the head, surrounded by the dilated cervix, jammed behind and above the pubes, while behind and below it was a firm, immovable,

moderately tense, and smooth swelling. I decided at once against "tapping in the dark" as a means of relief. I thought it might be possible to incise the posterior vaginal fornix, tap and remove the cyst, and then deliver the child, but found it absolutely impossible to pull down the cervix so as to bring the vaginal fornix within working distance. Under the idea that the child might still be alive I proceeded immediately to open the abdomen, and deliver by Cæsarean section, for it was clear that the cyst could not be removed till the child was out of the way, nor the child delivered by the pelvic route while the cyst remained where it was. Unfortunately, I was just too late to save the child's life. After closing the incision in the uterus by a continuous silk suture, I removed this dermoid cyst. It was deep down in the pelvis, densely adherent everywhere and obviously could not have been removed by the vaginal route even if I could have easily reached the posterior fornix.

Tapping would have been probably disastrous and certainly ineffectual.

The patient made an uneventful recovery.

MULTI-NODULAR MYOMA OF THE UTERUS AND BOTH BROAD LIGAMENTS REMOVED BY SUPRA-VAGINAL HYSTERECTOMY. (a)

By J. FURNEAUX JORDAN, M.B., B.Ch., F.R.C.S.

The patient, æt. 40, and married fourteen years, had had no children and no miscarriages, nor any excessive loss at her menstrual periods, but in the last year or two had occasionally gone a little over four weeks between two periods. She was first seen by me early in November, four months after she had detected a lump in her abdomen. On examination then "the lump" was found in the right groin, but the greater part of the tumour occupied the pelvis. Pain was persistent, but not severe. On her admission into the Women's Hospital on January 13th of this year I found that there had been a decided increase in the size of the tumour; the lump in the right groin caused a marked prominence; a second and smaller lump occupied the left groin, caused a slight prominence there, and there was a depression in the abdominal surface between the two. The pelvis was practically blocked by the tumour, especially at the sides. The general condition of the patient was good, her pulse slow and uniform; her urine contained no albumin, and was of specific gravity 1021.

On January 15th I performed a supra-vaginal hysterectomy, performed by Kelly's method in the Trendelenburg position. I went down on one side, divided the cervix at the level of the internal os, and ascended on the other side. I could not, however, divide the broad ligaments in the usual way, for portions of the tumour had completely invaded both the right and left ligaments, and the division of each broad ligament, therefore, really consisted in the enucleation of the tumour from its interior. The right and larger portion of the tumour had lifted the peritoneum from the iliac fossa, and the cæcum and the vermiform appendix were spread out upon its upper surface, and I found it advisable to remove the appendix. It was impossible to deliver the tumour through the abdominal incision even to the slightest extent, until all its attachments had been divided, as the greater part of it lay beneath the peritoneum. After its removal the out edges of the peritoneal covering were easily brought together in a line across the floor of the pelvis, and united by a continuous suture of fine silk. With the exception of a small stitch abscess, which occurred about the tenth day, her recovery was good. I had, however, some difficulty in getting the bowels to act on the second day; it was imperative that they should do so, for there was very great distension of the abdomen. After repeated turpentine enemata had failed, a very high injection of olive and castor oils, followed by gentle massage of the abdomen, proved effectual in getting rid of large quantities of flatus and fecal matter.

(a) Case read and specimen shown before the British Gynaecological Society, March 14th, 1902.

(a) Case read and specimen shown before the British Gynaecological Society, March 14th, 1902.

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD MARCH 13TH, 1902.

Dr. J. HALLIDAY CROOM, President, in the Chair.

SPECIMENS.

Mr. J. FURNEAUX JORDAN showed (1) A Dermoid Cyst of the Ovary—an Obstacle to Delivery; (2) A Uterine Myoma removed by Supra-vaginal Hysterectomy. Notes of these cases will be found in another column under the heading "Clinical Records."

Dr. SPANTON showed a

MYOMA OF THE UTERUS,

weighing eight and a half pounds. He said he brought the case forward as a particularly interesting example of one of the many forms of myoma with which one had to deal. It occurred in an unmarried lady, æt. 37, to whom of course a tumour of that size was an enormous burden. It began, as was often the case, very obscurely, and with scarcely any symptoms at all until a very few months before he saw the patient in January. She had metrorrhagia with a certain amount of pain, and the increase in the size of her abdomen was sufficiently gradual and suspicious to make the friends keenly alive to the possibility of pregnancy, and to the outward feel it was just one of those cases which might very easily have misled anyone. He found it was a myoma, and operated by the usual method, making flaps and tying each broad ligament in three portions, leaving the cervix, draining the cervical canal into the vagina, closing the flaps with catgut, and putting interrupted sutures through the peritoneum in the ordinary way. Although the tumour probably suggested that enucleation might have been possible, at the time of the operation such a course appeared quite out of the question, there was no projection whatever into the interior of the uterus, and the tumour appeared to be entirely embedded in the uterine wall; he therefore thought that he had adopted the right course under the circumstances. A little over a month from the operation she went home perfectly well. The case illustrated in some respect the advances which had been made during the last few years in the surgical treatment of such cases and the very satisfactory results following such treatment.

Mr. ROBERT O'CALLAGHAN showed

FOUR FIBROIDS AND UTERUS REMOVED BY HYSTERECTOMY.

This specimen was removed from a woman, æt. 39. When admitted into hospital she was thought to have an attack of acute hepatitis which turned out to be a localised peritonitis in one of the fibroids, which was securely attached to the liver by old adhesions; there being a long pedicle between this one fibroid and the others it appeared as if it was a separate growth attached to the liver. On opening the abdomen this fibroid was found to be strongly adherent to the liver and apparently part of it; it was also attached to the hepatic flexure of colon and great omentum. It required considerable force to break it away, after which there was some smart bleeding, which was for the moment packed with a large, hot sponge. The smallest fibroid was fast also in Douglas's pouch; after delivering this he removed the uterus which contains two large fibroids and the appendages. The patient had a smart attack of localised peritonitis, which yielded to three grains of calomel followed by a seidlitz powder, and turpentine enema, but is now quite well, four weeks after operation.

Mr. ROBERT O'CALLAGHAN also showed

FIBROID UTERUS AND CYSTIC OVARIES REMOVED BY HYSTERECTOMY.

This specimen was removed from a patient sent to me by Dr. Vintras, æt. 40. She had very little trouble until a year ago, when menstruation became very profuse, reducing her to a bloodless condition, and her bladder became so irritable that she could not retain urine for more than an hour unless lying down, and constipation, amounting to obstruction, gave her much

trouble. On opening the abdomen this was easily accounted for, as both ovaries, which were adherent, contained large blood cysts (rupturing on enucleation), and this condition tilted the uterus forward, at the same time fixing it well down in the pelvis. She made an excellent recovery, and is now, two weeks after operation, convalescent.

Dr. MACNAUGHTON-JONES said the Fellows were very much indebted to those who had brought the specimens forward, and there were one or two points connected with them which were interesting. Mr. Furneaux Jordan's first specimen showed how foolish it was to lay down any particular rule with regard to the method or technique of removal of myomata. Looking at the specimen and recognising the extreme difficulty of freeing the masses at either side from the broad ligaments without injury to the ureters, the critical point in the removal of such deep-seated pelvic myomata, Mr. Jordan's success showed clearly the superiority of the ligature over any other method of removal. He had himself never tried the application of any form of forceps pressure or clamping the ligament on either side in a similar case; but it was only necessary to look at the specimen to see how extremely difficult it would be to secure the ligaments at either side of such a tumour with a large clamp, without injury to the ureter and other trouble, and what risk would be attendant on the attempt. With regard to the specimen shown by Dr. Spanton, possibly if Dr. Spanton had a similar case in which he could be sure that the tumour was encapsuled he would divide the capsule and then rapidly enucleate its contents. The removal of the capsule made the removal of the myoma under such circumstances particularly easy. There was one point about Mr. O'Callaghan's tumour which he would like explained. He (Dr. Macnaughton-Jones) had never before heard of a uterine myoma which had an attachment to the liver, and would like to know the nature of the attachment. A peritoneal attachment to the transverse colon could be understood, but an attachment which involved the liver substance proper would be a unique, and would surely lead to profuse hemorrhage, and one would expect that the hemorrhage would be fatal. He simply wished to have the statement quite clear for the sake of the records.

Mr. MANSSELL MOULLIN congratulated Mr. Jordan on the successful termination of the case. Such cases had sometimes a way of developing abdominal symptoms at the end of a week or ten days, such as flatulence and abdominal distension and tenderness, which caused their medical attendants great anxiety.

Dr. SNOW, in reference to what had fallen from Dr. Macnaughton-Jones on Dr. Spanton's specimen as to enucleation, said that this was the class of tumour on which he, Dr. Snow, following upon the footsteps of Mr. Lawson Tait, had recently read a paper; he described as a monoma a single tumour, steadily increasing in size until it produced death; and he wanted to ask whether Dr. Spanton would consider the growth malignant. If so, he thought enucleation would be the worst possible policy, because in a very short time there would be recrudescence or recurrence.

Dr. WILLIAM TRAVERS said he simply wished to draw attention to one short line in Mr. Furneaux Jordan's admirable report. Speaking of the discomfort and tension and possible peritonitic symptoms on the second or third day, it was a great comfort to all, and especially early operators, to remember that the pulse was no doubt, in the first few days, the greatest guide in such cases. The signs which supervened on the second day or the third day had naturally made Mr. Jordan anxious, believing the mischief to be traumatic, and that it arose from the handling of the tumour, for the handling had to be somewhat roughly done for the purpose of clearing out the growth. But he (Dr. Travers) thought that, generally speaking, there was not enough notice taken of the pulse as an indication of the condition of affairs. He felt very strongly that the chief guide in the first few days was the pulse, and if that kept below 100, and better still if it kept at about 90 or below, one

could be content to leave things alone. He had no doubt that these early peritonitic symptoms accounted for the adhesions, which were often very considerable, but later on might become troublesome.

Mr. RYALL said he was much interested in Mr. O'Callaghan's case, as it was one of those which proved how fibro-myoma could become adherent to some of the intra-abdominal viscera, and very often be a cause of error in diagnosis. He remembered being present at an historic operation upon a woman for an enlarged spleen. Several very eminent men were present, and one very eminent lady doctor. They all felt the tumour and even detected the notch in the spleen, but when the abdomen was opened, the tumour was found to be one of those pedunculated fibro-myoma with an extremely long pedicle, and one without any intimate connection with the uterus. He believed the ancient pathologists used to say it was impossible for fibro-myoma of the uterus to be adherent to the small intestine; but adhesions frequently did occur between fibro-myomata and the small intestine, not to mention other viscera. He thought Dr. Spanton was to be congratulated for not trying enucleation in his case.

The President said that Mr. Furneaux Jordan deserved the very greatest possible acknowledgment for his success in the case in which labour was complicated by an ovarian tumour. He had in a very similar one himself met with the reverse. The patient was in labour, and the medical man in attendance had put on forceps, and in pulling the foetal head down he crushed the tumour. There was no possibility of removing the tumour by the vagina, and the woman died. With regard to Dr. Spanton's case and Dr. Snow's remark that monoma was usually malignant he, the President, had had a very curious experience. A great many years ago Mr. Tait, when visiting Edinburgh, had asked him, the President, to provide him with two show cases, upon which he could operate for the benefit of the profession. He selected one, for removal of the ovaries in order to check the increase of a fibroid tumour, a single myoma such as Dr. Spanton had removed. The lady of course made an excellent recovery, and the case was recorded in Mr. Tait's book. But the lady died long afterwards, and she was the only woman he had ever known to have died directly from uterine hemorrhage due to a myoma. He accordingly wrote to Mr. Lawson Tait to tell him that his operation in that instance had been unsuccessful. He received a most characteristic reply saying that the fault was his, Dr. Croome's, for he had mistaken a sarcoma for a myoma. It certainly seemed to be a myoma exactly like that shown by Dr. Spanton. He scarcely knew what would be the best course in dealing with monomata. He could not say he would be disposed to enucleate; at the same time removal of the ovaries did not seem to offer much hope. Distension to him was a very serious feature, and he quite agreed with others who had spoken that the pulse was the indication as to the gravity of the case. He thought the treatment adopted had been the best.

Mr. J. Furneaux Jordan, Mr. O'Callaghan, and Dr. Spanton having severally replied to the criticisms and inquiries of the members who had discussed their cases, Mr. FREYER (as guest) showed a specimen of

MYOMA OF THE BLADDER,

first thanking the Society for the honour of inviting him to bring the specimen. The patient was a married woman, *et. 24*, who had been married five years when she came under observation. She was confined of a child a year after marriage, *i.e.*, four years before she came under medical notice, and nothing unusual occurred. At a second confinement two years later there was considerable difficulty, the doctor having to push the tumour back out of the way of the foetal head. Some time after that she was admitted into a London hospital, and a tumour of the bladder being diagnosed, the urethra was dilated and the tumour scraped, but with no good result. She came under observation at St. Peter's Hospital on October 15th last year. She was then suffering from severe hæmaturia, from great straining to pass her water, the straining having been

necessary by the retention of urine, which sometimes had to be relieved by the passage of a catheter, and at other times by passing the hand up the vagina and pushing the tumour out of the way. On October 30th he operated, opening the bladder supra-pubically, and found the tumour he had described. He nicked the mucous membrane covering the tumour, and with his finger separated the mucous membrane from the tumour and gradually enucleated the tumour without any difficulty whatever. The patient made an uninterrupted recovery and was discharged from hospital a month afterwards and was now quite well.

The President thanked Mr. Freyer for his most instructive case, which it was very kind of him to come and show. The specimen was a very interesting one, and, as far as he knew, absolutely unique.

Dr. MACNAUGHTON-JONES showed the chart of a patient after hysterectomy for myoma. While she had made an excellent recovery without complications of any kind, there had been a remarkable pulse rate. It became dicrotic a few days after operation. Finally, at the end of the first week, it reached 190 in the minute, while the temperature range varied, though it did not at any time reach 102°. This rapidity of pulse continued for over a fortnight after operation. The respirations all through were normal.

Dr. MACNAUGHTON-JONES also showed a drawing of the fundus in which there were hæmorrhagic extravasations into the retina, the secondary consequences of albuminuric retinitis occurring during pregnancy. The patient had been operated on by him for a parovarian cyst, which had caused pelvic peritonitis. After the removal of the affected adnexa she became pregnant, and the vision of both her eyes was most seriously affected. She was delivered at full term, and her vision was now perfectly normal.

The President read a paper on "An Interesting Case of Ovarian Abscess," which we hope to publish in an early number.

Mr. FREYER read a paper on "Stone in the Female Bladder," which will be found in another column under the heading of "Original Communications."

In the discussion the President, Mr. Furneaux Jordan, Dr. Snow, Dr. Travers, Dr. Macnaughton-Jones took part, as well as Dr. Spanton, who showed stones of 70 and 180 grs. and a slate pencil, 2½ ins. long, removed from children without leaving any incontinence; he occurred, however, with Mr. Freyer that litholapaxy, or the supra-pubic operation in the case of very large stones, was now the treatment to be adopted.

Mr. SPANTON showed the following specimens:—

1. In the course of some remarks on Mr. Freyer's paper, showed a mixed calculus, weighing 180 grs., removed entire from a girl, *et. 5*, by urethral dilatation. The operation was not followed by incontinence or any untoward result.

2. Another calculus, weighing 70 grains, from a child, *et. 3*, removed in a similar manner, and followed by complete recovery.

3. A piece of slate pencil removed from the bladder of a girl, *et. 11*, measuring over 2½ inches in length, each end of which was fixed in the bladder wall. Dilatation and forceps were employed. Recovery was immediate.

Such satisfactory results did not, however, always follow dilatation, and future practice will no doubt lead to litholapaxy in most cases, and suprapubic lithotomy in the case of unusually large stones, as advocated by Mr. Freyer.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF OBSTETRICS.

MEETING HELD IN THE ROYAL COLLEGE OF PHYSICIANS
ON MARCH 14TH, 1902.

Dr. ANDREW HORNE in the Chair.

Dr. T. HENRY WILSON, Hon. Secretary, exhibited for Dr. Glenn an uterus removed by retro-peritoneal hysterectomy, showing peculiar venous attachments.

Dr. ALFRED SMITH exhibited three fibromatous uteri, showing mucoid degeneration.

Dr. PUREFOY exhibited a fibroid uterus and a specimen of ruptured tubal pregnancy.

The chair having been taken by Dr. Purefoy, Dr. HORNE exhibited a specimen of a large uterine polypus. On resuming the chair, Dr. HORNE called on Dr. PUREFOY to read his "Report of the Rotunda Hospital for the year 1900-1901."

During the year, 1,905 women were admitted to the maternity department of the Rotunda Hospital, of whom 1,610 were confined, and 300 were discharged not being in labour. Among those treated were found some of the rarest concomitants of pregnancy, viz., emphysema, puerperal aphasia, and pulmonary embolism. During the year, three deaths occurred: (1) moribund on admission; (2) an emaciated cachectic patient, some days in labour before admission, succumbed after Cæsarean section, rendered necessary by uterine fibroids; (3) an elderly patient with contracted pelvis, after induction of premature labour, unusually protracted by inertia of uterus and morbid adhesion of the placenta. The dispensary attendances during the year were 10,741. In the extern maternity department, 2,175 cases were treated, including 286 cases of abortion, eighteen of accidental hæmorrhage, six of placenta prævia, twenty-seven of *post partum* hæmorrhage, and seven cases of prolapse of funis. In the intern maternity 1,616 cases were treated, of whom 549 were primiparæ. The operations performed included 66 forceps cases, 24 cases of the manual removal of the placenta, 10 cases of version, and one case of Cæsarean section. There were 19 cases of accidental hæmorrhage, 9 of placenta prævia, 36 of *post partum*, and one of secondary hæmorrhage. The presentations included 43 cases of breech, 5 of face, 8 of footling, 20 of occipito-posterior, 6 of transverse, and 10 cases of prolapse of the funis. Of multiple pregnancy, there were 14 cases, all of which were twins. Episiotomy was practised in 18 cases, chiefly as an aid to forceps extraction—the single incision in the mesial line was invariably adopted. Ophthalmia occurred in four cases during the year. In all the attack was mild, and had entirely subsided before the infant left the hospital. A red vaginal discharge, having the character of menstrual fluid was observed in two infants, beginning on the second day after birth, and lasting four or five days. The causes of morbidity included mastitis in four cases, influenza in two, bronchitis in three, phthisis in one, pleurisy in one, mania in one, syphilis in two, erythema in two, inflamed piles in one, rheumatism in one. In twelve cases the cause of morbidity was not ascertained. The report dealt very fully with the case of that rare and interesting condition puerperal aphasia, of which Dr. Purefoy's case is an example. The patient was æt. 23, a primipara, of healthy appearance. Her pregnancy had proceeded most favourably till the beginning of the ninth month, at which time her husband, one day returning from work, found her in bed and unable to speak anything but the word "Yes." At the same time he observed large quantities of vomit on the floor. The case of pulmonary embolism occurred in a primipara, æt. 34, who made a good recovery. Messrs. Johnson and Sinclair record seven cases of this affection, but this is its first occurrence during Dr. Purefoy's term of mastership.

At the termination of the reading of the Report it was decided to postpone the discussion until the next meeting of the Obstetrical Section, and the meeting terminated.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION.

GENERAL MEETING HELD FRIDAY, MARCH 14TH, 1902 (at the Medical Society's Rooms, Chandos Street).

President, Dr. JOHN MACINTYRE, F.R.S.E., in the Chair.

Dr. MCCALL, of Bournemouth, showed an advanced case of tuberculous laryngitis, which had been exhibited last year and had remained well for nine months without further intra-laryngeal treatment.

Mr. MAYO COLLIER showed a case of deaf mutism, shown at the last meeting, in which there was continued improvement following the removal of impacted cerumen.

The PRESIDENT exhibited a foreign body with an X-ray photograph, showing its position in the antrum of Highmore. The patient had been operated on in Paris for empyema through the alveolus seven years previously, and was wearing a silver tube with a soldered flange. This last had become separated, and the tube had disappeared into the cavity, as was proved by Röntgen irradiation; Dr. Macintyre, to remove this, operated through the canine fossa, after which the empyema was promptly cured.

Mr. BARK (Liverpool) remarked that this case was important as demonstrating that opening of the antrum through the alveolus was an incomplete operation, and that in all cases the cavity should be entered through the canine fossa.

Dr. WOODS (Dublin) mentioned two instances, one in his own practice, of a similar accident.

Mr. LENNOX BROWN thought that in early and dental cases the alveolar operation was sometimes sufficient. The accident was not so very uncommon, and could be avoided by the cannula being made of gold and in one piece.

Dr. KELSON urged the importance of making a counter-opening in the nose in all these cases.

Dr. DUNDAS GRANT opened a discussion on THE DIAGNOSIS AND TREATMENT OF VARIOUS FORMS OF NERVE DEAFNESS.

We propose to publish the author's paper in full in our next issue.

The discussion was adjourned to the next meeting.

The annual dinner of the Association was held at the Café Royal in the evening.

LIVERPOOL MEDICAL INSTITUTION.

MEETING HELD THURSDAY, MARCH 13TH, 1902.

CLINICAL EVENING.

THE following cases were shown:—

Lupus healed by X-rays, Dislocation of hip, and Ten cases illustrating treatment of chronic ulcers of legs, by Drs. Alexander and Peet.

Tuberculosis of the skin of arm, by Drs. Alexander and Martin.

Molluscum fibrosum with progressive muscular atrophy, Muscular tremors, Two nervous cases for diagnosis, Deformed hand, Locomotor ataxia and early rodent ulcer, and advanced rodent ulcer, by Drs. Alexander and Jackson.

Wired fractured patella, Repaired sciatic nerve (division by bullet), Cured popliteal aneurysm, and Serous meningitis (?) cure, by Mr. Thelwall Thomas.

Pseudo-hypertrophic paralysis, Osteo-arthritis of the spinal column, and Ascites treated by frequent tapping, by Dr. T. B. Bradshaw.

Rodent ulcer, fifteen years duration, by Dr. W. T. D. Allen.

Favus, and Lymphadenoma, by Dr. Ernest Nevins.

Sarcoma of the buttock, Favus, by Drs. Nathan Raw and R. T. Bailey.

Edema of the hand, by Mr. Hawkins Ambler.

Epidermolysis bullosa hereditaria (mother and daughter), and rodent ulcer of nose and eyelids and epithelioma of neck, X-ray treatment, by Dr. Stopford Taylor.

Primary syphilis in a septuagenarian, and Psoriasis (inveterate type), by Dr. Frank H. Barendt.

Series of lupus cases, treated by X-rays, Finns rays, and urea, by Dr. Leslie Roberts.

Growth on the conjunctiva (fibroma?), Tuberculosis of the cornea, and Varicocele of the orbit, by Mr. R. J. Hamilton.

Traumatic dilatation of the orbital veins, Wound of the lower eyelid involving the internal rectus muscle, and Rupture of the retina (golf ball), by Mr. Edgar Stevenson.

Demonstrations were given by Dr. Thurstan Holland

of a bullet in the heart (X-ray), and by Mr. Edgar Stevenson of Haab's electro-magnet. Radiographs, Dr. David Morgan.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, March 22nd, 1902.

THE *D. Med. Zeit.*, March 13th, gives a note by Prof. Condamin on

A NEW METHOD OF TREATMENT OF PERSISTENT VOMITING OF PREGNANCY.

Although it cannot be said that the principle is altogether new, it is still so excellent that it should be more widely known than it is. The Professor sees in such vomiting a sign of intoxication and an indication for removal of the toxic substance, whatever it may be. It is his constant endeavour to provide a substitute for the induction of the abortion that such cases generally end in. For some time past he has invariably been able to dispense with this by adopting the following line of treatment:—

Absolute abstinence from food for from eight to ten days. Daily injections into the rectum of three to four litres of artificial serum in quantities of 300 grammes with or without the addition of opium. In case of absolute intolerance on the part of the rectum, hypodermic infusion. After ten or twelve days' abstinence from food, gradual return to feeding by the mouth.

The *Monat. f. Geb. & Gyn.*, 14-4, has an article on

DISTURBANCE OF LABOUR AFTER VAGINO-FIXATION OF THE UTERUS,

by Dr. Ruhl, of Dillenburg. He claims that in but very few cases in which disturbance of the course of labour is met with after vagino-fixation, is this really due to the operation itself, but rather to circumstances connected with it. In five of the cases considerable complications were present, which in part rendered the fixation unusually firm and extensive, and made the cervix somewhat difficult of access. It is, at least, not improbable that natural delivery would have been out of the question in some cases. There was no operation, and no method that might not be followed by unpleasant circumstances, and it was remarkable that so few were met with after such an operation as vagino-fixation, when one would expect it. The results were very much in favour of vagino-fixation, as compared with ventro-fixation.

At the Hufeland Society, Hr. Jolly discussed the OPTIC APPEARANCES IN MIGRAINE AND THE THEORIES OF ITS CAUSATION.

The base of the address was a series of observations made on himself. There was a glistening scotoma as usual. Quite a number of observations had been made, and these had been collected first by Charcot, then by Gowers and others. Then a few years ago appeared the monograph of Antonelli. The scotoma might appear in one of three forms. The one-sided, in which the second eye was normal, was rare. The second form was that in which it was central on both sides, commencing in the periphery of the field, then gradually extending over the whole, and finally becoming fixed in the centre. In the third form one-half of the field of vision is affected as in hemianopsia.

The speaker's scotoma belonged to the latter category. It first came on in one eye in his ninth year, after an injury. He had suffered from migraine in his youth, increasing towards evening, and going off while asleep. There was loss of appetite, but no nausea nor vomiting and those wine flushes were never present. Towards the end of this student-time he became quite free, and as the scotoma first appeared in 1871 he was surprised and frightened. The shiny appearance came from one side and prevented him seeing, disappeared after a time outwards, and left an intense headache behind. Vomiting never took place. A similar attack took place some years after. The attack was even then very characteristic, and was repeated with short pauses through the nineties.

The phenomenon ran the following course: A cloudy speck appeared to the right or left or below, the mid line remaining free. It was not a bright scotoma, but a growing grey cloud that completely obscured the object. This phase lasted from a few to fifteen minutes. In the second phase a bright figure bordered by zigzag lines took the place of the cloud, sometimes glistening like gold, sometimes like silver, with the colours of the spectrum at intervals. Then his figure enlarged, and whilst this was going on the inner part cleared, and then vision returned, whilst outwardly vision was still absent. Then the area widened more and more. The middle line was never passed. The zigzag line disappeared outwards, left a sense of blinding, and then all passed off. Sometimes the various phases were shortened. It was remarkable that the glittering scotoma sometimes appeared the reverse way—from without inwards. There were therefore constant symptoms to be dealt with. The onset of the headache had still to be mentioned. The phenomenon, at first disagreeable, was not so later on. A certain feeling of pressure in the eye was to be noted. In some cases the headache was more violent than others, but never very lasting. It always disappeared in a few hours. It must be assumed from both eyes being affected that a part of the brain centralwards from the chiasma must be the part implicated.

It was not the cortical part, as had often been stated in recent times. The grounds for such an assumption would not hold together.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, March 22nd, 1902.

OPERATIVE ASCITES WITH COCAINE.

PAL exhibited two patients at the "Gesellschaft der Aerzte" to demonstrate the advantage of "Talma's method," as Pal designates it. Both patients suffered from hepatic cirrhosis.

The first was a man, æt. 38, who was anæsthetised with cocaine on January 15th, 1901. The omentum was fixed so that the space between the bowel and peritoneum should be as great as possible. In a short time after the patient had an epileptiform fit with hemiparesis similar to that described by Eck in his experiments on animals, when a fistula existed between the portal artery and vein, from which he recovered after treatment with bromides. Hæmatemesis was also present at one period.

The second case was that of a cooper, *æt.* 47, suffering from hepatic cirrhosis with ascites. Both patients recovered.

Pal has operated in this way on sixty cases, two-fifths of which proved satisfactory. Pal referred to five cases operated on by Frunk, two of the patients dying, but not in consequence of the operation. The other three had to be tapped later.

Eiselsberg related a number of cases in which he had operated by Talma's method, and in two of the cases he had to suture the spleen. In none of his cases did the ascites disappear, but repeated tapping was followed by ultimate success. As to Pal's hæmatemesis, this, he admitted, was a grave symptom, as it appears to be due to a retrograde embolus which aggravated the prognosis.

Frunk said he had performed seven operations recently with Schleich's anæsthetic on account of cardiac trouble associated with the cirrhosis. In many of the cases he found the omentum greatly shrunken, so that a wide area had to be brought into contact with the abdominal wall in order to obtain the necessary anastomosis. In one case he connected the appendices epiploicæ with the large intestines and that patient did very well. As a rule, however, connection with the parietal peritoneum was enough, although it might be necessary in some cases to connect it also with the muscular tissue.

AMPUTATION ABOVE ANKLE, OR SUPRA-MALLEOLAR AMPUTATION.

Eiselsberg next demonstrated a patient whose foot he had amputated just above the ankle. Success had always been difficult to ensure in this operation, as the covering was so small and the stump too tender to allow of the use of an artificial appliance. To obviate this drawback Bier attempted to follow Pirogoff in his operation on the tibia by cutting out a piece of bone, leaving the periosteum to cover the cut end. Bunge tried a similar method, but scooped out two or three centimetres of the medulla in order to prevent the formation of a great amount of callus. After healing he commenced early massage, walking about on a mattress, &c., to reduce the sensitiveness of the stump.

Eiselsberg now proposes a long apparatus made of wood with a fine rim of iron, ten centimetres broad, over which is fitted a tight rubber support which holds the stump tight. He claims for this apparatus that it is cheap (*4s. 6d.*), and weighs only one kilo=2.2 lbs.

He also showed an instance of amputation by Bier's method in a young man, *æt.* 19, when locomotion was still very ungraceful.

Mozkovicz showed a patient, *æt.* 64, on whom he had performed Bunge's operation with perfect success. Bunge's method, he affirmed, was superior to Bier's, as there was less bone sacrificed.

Schnitzler said that none of them had mentioned Brun's efforts to cover the bone by a sort of osteo-plastic operation. Owing to the cicatrix not being on the bearing surface the stump was a very useful one for any appliance to be fitted to.

NON-COAGULATION OF LEUCOCYTHÆMIC BLOOD.

Herman next gave an account of his experiments on the blood of leucocythæmic patients, which Ludwig twenty years ago affirmed was uncoagulable after death, although it contained albumin, which was in the form of a peptone. This, he said, might be generally true,

but he had found that blood newly drawn from the veins might not contain it, though it was present after three days. He gave the particulars of a case of lineal-myelogenic leucocythæmia. The fluid was kept sterile and therefore could not be due to germ action, although a ferment is assumed to be present.

This principle could be separated by alcohol, filtration and drying, and with albumin in an alkaline solution it acted as a digestive. It acts like tryptic ferment which is destroyed by heat, but can still be obtained from the non-coagulable blood as an albuminoid body.

The Operating Theatres.

ROYAL FREE HOSPITAL.

OPERATION FOR REMOVAL OF SARCOMA OF ORBIT.—

Mr. H. WORK DODD operated on a woman, *æt.* 71, who had been admitted for a growth in the left orbit. Three years ago Mr. Dodd had operated on this patient, doing iridectomy in both eyes for double glaucoma. At this time there was no indication of the present growth. After the iridectomies the right eye did remarkably well and continued in a good state up to the present time; but in the left eye the pain still continued to come on at intervals, and a year after this iridectomy Mr. Dodd advised the patient to have the eye removed on account of the pain. She declined operation, and was lost sight of until the present time. During the intervening period she stated she continued to have repeated attacks of pain in the left eye. About eight months ago the eye began to get large, to swell, and to become red. The swelling varied in size at times, but the pain became more and more severe. She also had pain in her neck on the left side, and a swelling was noticed in this situation, which remained at the present time. For some time past there had been a watery discharge from the growth, and lately this discharge had become yellow. On admission it was elicited that there was nothing in her family history bearing on the present disease; her general condition appeared to be fairly normal. The abdominal wall was rather rigid, and the superficial veins were somewhat dilated. The liver dulness began in the sixth intercostal space, and the lower edge of the liver could be felt five inches below the costal margin. There were three or four nodules which could be felt in this area moving on deep inspiration. Over the left orbit there was a swelling about the size of a large orange, which was roughly circular in outline and tailed outwards towards the ear, being in this region attached to the bone; it extended from just above the eyebrow down to the level of the nostrils, and from close to the middle line of the nose to a point four centimetres anterior to the external auditory meatus; the colour of the growth was bluish red; there were dilated veins in the surface, and also several white hard nodules, and at the inner part there was a shallow ulcer about two centimetres in diameter; no eyeball could be seen. The tumour could be moved slightly in all directions, and it was very massive and hard; the eyelids were widely stretched over it, the eyelashes being from 1 to 3 millimetres apart. The measurements of the swelling were: vertically 11.5 ccs., transversely 14 ccs., height from level of sound eye 3 ccs., vertical distance between the lids 6.5 ccs., distance between the inner and outer canthi 9 ccs. The pre-auricular gland and one behind the angle of the

jaw were enlarged and tender. There was a little paresis about the left side of the mouth and face. Owing to the character of the disease and to the probabilities of liver trouble existing also, there seemed no chance of any permanent benefit being derived from operative treatment; the patient, however, was a woman of extraordinary vitality, so Mr. Dodd determined to remove the growth as completely as possible in order to free her from her pains and from the discomfort of an ulcerating, discharging mass. Therefore, after she had been placed under chloroform an incision was made, beginning at the root of the nose and extending along the eyebrow close to the upper edge of the growth to about four centimetres beyond the orbital margin. The tumour was then raised from the bone as far as the edge of the orbit, and the incision continued round the lower margin



of the growth, at the level of the nostrils, and along the median side; the tumour was then separated from the bone to the lower margin of the orbit; owing to its remarkable solidity it was with some difficulty removed from the bony wall of the orbital cavity; it completely filled that cavity and was held very firmly down at the apex of the orbit, it being so hard and inelastic that it was practically impossible to get the finger between it and the bone to any extent. By means of a periosteal detacher, however, it was freed and the apical attachment divided with curved scissors. A second incision was now made from the first over the pre-auricular lymphatic gland which was then removed. No bone was taken away as the growth was considered too extensive. The edges of the wound were next brought together by sutures where it was possible to do so, and the orbital cavity was plugged and the whole exposed area dressed with cyanide gauze. The patient took the anæsthetic well, and at the end of the operation, which lasted thirty minutes, her pulse was good and she was warm. The growth removed weighed $7\frac{1}{2}$ ozs. Mr. Dodd said that

with regard to the glaucoma one fact had to be noticed which was interesting in the point of view of diagnosis: that the glaucoma was double, for it was usually laid down in text-books that in intra-ocular tumours the swelling will cause increasing tension in one eye, the other remaining normal. If the glaucoma this patient suffered from, he said, had any connection with the subsequent growth (which however, of course, it may not have had), then one point of assistance in the diagnosis of intra-ocular tumours was considerably weakened in importance. He pointed out that it was not to be wondered at that this old woman had suffered from such constant and severe pain when it was seen what an extraordinary amount of pressure the removed solid growth must have exerted on the walls of the orbit and on the surrounding structures. The conditions, he thought, somewhat resembled the inflammation in the hard structures of a tooth producing ordinary toothache. He also remarked that in removing a tumour or the whole contents of the orbit it would perhaps be found better to attack the growth from the outer side, as more freedom of movement is thus given through the extra space; but owing to the way in which this growth was fastened down at the apex of the orbit, there being absolutely no elasticity in the tumour, it was impossible to pull the optic nerve forward into the orbital cavity, as was usually advised to be done in all cases of malignant disease, so as to take away as much of the nerve as possible, and so lessen the chance of the future extension of the disease. In this case, however, this was not of so great importance, as it was not hoped to remove entirely all the disease.

On microscopical examination, the tumour was found to be a melanotic sarcoma, probably starting intra-ocularly and extending outwards and backwards along the optic nerve, it appeared as it were to roll forward all round the eyeball, and to enclose and to compress this, the globe being found in the interior of the growth.

Royal Institution of Great Britain.

THE lecture arrangements after Easter include the following:—Tuesdays, April 8th, 15th and 22nd, "On Recent Methods and Results in Biological Inquiry," by Allan Macfadyen, M.D., B.Sc., Jenner Institute of Preventive Medicine, Fullerton Professor of Physiology, R.I. The Tyndall Lectures, Tuesdays, May 20th, 27th, June 3rd, "On the Laws of Heredity, with Special Reference to Man," by Professor Karl Pearson, M.A., F.R.S. Thursdays, April 10th, 17th, 24th, "On the Oxygen Group of Elements," by Professor Dewar, M.A., LL.D., D.Sc., F.R.S., M.R.I., Fullerton Professor of Chemistry, R.I.

Gresham Lectures.

DR. E. STILES THOMPSON, Gresham Professor of Medicine, will deliver a course of Lectures in Gresham College (Basinghall Street, E.C.), on April 8th, 9th, 10th and 11th, at six o'clock each day, the subject being "Food and Diet." The lectures will be illustrated by diagrams, and are free to the public.

The Mortality in Foreign Cities.

ACCORDING to official returns supplied to the Registrar-General, the death-rate of the various populations per thousand for the latest week to hand was: In Calcutta 36, Bombay 109, Madras 48, Paris 23, Brussels 17, Amsterdam 19, Copenhagen 17, Stockholm 15, Christiana 12, St. Petersburg 23, Moscow 29, Hamburg 14, Munich 20, Vienna 21, Prague 24, Buda-Pesth 19, Trieste 25, Venice 23, New York 23, Philadelphia 22.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 26, 1902.

THE MIDWIVES BILL.

THE passage of the Midwives Bill through the committee stage in Parliament without any substantial alteration in its provisions gives a fair index of the political influence of the profession. The Bill has been piloted by experienced Parliamentary hands, and there was an absence of organised opposition, which may perhaps be explained in part on the ground that, even in the ranks of the profession, opinions are divided as to the desirability of conferring a status on imperfectly trained women who practise midwifery for gain. The medical arguments against the Bill were no doubt weakened in some degree by the suspicion that they were aimed at the Bill less from the point of view of the safety of parturient women than from interested motives, a view which many of the speeches made at medical conferences must have encouraged. The control accorded to the General Medical Council is almost illusory. The attempt to substitute the Medical Council for the Privy Council as the body responsible for the formation of the Central Midwives Board failed, so that, as matters stand, proposed rules must be submitted by the Privy Council to the General Medical Council, whose recommendations must be "taken into consideration," but we all know what amount of consideration the Privy Council is in the habit of according to recommendations from this quarter. An amendment was agreed to requiring the midwife to give notice in each January of her intention to carry on practice, but although the principle is excellent it is not easy to see what good can result in view of the other clauses of the Bill. In future no unqualified midwife will be able to recover payment for her services, but an amendment imposing a penalty on unqualified persons for so practising was negatived. The penal clause thus applies only to the assumption of title, that is to say, the use of any title or

description implying that she "is a person specially qualified to practise midwifery." A further opportunity for moving amendments will, of course, occur when the Bill, as amended by the Standing Committee, comes before the whole House, a stage which, it is stated, is not likely to be reached until after the Whitsuntide recess. It was confidently anticipated by many that a Bill upon lines which had been in many respect formally disapproved by the General Medical Council would fail to receive the support of the House, but events have shown that the opinions of this body command scant respect in Government circles. This, we repeat, is an object lesson in medical politics and should impress upon members of the profession the importance of cultivating the arts of political influence. There is every prospect of the Bill becoming law much as it stands and the consequences, for good or evil, will have to be faced.

POST OFFICES AND THE SPREAD OF TUBERCULOSIS.

TUBERCULOSIS kills from 60,000 to 70,000 persons every year in Great Britain, this number being equal to about ten per cent. of the deaths from all causes. Tuberculosis is, indeed, the most deadly malady with which we have to contend. Public and professional attention has been aroused, and efforts to mitigate the evil are being strenuously carried on. Much interest is being given to the erection of sanatoria, and it is well, but sufficient importance is not laid on the measures which public bodies and private individuals are capable of initiating to secure the prevention of infection. There is little doubt that post offices as carried on in our crowded centres often offer facilities for the propagation of consumption, and attention has recently been directed to the frequency of phthisis among post-office officials. Mr. Garland, from statistics based on returns from reports of an insurance society confined entirely to post office employees, and the official returns of the Postmaster-General, shows that of every 100 deaths among sorting-clerks and telegraphists between the ages of fifteen and sixty-five years, 45·4 were due to phthisis. The loss from phthisis among workers in the Post Office is appreciably higher than that among the general populace, which stands at about 1·3 per 1,000 living. And yet it must be remembered that the Post Office staff consists of selected lives, candidates being required to pass a medical examination before they are admitted to the Service. We strongly contend that it is the duty of every department of the State to see that the health of our officials is not in any way impaired by the neglect of hygienic precautions or carelessness in respect of sanitary measures. In the present case we urge that it is necessary that the State should lead the way in the adoption of preventive measures, and so by force of example set a much needed lesson for other large employers. But not only are the great centres of the postal system in urgent need of reform but much remains to be done to make the local post offices more healthy for the members of the staff employed and less dangerous

to the public who have to frequent them. As everyone knows, the post offices in the metropolis and in many of our large towns often afford just those conditions which are particularly favourable to the spread of consumption. In this matter the Post Office authorities might set an example to shop keepers and small business houses. At present many a post office is little better than a death-trap for the young girls who serve therein, and the dust-laden atmosphere and filthy floors are real dangers to the public. Every public office directed by the State should be an object lesson in sanitary righteousness. It is but little good to build sanatoria for the infected if the State still perpetuates conditions which necessarily maintain a tuberculous environment. The sacrifice of life which is going on under evil conditions, capable of being readily rectified, is impairing the physical efficiency of the country, and it is time that the State shook itself free from the countenance of methods which are dangerous to the health of the Commonwealth.

THE TUBERCULOSIS PROBLEM IN THE UNITED STATES.

THERE can be little reasonable doubt that the extermination of that most disastrous scourge of humanity, tuberculosis, has now become simply a question of time. The rapid way in which medical science has reduced the malady from the position of an incurable and hopeless to a curable and preventable malady affords an admirable illustration of the boundless energy of modern scientific methods. In every progressive country of Europe the tuberculosis problem is engaging the combined attentions of philanthropists no less than of scientists and of sanitarians. The result is that popular opinion is being rapidly educated on all hands by the combined efforts of the Press and of the medical profession. In the United States the matter is being handled in the shrewd, practical, but, at times, short-sighted way characteristic of that country. An able article upon the tuberculosis problem in the United States, recently published in the *North American Review*, is worth studying from various points of view. The writer binges his remarks upon the recent declaration of the United States Government, through the Surgeon-General of the Marine Hospital Service, that pulmonary tuberculosis is a dangerous, contagious disease, and that all tuberculous immigrants and visitors must in future be barred from entering the ports of that country. Happily, in the light of our present knowledge, it is safe to assert that tuberculosis is not a dangerously contagious disease, but only a communicable one. Ordinary contact does not convey the disease as in the case of small-pox or scarlet fever. Therefore, concludes this outspoken critic, "to consider the careful, conscientious consumptive an individual afflicted with a dangerous, contagious disease is unscientific, unjust, and inhuman." Speaking generally, it may be said that the exclusion of consumptive aliens is probably just as sound or as unsound as the rejection of any other class of

immigrants. In the long run it will most likely be agreed by the majority of political economists that unrestricted immigration must result in the benefit of the country which admits that practice. The writer of the article under discussion maintains that it is right to exclude pauper immigrants, *qua* paupers, so that, from his point of view, there is no further need to consider the case of tuberculous pauper aliens. He objects to the new law, however, on the ground that it excludes well-to-do consumptives from the States. He pertinently asks whether such measures are not likely to lead to retaliation on the part of other Governments. The picture of wealthy American pulmonary invalids being rejected at various European health resorts is pathetic, but hardly likely, we should imagine, to be ever realised to any appreciable extent. If such a consummation were to be brought about, indeed, there would be no difficulty in developing many districts in the United States that would compare favourably with any in the whole world so far as the treatment of pulmonary consumption is concerned. The author sums up the consequences of the new regulation classifying tuberculosis among the dangerously contagious diseases. He says it has increased the dread of that malady to such an extent that healthy employees have been discharged because it had been reported they were living with consumptive relatives. Whole communities have refused to permit well-conducted sanatoria in their midst. This exaggerated swing of the pendulum Dr. S. A. Knopp, the writer, aptly calls "phthisiophobia." His contention is that the public want education, but that a great deal of harm will be done by frightening them by an over-statement of the case regarding the communicability of phthisis. He has not been content with abstract discussion and ascertaining and recording the opinion of eminent medical men in the States as to the new regulations dealing with the exclusion of tuberculous aliens. He has further presented to the New York Academy of Medicine a series of resolutions condemning the principle of the new departure root and branch. The learned body thus appealed to formally resolved that the Academy deeply deplored the State resolution to classify pulmonary tuberculosis with dangerous contagious diseases, as the step is not based either on clinical experience or on scientific experiments; secondly, that they consider the exclusion of non-pauper tuberculous immigrants and consumptive aliens visiting our shores unwise, inhumane, and contrary to the dictates of justice; thirdly, that while the Academy are convinced of the communicability of tuberculosis, and urges supervision of sputum and food, they are opposed to all measures whereby needless hardship is imposed upon the consumptive individual, his family, and his physician. The whole position in the United States is one of great interest to preventive medicine in all countries. There can be little doubt that the attempt to limit tuberculosis by the exclusion of infected aliens is a hasty an

ill-considered measure. In the United Kingdom it is to be hoped that the Government will not allow themselves to act on their own judgment in opposition to the views of medical men. At the same time it must be admitted that the position in our own country cannot be viewed altogether without apprehension, inasmuch as Mr. Balfour's Government have carried their vaccination and their midwives' legislation in the teeth of the protests of the medical profession. It is to be hoped, however, that tuberculosis legislation in our own country will be swayed by the cool judgment of scientific knowledge and not by the rash blunderings of ignorant and panic-stricken public administrators, who have one eye on office and the other on the electorate.

Notes on Current Topics.

Small-pox in London.

THE outbreak in the metropolis continues to increase in extent from week to week. Some six weeks ago we felt it our duty to forewarn the public that a serious epidemic might be expected. That view was not supported by our medical contemporaries, who solemnly maintained that the epidemic was well in hand, that there was no reason to apprehend its great extension, and that the state of affairs was not serious. Since that time the disease has been spreading by leaps and bounds, and the figures denoting notifications, deaths and patients under treatment in hospitals have steadily increased every week with one trifling partial exception early in the year. The attitude of the general press has also been in an unwarrantably optimistic vein. Last week one of the London dailies, writing of the Coronation, remarked that by then the small-pox would have been forgotten except by the families in which the disease had claimed a victim. That view is in our opinion most misleading and dangerous. The malady, if we mistake not, will go on spreading rapidly for several months to come, and with a possible diminution in the late summer, will probably last through the coming winter. One of the most notable events of the week in connection with small-pox has been the question asked of the Local Government Board in the Commons as to whether Dr. M. Copeman passed small-pox virus through monkeys and calves and then vaccinated children with the lymph thus obtained. This question was answered by Mr. Long to the effect that a number of children had been vaccinated under the conditions named, but not by Dr. Copeman. The vaccinations were not performed with the knowledge or sanction of the Local Government Board. In answer to another question Mr. Long pointed out that under Article 88 of the Education Board code the manager of any public elementary school might exclude unvaccinated children for a specified time. The fear of infection has prevented enthusiastic footballers from coming up to London to see the great game between Notts Forest and Southampton. There were only a hundred and sixty-four travel-

lers for the five special excursion trains provided by the railway company. A similar fear has already damaged London trade woefully and doubtless will keep many persons away from the Metropolis during the Coronation season. On Tuesday, the 18th inst., there were 52 fresh cases notified; on Wednesday, 19th, 71 fresh cases, and on Saturday, 22nd, 43 fresh cases, with a total number of cases under treatment in hospital at midnight on Saturday of 1,588. The new cases on Sunday amounted to 79 and on Monday to 65. Up to Saturday 5,267 cases had been treated, 725 by the Asylums Board, with 750 deaths; with 574 cases and 86 deaths from extra-metropolitan districts. On one night during the past fortnight there was the record number of 1,604 patients under treatment.

Varicose Veins.

THE etiology of varicose veins is involved in much obscurity. Taking the typical cases in which the disposition to varicosity appears early in life without any obvious cause, the condition is certainly one which suggests some constitutional cause as distinct from any local interference with circulation. In the Lettsomian Lectures of the Medical Society of London, Mr. Pearce Gould discussed the various theories which have been brought forward to explain this tendency, and concludes in favour of regarding varicose veins as due to venous hyperplasia—that is to say, venous angiomata—this conclusion being based on their irregular distribution and the distinctly hereditary character of varix. This view is corroborated by the surgical treatment of this affection, viz., ligature or excision, procedures which would obviously be inappropriate were the varicosity due to obstruction higher up, since the effect could only be to make matters worse. It must be remarked, moreover, that the usual symptoms of venous obstruction are usually absent in these cases, since an extreme degree of varix may exist for years without any obvious alteration of structure or impairment of function in the parts from which the varicose veins receive their blood. With regard to treatment, Mr. Gould favours the plan of ligating the great saphena vein in the upper part of the thigh, an operation associated with the name of Trendelenberg, a procedure which he has employed with marked success in a series of fifty cases.

Medical Men and Gifts from Patients.

A CASE of great importance to the medical profession has been recently decided in the law courts. The action was brought by the executors of an old lady of eighty to recover from a medical practitioner at Bromley £800. It appears that the money was given to him in four several sums, one of £500, and three of £100 each. The first gift was made in September, 1899, and the last a few days before her death, which took place on March 23, 1900. The executors brought no charge against the defendant of fraud or misrepresentation, or any direct or indirect misconduct in obtaining the money, but simply

that, having regard to his position as medical attendant upon the deceased, he was incapacitated from receiving or retaining gifts when the donor had no independent advice. Neither was it alleged that the deceased was not in a perfectly competent mental condition. The case was heard last week by Mr. Justice Swinford Eady in the Chancery Division. The Judge ruled in favour of the plaintiff, and said on the admitted facts the defendant must repay the whole of the money with interest. It seemed to his Lordship that it was of the greatest importance to give full force to the rule that forbade gifts from patients to medical attendants unless the donors had independent advice. A stay of execution was granted to allow an opportunity of appealing against this judgment. The application of a similar principle would render nugatory a great many gifts to churches, to charitable institutions, and to private individuals. Meanwhile, any medical men who are fortunate enough to meet with patients who are grateful as well as wealthy will do well to bear the above case in mind.

Damages for Medical Libel.

A CASE of considerable importance was tried at the Leeds Assizes last week, when Dr. A. S. Green, of that city, had to defend a claim for damages made against him by an ex-barmaid. Briefly stated, the circumstances were as follows:—Dr. Green was asked to examine the plaintiff in view of certain symptoms and partly as the result of his examination, and partly in consequence of an alleged admission by the plaintiff, he diagnosed pregnancy, a finding which he communicated to the housekeeper of the hotel where the plaintiff was barmaid. It was stated that he also made a similar communication to another barmaid, and the judge, in summing up, pointed out that although the communication to the housekeeper was privileged, no such immunity would apply to any information conveyed by the defendant to a fellow employee, a communication which, it is only fair to add, was formally denied by Dr. Green. It seems to have been admitted that the diagnosis was erroneous, although Dr. Green declined to modify his view in the absence of a further examination of the plaintiff, which was denied him. In the upshot the jury returned a verdict in favour of the plaintiff for £75. The case emphasises the duty incumbent upon every practitioner of observing the greatest circumspection with regard to communications concerning a patient, and any medical man who wantonly disseminates defamatory reports, be they true or otherwise, has only what he deserves when he finds himself mulcted in damages.

A Diet of Snails.

THE unequal distribution of wealth under modern social conditions calls into being many striking and extreme contrasts of wealth and poverty. Thus, on one hand we find the account of Royal Levées, where a single dress often represents the value of a King's ransom, at any rate what it would have been a few centuries ago. On the other hand we read of poor

folk in the provinces who are actually forced to eat snails for lack of other food. The extreme sharpness of the pressure is thereby proved forcibly, for the prejudice against an unaccustomed article of food is always of the strongest nature. As a matter of fact, snails are most wholesome and nutritious, and, as everyone knows, belong to the family of molluscs which furnishes oysters, clams, and other most savoury and highly esteemed details of the epicure's table. Very few Englishmen, however, eat snails by choice, any more than they would dine knowingly off horse cutlet or mule steak. The statement that the need of food has forced many poor persons to eat snails in the neighbourhood of Clifton was made by a clergyman last week at a meeting of the Church Pastoral Aid Society held in Bristol. It was there further stated that in Birmingham a worker was paid 7d. for sewing twenty-four gross of cards of hooks and eyes, while packets of hairpins were sewn upon cards at the rate of 4½d. a gross, ladies' aprons, neatly tucked, were paid for at 5d. a dozen, and children's pinafores, with lace insertion, at 9d. a dozen. This sweating, be it noted, takes place in prosperous Birmingham, which has netted enormous sums for war material during the last two and a-half years' South African War. These things lie at the root of the national health. It is little use providing good sanitation for populations who are sweated and starved.

The Etiology of Ranula.

It is, perhaps, not unreasonable to expect that the region of the neck, in view of the very remarkable developmental and morphological anatomy attaching to it, should provide a wide field for surprise, discovery, and ingenious scientific explanations. Still it would, perhaps, be premature to assert that nothing remains to be explained regarding neoplasms and tumours in this region, especially in reference to the origin of dermoid tumours. Unquestionably the condition commonly known as ranula must still be considered to be only partially understood. No doubt the attempt to assign a single cause to a number of similar conditions possesses a fascination for most minds, while others seem attracted rather by an attempt to multiply causes for not only similar but apparently identical conditions. The subject of ranula illustrates fairly well the effect of both these proclivities. It does not at present appear that it is possible to reduce the etiology of all cases of ranula to one cause, at the same time it is fairly safe to assume that some of the opinions once held on this subject may be disregarded. One of the more recent views appears to deserve particular attention: it is that ranula is a retention cyst of the sublingual gland or some portion of it. Much evidence may be brought forward in support of this theory, yet caution must be exercised in accepting it as the only explanation for all cases. Glands present great diversity of behaviour in their conduct when their ducts are obstructed; different results follow in different glands, and in similar

glands the results frequently depended chiefly on whether the obstruction be complete or incomplete, intermittent or continuous.

Cream of Tartar in Small-pox.

THERE is no more curious problem within the whole range of modern civilised man than his weakness for quack physic. In many instances the man in the street is ready to prescribe off-hand some pet remedy for this, that or the other malady, no matter how dangerous or hopeless the condition. The present London outbreak of small-pox has evoked a good deal of activity among this class of connoisseurs in patent medicines and cure-all remedies. One of the most emphatically vaunted cures for small-pox has been launched in the correspondence columns of the *Daily News*, in the shape of cream of tartar. The elixir, described not only as a remedy, but as a preventive for the disease, is taken in the liberal dose of three-quarters of an ounce dissolved in a pint of hot water, to which twelve grains of Turkey rhubarb are added. One correspondent, who claims this as a specific cure for small-pox, signs himself "Healthy, because Never Vaccinated," and thereby shows the depth of the reasoning powers which he brings to bear upon the action of cream of tartar in small-pox. He might just as well claim to have retained his health because he had never eaten roast beef and Yorkshire pudding, regardless of the fact that the majority of our robust countrymen have indulged freely in that national dish. Another sapient upholder of cream of tartar states that his grandfather, a "respected tradesman" of Dorking, administered that drug to over a thousand persons suffering from small-pox, with only one death, namely, that of a child. His son appears to have followed up this illegal medical practice, and to have extended it to the prevention as well as the cure of small-pox. Both these medical amateurs repeatedly memorialised Parliament to adopt their treatment, but their offers were declined. The Highgate Small-pox Hospital tried it in 1863, and reported unfavourably. In 1864 five cases of small-pox occurred in the "respected tradesman's" own household, and one of them was fatal. Notwithstanding this last blow the faith in cream of tartar as a specific for small-pox lingers in various parts of the United Kingdom. We pity the folly of those who take the responsibility of recommending treatment of the kind to other persons. It would be just as reasonable to fight the Boers with bows and arrows borrowed from the Tower of London.

THE Goldsmiths' Company have decided to contribute the sum of £5,000 towards the fund in support of the scheme formulated by the Royal Colleges of London for investigating the causes, prevention and treatment of cancer, and two other donations of like amount have been promised, one being by Mr. H. L. Bischoffsheim. An account for the "Cancer Research Fund" has been opened at the Marylebone branch of the London and Westminster Bank.

Medicine and the Collateral Sciences.

SINCE the opening of the twentieth century the benefits conferred on preventive medicine by the collateral sciences are such as are producing a silent, peaceful revolution on the earth. For untold ages the tropics, with their rich luxuriance of vegetation, have been shut to the Aryan, and held as the possession of the negro races, who were immune to malaria and yellow fever. As late as 1860 the British yielded the whole mosquito coast of Central America to the Republic of Nicaragua, as uninhabitable owing to the malaria and yellow fever. And it was principally owing to these diseases that Lesseps failed to complete his gigantic Darien Canal. To-day we are saying that the cause of all the loss of life and arrest of civilisation is due to *Culex anapholes*. Prior to the century the most advanced physician could add nothing to the old Italian theory of "bad air," which gave its name to the disease. A distinguished medical writer just before the opening of the century defines the disease as "an earth-born poison which is generated in soils the energies of which are not expanded in the growth and sustenance of healthy vegetation." All this unexhausted energy is the potential wealth of the rising generation which the labours of the entomologist, biologist, and physician give as a legacy, placing at their disposal the scientific knowledge that will enable them to dwell in the most fruitful regions of the earth, and in return bestow on them the higher civilisation of the Aryan.

The Coronation Procession and the Hospitals.

WE are glad to know that the hospitals on the line of route of the processions which are to mark the Coronation of King Edward are making arrangements to reap pecuniary benefit from their fortunate situation. It is said that St. George's Hospital hopes to obtain £7,000. Its commanding position makes it one of the most desirable points of vantage. The members of the staff, we understand, will be given a seat each for one day. Certain of the hospital wards are to be let for parties at something like 300 guineas. The King, in all his glory, will rejoice to know that the royal show will assist in relieving the wants of the sick and suffering.

Surgical Treatment in Thoracic Disease.

IT does not appear that certain forms of disease in the thoracic viscera can much longer successfully resist the attack by the surgeon. The measure of success which he has gained has been amply sufficient to encourage the hope that victory in this last stronghold of rebellious forces may be more frequently vouchsafed to him in the future. For too long has his assistance been sought by the majority of physicians only in cases of empyema; but now there is a suggestion, that whether encouragement is given him by the physician or not, the time has passed when he can afford to be even here but the physician's craftsman. The surgeon

will wisely never take the lead in the treatment of thoracic disease, but he must prepare himself to take the true position of a "consultant" in these cases, as he has educated himself to do in cerebral and abdominal cases. The future of lung surgery and the future of heart surgery are becoming every day more firmly established. The great obstacle to all advance—the doubt as to the possibility of success—has been overcome, and we may now look for steady progress in a direction where formerly advance was considered impossible.

The Dangers of Flannelette.

THE cheap, convenient and much-employed "flannelette" has long been recognised as a peculiarly dangerous cotton fabric. The warnings of coroners and juries have been conspicuous in our newspapers. And yet up to the present countless damage is caused to children by the use of this inflammable material, and many valuable lives are almost daily being sacrificed. Almost every medical man must have met with evidences of the danger of allowing flannelette to be used for the clothing of children. We have just received particulars from Cottonopolis that at last means have been found for rendering flannelettes non-ignifugous. Professor W. H. Perkins, Jun., the well-known chemist, working in conjunction with the large firm of manufacturers, Messrs. Whipp Brothers and Tod, has succeeded in rendering woven cotton non-inflammable. The great difficulty has been to retain the flannelette soft and warm according to its well-known and generally appreciated characters, and yet destroy all tendency to flashing on the approach of flame even after repeated washing. This, it is said, has now been accomplished, and we may hope soon to see a material which will be free from the dangerous characters for which flannelette has become notorious. We are glad to see that it is estimated that the preparation of non-ignifugous flannelette will probably not materially increase its cost, so that the new "non-flame" process bids fair to prove a great boon to child-life and a real blessing to poor parents.

Physostigma Faba.

PHYSOSTIGMINE, or eserine, holds its place in the Pharmacopœia by favour of the ophthalmologists, for it has almost disappeared from general practice. This may be credited to the tendency of the calabar bean to produce pain in the stomach, together with a sensation of oppression and weakness, and in toxic doses muscular relaxation, vomiting, and purging. The drug was sometimes used without due care, toxic symptoms were produced, it fell into disfavour, and a useful remedy in atony of the bladder and intestines and catarrh of the bowels was abandoned. Hare found it useful in gastric and intestinal dilatation, and it has proved useful in bronchial asthma. To-day it finds an advocate in Noorden (*Berl. Kl. Woch.*) in meteorism of the intestines due to atony. He has also prescribed it in cases of typhoid fever, and the atony that so often

follows on laparotomy. In cases in which it produces pain he adds a small quantity of atropine. The initial dose of eserine should not exceed 1-200th of a grain three times a day. It is best given in solution and may sometimes advantageously be combined with atropine. Where constipation is due to atony of the bowel, 1-150th to 1-100th of a grain with aloin and extract of nux vomica makes a good pill, one likely to restore the normal tone of the bowel, and dispense with the necessity for the constant use of the ordinary cathartics.

Intestinal Perforation.

THE difficulty of diagnosing intestinal perforation in cases of gun-shot wounds of the abdomen is of general recognition. If the bowel has escaped injury abdominal section may, in many cases, be avoided. On the other hand, if perforation has taken place, the sooner the lesion is found and operative measures for its repair taken the better. In doubtful cases Dr. Sutton, Peoria, recommends that the bowel be inflated by ether vapour. If the intestine be uninjured the gas makes its way into the stomach and eructations of ether, easily recognisable, occur. But if perforation has taken place the abdomen is quickly distended and the vapour of the ether is recognised as it escapes by the abdominal wound. Dr. Sutton has tested his theory by experience. In the case of a woman who was shot in the abdomen, the bullet passing above the liver, injuring the diaphragm and burying itself in the spinal tissues, ether gas, administered per anum, was quickly eructated by the mouth, demonstrating the absence of perforation of any portion of the intestine. The method is, however, open to objection; fecal obstruction in the lower bowel would very seriously interfere with its use, and injections to unload the bowel are not without risk in such cases. Besides this the vapour of ether thrown into the bowel causes severe pain in many individuals, and has produced tenesmus and even proctitis.

A Medical Legal Point.

APOPLEXY follows so soon after an injury that we are likely to forget that sometimes a considerable time elapses before it is manifest. Not so long since a prize-fighter in a contest received a blow on the skull of such violence that apoplexy and death resulted. But the apoplexy did not develop until some two hours after the blow had been given. A more marked case of deferred apoplexy is, however, that of M. Bemus, just published. A blacksmith, 41 years old, in good health, was struck on the head by a machine; he suffered a good deal from cephalalgia from the time he received the injury, and it increased in intensity until the fourth day, when he had an apoplectic seizure and died. On making the autopsy a large clot was found in the cerebrum, but the small vessels were quite free of sclerosis; the walls were quite healthy. The medico-legal importance of such a case cannot be over-estimated. Had that man met with the accident on a railway line or in a railway station and walked home his friends would have had

some difficulty in showing that apoplexy may not occur at the time of the accident, but may come on four days afterwards as the result of the injury.

The Royal College of Physicians of Ireland and the Midwives Bill.

WE laid before our readers in a recent issue our opinion on the Midwives Bill from an Irish standpoint, and dealt especially with the injustice which would be done to the great chartered midwifery hospitals of Ireland if their examination was not recognised as equivalent to the examination of the Central Midwives Board. We are accordingly pleased to learn that the Royal College of Physicians of Ireland decided, at a special meeting held on the 18th inst., to address a letter to the promoters of the Bill, the Clerk of the Privy Council, and the Irish members of Parliament, calling attention to the wrong which the passage of the Bill as it stands will inflict on the Rotunda and Coombe Hospitals. The Irish College has also drawn attention to what it considers to be the weak points of the Bill—points which almost exactly correspond to those about which we wrote previously. We are glad to find further that they have not called for the extension of the Bill to Ireland. During the passage of the former Midwives Bill through the Grand Committee the promoter, Mr. Heywood Johnstone, expressed his willingness to accept an amendment dealing with the recognition of the certificates of the Rotunda and Coombe Hospitals. There cannot be any difficulty which will prevent him from adopting a similar course on this occasion. In this connection, it is to be hoped that the authorities of the Rotunda and Coombe Hospitals are not losing sight of the important interests which it is their duty to protect, and that they are also laying their claims before members of Parliament.

Nativity in Great Britain.

MR. EDWIN CANNAN, in the current number of the *Fortnightly Review*, has an interesting article on the recent decline of natality in Great Britain. He endeavoured to show that the chance that persons reaching maturity will have children has been steadily diminishing since about 1884. There is some little alteration of this pessimistic view in the fact that the increase of population in the last decade of the nineteenth century was larger than that of the decade 1831-91. But if sufficient "sons of the Empire" are to be forthcoming, "paternity" must not become "a lost art." "Survival of the fit" is a means of securing a sound people, but "procreation of the fit" is a still more effective means of securing the best for the realm.

Colonel Trench and the Prevention of Consumption.

AT the third general meeting of the National Association for the Prevention of Consumption last week, Colonel le Poer Trench again trotted out his grievance in regard to the treatment for consumption invented by "a gentleman of the name of Alabone," his advocacy of which has not been

received in what he himself would consider a proper spirit. He announced that he would not relax his efforts to get Mr. Alabone reinstated in the membership of the Royal College of Surgeons, and he proposes to send copies of the documents to every working men's club in the kingdom, with what object is not quite obvious seeing that the influence of these bodies on the College cannot be very great. Sir William Broadbent, in moving a vote of thanks to Lord Derby, the chairman, briefly recapitulated the circumstances which had led to the removal of Mr. Alabone's name, adding that he had read his book and could not for the life of him make out what that treatment was.

Celibacy for the Consumptive.

MANY ethical considerations arise in regard to the care of the consumptive. Dr. Frederick Roberts, in his lectures at the Royal College of Physicians, has ridiculed the excessive anxiety of the public concerning the infectiousness of phthisis; and certainly the present attitude of the lay mind offers subject for grave thought. A writer in the current number of the *Saturday Review* now urges that legislation should forbid the marriage of tuberculous subjects, although he admits that "legislation is a drastic remedy [certainly a "remedy" it can hardly be], and one likely to be opposed by public opinion, but it is obviously more necessary now than ever." We are now to a great extent reversing Nature's methods. The individual, not the race, is the first care. The retention of numerous persons with tuberculous tendencies in our midst offers a problem in social life which it is difficult to solve. In regard to the question of marriage among those of phthisical tendency, the physician is often placed in a most difficult situation and asked to undertake a very delicate task; but in spite of recent optimistic views respecting the inheritance of tubercle and tendencies to transmit a liability to ready infection, there can be no doubt that marriage of the phthisical, or those with marked constitutional predisposition thereto, should be discouraged.

The X-rays in Medical Diagnosis.

UNTIL quite recently but a very limited use has been made of the X-rays as a help in medical diagnosis, although they have been largely availed of by both surgeons and dentists. This, no doubt, has been in a great measure due to the difficulty in getting good photographs of such organs as the heart and lungs, which are constantly in motion. This has, in a great measure, been got over by means of the graphic method described by Mr. Haughton in a communication to the last meeting of the medical section of the Royal Academy of Medicine which appears in another column of our present issue. The restricted movements of the diaphragm, and the opacities in the lungs which can be demonstrated even in the very earliest cases of phthisical consolidation, are most interesting and instructive. We have no doubt that there is a very wide field of usefulness for the rays in this department of medical

diagnosis, and one, too, which will be largely developed in the near future.

An Anti-everything Journal.

THAT section of society so unhappily constituted as to be in chronic rebellion against everything established or rational has at length secured for itself a special publication. That important fact has been duly announced by *American Medicine*, a journal that furnishes a happy illustration of the resolve of American medical men to purify their scientific literature of all the degrading associations of trade and of ignorance and quackery in its myriad forms. The editor of the orthodox journal furnishes some facts about *Our Home Rights*, as the organ of universal rebellion is named, which reads like a description of American humour run riot in a mad-house. There are to be twenty-nine departments, so it seems, each under a sub-editor, and described as "Depts." Among the depts. are the following Socialistic, Philosophic Anarchy, Vegetarianism, Anti-War, Medical Freedom, Therapeutic Suggestion, Single Tax, Astrology, Botanic Medicine, Individual Opinion, Sex Ethics, Dumb Animals, Economic and Political Salvation, and lastly—ye gods!—the Cranky Notions Dept. It would be interesting to glance through the advertisement pages of this weird journal, for therein would certainly almost be found the key to the new venture. When reduced to simple terms it seems to be an invariable rule that the wire-pullers of any particular faddism go to work upon strictly commercial lines.

The Physical Features of Britain.

AT a time when attention is being drawn to the beneficial results of treating phthisical cases by "open-air" methods in our own country, it is well that the climatic conditions and physical features of our land should be more closely studied with a view to the ascertaining of the precise factors which assist physiological processes in the healthy or tend to arrest pathological states in those who have fallen from man's bright and natural estate. We therefore commend Mr. H. J. Mackinder's very valuable study of "Britain and the British Seas," which has just been issued by Mr. William Heinemann.

Alcoholism among Women.

MR. RITCHIE, in explanation of the proposed legislative restriction of "off-licenses," has stated that drunkenness among women had increased, and in fifteen years the number of deaths from intemperance in women had doubled. He showed that there had been a great multiplication during recent years of the facilities for drinking, and that the demand for legislation went far beyond and covered a wider area than so-called temperance organisations. If Mr. Ritchie were only able to consult His Majesty's medical advisers, or would appeal to the experience of the leaders of the profession, or, for the matter of that, to the rank and file of medical practitioners, he would quickly find that the danger he is seeking to lessen is very real

and demands immediate attention. The alcoholisation of large numbers of women is becoming a danger to the State and goes far to account for much of the physical inefficiency of large numbers of the uprising generation.

The Extermination of Infected Animals.

THE inhabitants of Plymouth, U.S.A., have been having a lively time of it of late in consequence of a campaign undertaken by the Board of Health for the extermination of stray dogs and cats, which are suspected to be the means of disseminating small-pox and other infectious diseases. In the abstract the campaign must command approbation, but for parties of volunteers to march through the town armed with shot guns for the purpose of destroying stray animals is a proceeding which has its drawbacks, in that the wandering and homeless animals were not the only recipients of the leaden shower, sundry wandering inhabitants having received a share, as well as some who merely looked out to see what was going on.

Syphilis among the Moors.

MR. BUDGETT MEAKIN in his new work on "The Moors," devotes a chapter to "matters medical," in which he says the national disease of Morocco is syphilis, called the "great sickness," or "women's sickness." It is surmised that "every other man, woman or child is tainted with this disease in one form or another." Apparently no effectual treatment is adopted in the majority of cases.

THE Second International Congress for the Prophylaxis of Syphilis and other Venereal Diseases will be held at Brussels from September 1st to 6th, 1902. Details can be obtained from the Hon. Secretary, Mr. J. Ernest Lane.

PERSONAL.

DR. JAMES HARPER has been created an Esquire of the Order of the Hospital of St. John of Jerusalem in England.

MR. HENRY N. CUSTANCE has resigned the post of secretary to the Metropolitan Hospital Sunday Fund owing to ill health. Mr. Custance had held this appointment since 1873.

THE PRINCE AND PRINCESS OF WALES visited the Hospital for Sick Children, Great Ormond Street, on Saturday last, and expressed on leaving the pleasure derived from their visit.

AMONG the recipients of honorary degree at Owens College, last week, was Sir Thomas Barlow, Bart., K.C.V.O., M.D., F.R.C.P., who was admitted to the degree of Doctor of Science.

DR. JASPER A. ANDERSON, formerly of Blackpool, has been appointed on the Royal Commission to inquire into and report upon the water question and the general question of self-government in Cape Colony.

FRAULEIN DR. LEA ROLAND has been nominated for the post of Assistant to the Chair of Children's Diseases

in the University of Budapest, this being the first occasion on which a lady has been appointed to a university post in Hungary.

DR. KERR, on the occasion of his resigning the post of Medical Officer to the Bradford School Board, has been presented with a rosewood clock by the office staff in testimony of the amicable relations that have existed throughout between them.

At a Convocation of Durham University, held last week, Sir George Hare Philipson, M.D., D.C.L., was appointed to represent the University in the General Council of Medical Education and Registration of the United Kingdom for the term of five years.

THE Royal College of Surgeons in Ireland has decided to confer the Honorary Fellowship on Captain Crean, V.C., in recognition of his distinguished services in South Africa. Captain Crean is a licentiate of the College, having obtained his diploma in 1895. Since the institution of the reward for "conspicuous valour in the presence of the enemy" five Irish surgeons have been awarded the Victoria Cross. Of these, one belongs to the University of Dublin; the other four are diplomates of the Royal Colleges.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

THE PROFESSION AND THE PUBLIC.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In my last letter published in your issue of March 12th I wrote of the effect of the anti-vivisection and anti-vaccination propagandism in producing disbelief in medical science, and distrust and suspicion of medical men, and in driving large numbers of the simple public into the hands of unqualified, cruel, and infamous quacks. I further pointed out that many editors and contributors, as well as proprietors of papers also, take their stand on an anti-scientific platform, and no doubt have more faith in the blatant pretenders, from whose advertisements they derive so large a share of their incomes, than in even the most accomplished and honourable members of a highly educated profession. I did not imagine that my statements would so soon once again be fully and forcibly illustrated; but nothing more *a propos* or more interesting could have followed my letter than the correspondence which, during the past fortnight, has been going on in *The Times* under the heading "Anti-vivisection Methods." The correspondence from the anti-vivisection side has been largely made up of shameful aspersions upon the profession, and foul and cruel libels upon individuals engaged in physiological research. The falsehoods have been exposed by Mr. Victor Horsley, Dr. Grunbaum, and others; but the complete failure of any amount of proof to shake the faith of the fanatic has been, as usual, fully exemplified. The Hon. Stephen Coleridge has, of course, been to the fore; and although Dr. Grunbaum showed that the latest pamphlet of horrors, issued by the Anti-Vivisection Society, was crammed full of errors and misstatements, the Dowager Lady Portsmouth wrote to say that she looks upon Mr. Coleridge as her ideal knight, who wields only "the bright sword of perfect accuracy." This lady is worth quoting only as a type of the amiable women who, in proportion as they are respected for their personal goodness are powerful to influence their unreasoning fellows and win recruits to the fanatical army.

With reference to the effect of the anti-vaccination propaganda in the direction I am dealing with, I think nothing more forcible could be said than is conveyed

by the report of a meeting published in *The Times* of this morning, March 19th. General Phelps, Mr. T. Bayley, M.P., and Mr. C. H. Hopwood, K.C., all believe in the shocking imputation upon our profession put forth by the chairman, and endorsed and accepted by the meeting—a meeting of a kind which could no doubt be repeated in every division of the metropolis, and in every great town throughout the kingdom.

In previous letters I have sufficiently dwelt upon the significance and importance of the facts I have adduced, I need not take up your space further by any reiteration.

I am, Sir, yours truly,
UBIQUE.

ANTI-VACCINATION DEMENTS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It seems to me little short of criminal for a man of education and presumably of intelligence—I am referring to one Lieut.-General Phelps—to go about the country making absolutely mendacious statements against vaccination, statements which the poor and uneducated are unable to appreciate at their proper value. At a recent meeting at Mile End, for instance, this strange person committed himself to the assertion that "the first person to take small-pox was invariably the person who had been vaccinated." These are the men who do so much mischief in stirring up the populace against this beneficent and innocent operation, and unfortunately it is not easy to devise a means of making them "eat their words."

I am, Sir, yours truly,
MILE ENDER.

THE OPEN-AIR TREATMENT OF PHTHISIS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the letter which you kindly inserted for me a month ago, in which I claimed priority in the open-air treatment of phthisis for the Dublin and Belfast schools, I regret that incomplete knowledge of the history of the subject caused me to do an injustice to an able English writer on the subject, namely Dr. Boddington, who published a very able book dealing with this question as far back as 1840. This has now been republished by the Sydenham Society. I was partly led into the oversight by the absence of any reference to early English pioneers of the open-air system in Dr. Vinrace's handbook to the Congress on Tuberculosis, the reading of which gave rise to my letter. It seems to me that this useful book would be improved by a fuller account of the past history of the disease and the genesis of the present rational mode of treatment.

I am, Sir, yours truly,
JAMES HAMILTON, M.D., Q.U.I.
60, Sydney Street, Chelsea, S.W., March 21st, 1901.

SHOULD THE ARM BE BANDAGED AFTER EXCISION OF THE BREAST?

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—This question admits of a very decided answer in the negative. I shall be glad to be assured that the practice of fixing the arm is not so common as your note on this subject implies. When I began to remove breasts I followed the universal custom of including the lower arm and forearm in the bandage to keep the limb still. The invariable result was a stiff and useless arm for weeks and weeks. Somewhere between fifteen and twenty years ago I began to leave the arm free, merely supported on a pillow, even when the axilla had to be cleared out, and the nurse was instructed to alter the position of the forearm from time to time. Since then I have never seen a stiff arm, and as a rule the patient has the free use of her arm as soon as the wound is well healed, and is encouraged to use it. It has seemed to me a strange thing that the idea had not occurred sooner to others.

There is another aspect of the question of bandaging to which I may take the opportunity of calling attention. As far as I can learn it appears to be the common practice to use the roller bandage to support the dress-

ings. For at least twenty years I have discarded it in favour of the many-tailed bandage. This form involves no more disturbance of the patient than the moving of the arm from the side just enough to allow the dressings to be changed. My bandage is made in this way. Take three strips of stout gauze (such as used to be employed in making the carbolised or thymolised gauze, but without these agents) forty-five to fifty inches long, and five inches wide; lay two of these strips side by side and place the third half over each (this makes a bandage ten inches wide); then lightly stitch a double piece of the same gauze or a single piece of linen or cotton ten inches long and six inches wide across the middle of the bandage, and add two shoulder-straps. These are brought over the shoulders after the bandage has been applied, and fastened in front. The advantages of this bandage are inestimable. It can be applied with the greatest accuracy and it is cool for the patient, while the convenience of the surgeon and, what is more, the comfort of the patient are both consulted.

I am, Sir, yours truly,

GEO. GRANVILLE BANTOCK.

12, Granville Place, March 22nd, 1902.

Literature.

TEXT-BOOK OF PHARMACOLOGY AND THERAPEUTICS. (a)

This is practically a system of pharmacology and therapeutics, the contributors being all well-known authorities in this department. This method, although it has its drawbacks, ensures a certain freshness of treatment which, on the whole, compensates to some extent for the absence of a more definite scheme of classification. One's ideal of a work of this kind is a full and complete account of the action and properties of the drugs and agents of which it treats, and it seems an unnecessary tax on the reader's attention to insist upon his taking cognisance of statements concerning particular drugs which have been disproved, or at any rate have not been confirmed, by subsequent experience. We require to know what a drug does, not what it fails to do.

The opening chapter on the relation between chemical constitution and physiological action, by Professor Haldane, deals very fully with this interesting and, in his hands, comprehensive subject. We have as yet but attained to the fringe of this line of investigation, and much remains to be done before it will be possible to forecast with even approximate accuracy the physiological action of a given compound on the strength of its chemical composition. The author possesses a singularly lucid style which materially assists the reader in following what are, at times, very complicated series of inferences and deductions. In the chapter on the action of gases a very full account is given of the action of oxygen gas, and this is interesting in view of the popularity which the administration of this gas has attained of late, a popularity which would not appear to be justified by the net results except in a very limited class of cases.

One turns with curiosity to the chapter on anaesthetics, by Drs. Rose Bradford and Leonard Hill, and it is with a feeling little short of dismay that we find it stated that chloroform is best administered "from a Skinner's mask or other single layer of porous material," the safest limit of chloroform vapour being put at 4 per cent. How the anaesthetist is to secure this or any other limit by pouring chloroform on to a mask the authors do not say; indeed, it is impossible, and in any event experience has shown that 4 per cent. of chloroform vapour is an unnecessarily large proportion, one, too, which may conceivably be dangerous in certain cases. To give full directions for administering chloroform with barely an allusion to such a thing as a regulating inhaler constitutes an omission difficult to understand and still more difficult to justify. A reference is made, it is true, to the employment of Junker's

inhaler in mouth and nose operations, but recourse thereto is deprecated "especially in the strong!" Mention is made of the possibility of pumping the liquid chloroform through the efferent valve and thence into the air passages, apparently in ignorance of the fact that for several years past this accident has been rendered impossible by the introduction of a glass bulb filled with absorbent cotton into the efferent tube. We only hope that this chapter does not represent the teaching in the metropolitan schools of medicine, other than University College. It would have been well to warn anaesthetists, especially the inexperienced, against the unpleasant consequences of giving chloroform in the vicinity of gas flames, when the decomposition of the chloroform gives rise to a most irritating compound.

In the chapter on cardio-vascular tonics, the composition of digitalis strikes one as incomplete, no mention being made of the crystallised digitaline, discovered by Nativelle and now so largely employed, an omission of importance, since all the glucosides vary greatly in physiological activity owing to their variability of composition. In his remarks on Ergot, Dr. Rose Bradford states that the efficacy of the drug as an abortifacient is "doubtful," a view which has been advanced on various occasions in opposition to that of a certain well-known toxicologist. In regard to the action of morphine, again, no mention is made of the fact that its ingestion determines an increase in the secretion of hydrochloric acid, a circumstance which it is important to bear in mind when tempted to prescribe it in ulcerated conditions of the gastric mucous membrane. Under the head of antiseptics, Dr. C. R. Marshall gives a qualified approval to the use of boric acid as a preservative for milk, adding, however, that "the question is primarily one of dose." The only argument advanced in favour of its use for the purpose is that it delays souring and enables the milk to be given in a comparatively fresh condition throughout the day. But there are other, and in every respect preferable, ways of preserving milk for infant consumption without making use of a substance which is admittedly an extremely feeble antiseptic, and which, in the long run, is apt to determine more or less troublesome gastric and cutaneous affections.

The chapter on organotherapy by Dr. Hector Mackenzie is a careful synopsis of this recent development of therapeutics, and leaves nothing to be desired. Similar commendation may be extended to the chapter on serumtherapy, by Dr. Washbourn, though much of the information is essentially provisional, and will soon require revision in the light of further development.

The work may fairly be accorded a foremost position among treatises on therapeutics. It is clearly printed, and a copious index facilitates reference.

FAGGE'S TEXT-BOOK OF MEDICINE. (a)

We welcome the appearance of a fourth edition of this magisterial treatise which it may safely be affirmed, will more than maintain the reputation of its predecessors. In this edition there is much less of Dr. Fagge and very much more of Dr. Pye-Smith, a change which cannot but be a source of satisfaction in view of the immense change which has come over our views and the numerous additions to our knowledge, since the regretted original author laid down his pen.

The more important chapters commence with a brief historical sketch, followed by the clinical symptoms and course of the disease, the diagnosis, ætiology, and, lastly, the treatment. The personal element in this work confers upon it a special charm. We feel we are listening to a man who has carefully pondered views on the subject of which he is treating. While he by no means fails to credit others with their original work, his manner of discussing their results shows clearly what degree of importance he attaches thereto, and we are never left to wallow in the slough of divergent and often contradictory opinions. To the student—and who among us is not a student—this method of treatment presents unquestionable advantages.

(a) "A Text-book of Medicine." By the late Charles Hilton Fagge, M.D., F.R.C.P., and P. H. Pye-Smith, M.D., F.R.S., F.R.C.P., Consulting Physician to Guy's Hospital. 4th Edition. Vol. I. London: J. and A. Churchill 1901.

(a) "Text-Book of Pharmacology and Therapeutics." Edited by W. Hale White, M.D., F.R.C.P., Physician to and Lecturer on Medicine at Guy's Hospital. Edinburgh: Young J. Pentland. 1901.

tages. We do not require to be told that which is not but rather that which is, and without being unduly dogmatic Dr. Pye-Smith succeeds in conveying the impression that he is an excellent clinical teacher as well as an observant and experienced physician.

We share the author's regret that considerations of space prevent more attention being devoted to the historical aspects of certain conditions of disease. Such knowledge has a great educational value, it assists us in understanding the evolution of the natural process, and is, moreover, an object lesson in the means whereby we may succeed in casting additional light on the obscure problems which hem in the pursuit of medical knowledge.

The directions for treatment are ideally brief and practical. No treatment is mentioned unless experience has shown that it can be recommended, and the whole scheme for dealing with each particular disease is compressed into a few terse sentences. We commend the author's remarks on the treatment of diphtheria and hydrophobia to our readers' attention in illustration of what we have just said.

The subsections of chapters and the dependent paragraphs are set out with headlines which greatly facilitate research, and serve to map out the various aspects of the disease.

We are unable, after diligent search, to point to any errors of omission or commission. The work has been brought well up to date, that date being 1900 at any rate, possibly later. An unusual feature is the poetical quotation which heads each chapter, most of them being remarkably apposite and even illustrative, witness the quotation from Dryden, who associates quinsy with rheumatism, thus forestalling modern pathologists, who are beginning to suspect that the relationship may possibly be of cause and effect.

We are promised the second volume very shortly, and the complete work will constitute an invaluable addition to every medical library. The print is rather small for a book over which hours will have to be spent in the attitude of study, and its clearness is not always all that could be desired, but the latter may be a blemish peculiar to the copy before us.

BALLANCE AND STEWART ON THE HEALING OF NERVES. (a)

THIS able monograph is a welcome contribution to medical literature. It will not only prove of much service to those engaged in clinical work but be of deep interest to students busy in the unravelling of some of the problems in neuro-pathology.

The exact process whereby peripheral nerves after division may become reunited has long been a subject of controversy. The research, of which this volume is the record, was undertaken with the object of solving some of the enigmas with regard to the processes of degeneration and regeneration in divided nerves. Most of the work was completed by the end of 1899, but the absence of Dr. Purves Stewart in South Africa has delayed its publication. The investigation has necessitated much experimental work and extensive microscopic research. No less than 140 observations are recorded in detail.

The work deals with such points as: The process of degeneration in a peripheral nerve after injury; with and without immediate suturing of the proximal to the distal segment. The process of regeneration in a nerve-trunk which has been divided and subsequently reunited by suture. The process of regeneration in the distal segment of a nerve-trunk which has been divided, but in which the proximal and distal segments have not been brought into apposition. The changes which occur in nerve-grafts. The animals selected for constant observation were monkeys, dogs and cats, and a number of specimens were obtained from

the human subject during operations for the relief of injuries to various nerves. The specimens were stained according to the methods of Weigert, Cox's modification of Golgi, Stroebe, and Van Gieson.

The particulars of the various observations are excellently presented, and the reproductions of Mr. Lapidge's very beautiful drawings are admirable.

The conclusions reached are of great importance. Much diversity of opinion has long existed as to the exact manner in which regeneration is accomplished in a divided nerve. Most authorities have supported the "central" view, according to which it is maintained that the new axis cylinders are direct outgrowths from those in the central segment, the young axis-cylinders sprouting downwards and worming their way into the empty neurilemma sheaths of the distal segment and replacing the old axis-cylinders, which had previously become degenerated and been supported. But the authors unhesitatingly declare their adherence to the "peripheral" view, according to which the new fibres in the distal segment—axis-cylinders, medullary sheath and neurilemma alike—are formed from pre-existing cells in the distal segment itself. The young axis-cylinders and medullary sheaths, so it is shown, are laid down in the first instance in the distal segment and they become attached later to those of the central segment, thereby restoring the conductivity of the nerve trunk. The bearing of all this on clinical work will be sufficiently apparent. But Dr. Purves Stewart and Mr. Ballance show also that the results of their observations go far in throwing doubt on the correctness of the now widely accepted and generally taught neurone theory. If their observations and conclusions be correct, and there are no good grounds for refusing to accept them, then there seems to be no escape from the dogmatic expression of their view that "the neurone theory, in so far, at least, as it applies to the peripheral nervous system, must, in our opinion, be discarded."

The work is in every way one of importance. Both in design and execution it is deserving of high praise. It should do much to stimulate and encourage scientific research into the problems which daily face the neurologist. The bibliographical references should prove of service.

HALLIBURTON ON THE ESSENTIALS OF CHEMICAL PHYSIOLOGY. (a)

IN spite of every endeavour to keep the dimensions of this excellent guide to Chemical Physiology within moderate compass, some increase in size has been found necessary. The principal additions in this, the fourth edition, are chapters relating to the chemistry of various tissues, of the purine compounds and the important subject of osmosis. Additional space is also devoted to the phenomena of polarised light, a matter of investigation which yields results as remarkable in this connection as in spectral analysis. This work might well serve as a model to writers of books for students. The author's style is brief, but extremely lucid; there is hardly a superfluous word, and the text is illustrated by a large number of figures of instruments, &c. An unusually copious index completes the attractions of a work which certainly need fear no rival.

PSYCHOLOGY, NORMAL AND MORBID. (b)

DR. MERCIER is a man already known to us as an author of many excellent works, and it is with a feeling of agreeable anticipation that we turn to a perusal of another volume from his pen. "In his 'Psychology, Normal and Morbid,' we are not disappointed. He here points out the importance (in insanity) of a knowledge of the normal as an indispensable preliminary to a knowledge of the abnormal, and he gives guidance to the alienist in the face of problems which are of pro-

(a) "The Healing of Nerves." By Charles A. Ballance, M.S., F.R.C.S., Assistant Surgeon to St. Thomas's Hospital, and Lecturer on Surgery in the Medical School; Surgeon to the National Hospital for the Paralysed and Epileptic, Queen's Square, &c.; and Purves Stewart, M.A., M.D., M.B.C.P., Assistant Physician to the Westminster Hospital, &c. Pp. 112. Illustrated by sixteen plates and one figure in the text. London: Macmillan and Co. 1901. Price 12s. 6d. net.

(a) "Essentials of Chemical Physiology for Students." By W. D. Halliburton, M.D., F.R.S., Professor of Physiology in King's College, London. 4th Edition. Price 5s. London: Longmans, Green & Co. 1901.

(b) "Psychology, Normal and Morbid." By Chas. Mercier, M.D., M.B.C.P. London: Swan Sonnenschein and Co., Limited.

found importance to him. The volume is divided into the following sections, viz., sensation, thought, volition, memory, pleasure and pain, and subject-consciousness. To the two sections, sensation and thought, he devotes two-fifths of the book, and under volition he discusses effort, will and desire, free will or choice and character, and then goes on to deal with the faults of volition, attention, effort, instinctive determination, and acquired determination. He has treated at considerable length the section under the heading of subject-consciousness, and has disengaged the various meanings of the term "self." Disorder of the subject-consciousness is also dealt with, and the disorders of the personality are to some extent elucidated, but space does not permit of us discussing each section in detail. There is so much in this work that is original, and so much that affords food for reflection that we can cordially recommend its careful study to all alienists.

SANATORIUM TREATMENT. (a)

THIS pamphlet, very neatly and even elegantly got up, and adorned with numerous pleasing illustrations, is an extension of a paper read by the author at the meeting of the British Medical Association, at Ipswich, in 1900.

A better situation for a sanatorium and open-air treatment could hardly be found than that afforded by St. Lawrence, Isle of Wight. The elevation is 350 ft. above the sea, the soil dry and porous, while hills and pine forests keep off the rigour of the winter winds.

As to results of treatment, we learn that out of twenty-two patients five entirely recovered. No physical signs could be detected, nor tubercle bacilli in the sputum, when thus left. A summary is given in brief of the kind of case not likely to benefit in the Sanatorium—or, indeed, anywhere, we feel disposed to say.

Of the value of drugs, such as creosote, guaiacal, &c., the author has a poor opinion. The inhalation of formalin has given very encouraging results, however. Very wisely is it said, on page 23, prognosis depends much on the state of the stomach. Open air and generous living go well hand in hand to help the consumptive one into health, and these are the conditions under which life is carried on at Inglewood Sanatorium.

OSLER'S PRACTICE OF MEDICINE. (b)

THE appearance of a fourth edition of this most popular American work will be welcome to a large circle of readers on this side of the Atlantic. The present edition has been marked by various important changes; for example, the "typhoid" fever article has been in great part rewritten, and other sections generally brought up to date, with the addition of many new articles on fibrinous bronchitis, adiposis dolorosa, myasthenia gravis, and so on. The article on "typhoid"—to give it the old name—is, on the whole, the best with which we are acquainted. After giving the facts of the agglutination test as a datum for diagnosis the author adds, "While on the whole the serum reaction is of very great value, there are certain difficulties and objections which must be considered. A perfectly characteristic case with hemorrhages, rose spots, &c., may give no reaction throughout. In other cases the reaction is much delayed, becoming positive only during convalescence, or even during a relapse." The appearance of the sign "&c." in the middle of a serious composition, by the way, reminds us that the author's style, although on the whole charming, is nevertheless not absolutely free from blemishes. The use of the word "humbury" (p. 417) in another place affords another instance of the kind. The article on splenic anemia makes no mention of Banti, who first described the affection in 1882. Dr. Murrell and others in this country have recently called attention to the value of

surgical operation to establish anastomosis, and so relieve the cirrhotic liver that characterises these cases. The article on gout is luminous and interesting. Of piperazine it is very properly remarked that the clinical results are "discordant." Sufficient prominence is not given to the "superheated air" treatment of this malady, which originated in England some years ago, and in our opinion forms one of the most valuable advances ever made in the treatment of chronic and irregular gout. The great value of this book lies in its clearness and conciseness. The author knows how to present essentials in a pleasant practical way. His well deserved success is testified sufficiently by the rapid sale of large editions of his work on both sides of the Atlantic. Edinburgh may well be proud of her distinguished graduate.

Lunacy Department.

[FROM OUR OWN CORRESPONDENT.]

EDINBURGH ROYAL ASYLUM.

TO Dr. Clouston's annual report we always turn with interest and eager anticipation, as he has the happy method of serving up facts, even if not new, in a fresh and attractive manner. The outstanding features of his report for the past year are the continued overcrowding of the wards and the admission of a large number of general paralytics. These features must be regarded as indicating a serious state of affairs, and towards rectifying the former the District Board, if they have the best interests of their patients, as also that of the rate-payers, at heart, would lay down their individual differences regarding the new asylum they propose to erect at Bangour. There is scarcely any accommodation available for the admission of the very people for whose benefit the asylum was primarily and mainly designed, a hardship unnecessarily inflicted. As to the latter and very sad feature, Edinburgh should take stringent measures to eliminate the generally accepted cause, which eateth like a canker, of this interesting but terrible and fatal brain disease. Worry, one of the classical three we've never appears to us very conspicuous from casual observation in our modern Athens, compared with other large commercial cities in Scotland. Between one-third and one-fourth of the admissions suffered from general paralysis, and, as compared with the average rate of prevalence of organic brain diseases sent to the Scottish asylums, this asylum had to deal with about double the number. In referring to the effects of city life, Dr. Clouston says: "A death-rate from that one disease among the asylum population, twice as large as the death-rate from all causes in the city of Edinburgh, is an impressive fact, and a very suggestive commentary as to the effects of city life, and its accompaniments on certain human brains. The contrast which the 'Blue-book' enables us to make in regard to that disease between Edinburgh, Glasgow, Aberdeen, and Dundee, and the rural districts, throws a lurid light on some of the dangers of city life. In rural district asylums the proportion of deaths from general paralysis was only 5.1 per 1,000 residents, as compared with 22.6 in the four large cities, and 29.2 in the Edinburgh Royal Asylum. To understand the meaning of these figures one must know that general paralysis practically means certain forms of immorality. I am surprised at the apparent greater prevalence of the disease in Edinburgh as compared with other Scotch towns, and I cannot explain it. It is the most typical disease of the actual mind machinery in the brain that we know of, and it should be regarded by society as a special kind of danger signal. It attacked the male sex chiefly, and at the prime of life, and they were not the weaklings and the worthless whom it killed, but more commonly the most active and energetic."

The report includes statements by Dr. John MacPherson and Dr. John Fraser, Commissioners in Lunacy, as to their inspection of the institution, the former alluding to the pressure created by the excessive number of

(a) "Some Results of Sanatorium Treatment of Phthisis." By D. J. Chowny-Muthu, M.D., &c., Physician, Inglewood Sanatorium, &c. London: John Bale, Sons, and Danielsson, Ltd. 1901.

(b) "The Practice of Medicine." By William Osler, M.D. Edin., Professor of Medicine in the Johns Hopkins University and Hospital, Baltimore &c. Separate editions have been issued in Great Britain: in London by Mr. Hy. Kimpton, and in Edinburgh by Mr. J. T. Pentland.

patients sent to the asylum by the city parochial authorities, and stating that unless the District Lunacy Board can provide accommodation for some of their patients at an early date, either at Bangour or elsewhere, it is impossible to see how serious overcrowding can be averted. In the West House the overcrowding of the wards had been the worst prominent feature of the year, and Craig House has been so full that admission had sometimes to be refused.

An interesting portion of Dr. Clouston's report is the part referring to two remarkable inmates of outstanding position and long residence, who displayed faculties of no mean order, and who died during the year. The one is described as "a poet, an inventor, and a wit," and the other as "a devourer of books," of whom the tradition is that he had read through the "Encyclopædia Britannica" and had survived. In concluding his report he observes, "The new proposal to establish a mental ward in the Royal Infirmary for incipient, transient cases of mental disorder, if established on right lines and properly worked, would be most philanthropic and useful," and this opinion we quite endorse.

INVERNESS DISTRICT ASYLUM.

THIS report for year ending May 15th, 1901, has only now reached us. During the year 151 patients were admitted, 87 discharged, and 34 died, leaving 614 patients on the Register. The ages of the admissions varied from 15 to 80 years. Eight were under 20 and 9 were over 70 years of age. Four patients died within 48 hours after admission, and 6 died within a week. Such cases are aggravating, and it is questionable if they should be sent to an asylum. The causes of insanity show that hereditary influences and alcoholic excess were responsible for 48 and 18 of the 151 cases admitted respectively. The recovery rate is high—49 per cent. on the admissions, and the death-rate—5·8 per cent.—is a low one. Phthisis was the cause of death in 8 instances, or 24 per cent. The question of accommodation in this Asylum imperatively calls for serious and immediate consideration. There is accommodation for 540 patients, and at date of the report it provides breathing space for 599 patients, or 50 more than the specified number. But there are in the Asylum 80 or 90 suitable cases for boarding out, and it is to be hoped the Parish Councils will co-operate with the asylum authorities in procuring fitting homes for them, and arranging their removal without undue delay. The overcrowded condition would be relieved thereby, and it would also give the Board ample time to go fully into the question of extensions, and what form they should take. It should be borne in mind that it will take at least two years to provide additional buildings. The dining-hall is overcrowded to the extent of at least 150 patients. This is a great source of regret, as it must cause much discomfort to the patients, and increased noise and excitement during the meals. However, plans for two small dining-halls, each to dine 100 patients, have been approved of by the Board, and it is expected building operations will be commenced at an early date. There has been no outbreak of infectious disease, and the year passed without the occurrence of any serious accident. The nurses have got comfortable accommodation in the new home, and we learn with approval the District Board have passed the plans of five cottages for attendants, and a house for the steward. The alterations and extensions at the laundry are nearing completion. We are glad to see that the absence of any means of heating the corridors and dormitories in the main building is being rectified by extending the system of heating by hot water pipes and radiators, which has been found so satisfactory in the newer hospital extensions. The renovation and refitting of the lavatories, which has been in progress for several years, one or two lavatories being undertaken at a time, is now approaching completion. A piggy and slaughterhouse have been erected. In the table showing the occupations of the admissions, nine women are described as "housewives" and one as the "wife of shoemaker." Is she not a housewife too? Why then, this and like definitions? The Commissioner reports the accommodation for sick,

recent and acute cases, will compare favourably with that of any other asylum in the kingdom, and that the asylum throughout was found in very good order.

Medical News.

Irish Medical Schools' and Graduates' Association.

THE annual general meeting of the above association was held on March 17th (St. Patrick's Day) at the Hotel Cecil, London, when the outgoing president, Dr. William Alexander (Liverpool) resigned the chair to Sir Philip C. Smyly (Dublin). There was a very large attendance of members, and it was announced that the society now numbers 821 members. A vote of condolence with the relatives of the late Sir William MacCormac, a foundation member and former president of the association, was passed. Later in the day the festival dinner of the association took place at the Hotel Cecil, with Sir Philip Smyly in the chair. There was an unusually large number of members and ladies present. In proposing the loyal toasts, the chairman said that they as Irishmen were expecting a visit from his Majesty the King, but unhappily to the heart of every Irishman that visit had been put off. He felt sure they would all join with him in the earnest hope that the postponement might only be of very short date. The Arnott memorial medal, which is given by Mr. David Arnott annually in memory of his late father, the late Sir J. Arnott, to a graduate of an Irish University or the holder of a diploma of an Irish corporation for "an act of heroism or distinguished service or act performed in the discharge of medical duties either in civil life or in naval or military services at home, on the high seas, or abroad," was then presented by the chairman to Dr. Brendan MacCarthy, who, in conjunction with Dr. W. Smyth, who succumbed to the contagion, removed certain typhus patients in a small boat from an island off the coast of Ireland to the mainland. Dr. St. Lawrence Finny (Mayor of Kingston-on-Thames) proposed "Our Defenders," and Dr. Gilbert-Smith proposed "The Guests." Lord Rathmore, in responding to the latter toast, after returning thanks, congratulated the Association on their great success. It was, as he understood it, a society for mutual comfort and support in the marauding expeditions in which they were usually engaged, a successful association of eminent Irish poachers on the well-stocked preserves of the English medical profession. He wished they could tempt a greater number of Englishmen to go to Ireland. He believed it was in common interests and in community of daily life between the two peoples in every walk of life, in everything that would bring Irishmen to know, appreciate, and understand Englishmen, and Englishmen to know and understand Irishmen—it was in that direction that they would soonest find a safe and sure solution of that Irish difficulty which had so long baffled the wisdom of statesmen. He looked forward to the day when his countrymen would be completely and for ever blended with their Irish and Scotch brethren, content to live together in the enjoyment of all the common benefits and interests, and all the glories of that mighty empire which their race had done so much to build up and maintain. Miss Kate Rooney's singing was much admired, and Surgeon-Major Marshall's songs were enthusiastically received.

General Medical Council Finances.

FROM the return of the accounts of the General Medical Council just laid before Parliament it appears that the receipts for the year ended December 31st, 1901, amounted to £8,023 3s. 3d. The total of the General Council's special receipts, which embraced the sale of publications, the fees for registering foreign and colonial medical qualifications, and rent from freehold property, is represented by £457 14s. 1d. The amounts to be contributed by branch councils are as follows:—England, £4 250 8s. 7d.; Scotland, £2,594 17s. 11d.; Ireland £730 2s. 8d. The expenditure side of the account shows that a sum of £3,315 17s. 1d. was spent in fees and other expenses in connection with the General Council, the executive committee, and various other committees,

including the fees of an expert employed by the education committee. The cost of printing was £1,243 13s. 8d. A grant of £500 was made to the Irish branch council, while a sum of £215 13s. 6d. was credited to the sinking fund for the extinction of the mortgage created in accordance with the General Council's resolution of June 8th, 1899. The excess of expenditure over income continues and for last year it amounted to £1,509. The account of the receipts and expenditure of the dental registration fund of the General Medical Council shows an income of £1,059 0s. 6d., as against an outlay of £693 14s. 9d.. The surplus carried forward, therefore, in this special connection was £365 5s. 9d.

Vaccination Items.

AN appeal is made for public support on behalf of 160 cigar makers who have been locked out by Messrs. Salmon and Gluckstein because they refused to be revaccinated. Of all the reasons for a lock-out, which in this instance is only another name for a strike, this is, perhaps, the most extraordinary. In this connection it is interesting to note that during the week ending the 15th inst. no less than 22,262 cases of small-pox were reported to have occurred in the United States, a fact which shows how widespread is the epidemic there.

A Medical Man Pays Damages for Libel.

DR. CHARLES FREDERICK SIXSMITH, of Barry, was the defendant in an action for libel tried at the Glamorgan Assize, a few days ago. The circumstances were somewhat peculiar. A patient of the defendant's, the subject of tuberculosis, received a blow in a club squabble and died three months later, and it was alleged that Dr. Sixsmith, in alluding to the affair, described it as "a brutal murder." The claim was made by the man who had struck the blow, and who was therefore implicated by the remark. Judging from the evidence the injury received had nothing to do with the death, and Dr. Sixsmith's attitude in the witness box was, to put it mildly, ambiguous. Ultimately the jury returned a verdict in favour of the plaintiff for £10 by way of damages.

Anderson Fund.

LORD STAMFORD and his Committee request us to state that this fund is now closed.

The following is the full and final list of subscribers, and makes up the total amount received as certified:—

	£	s.	d.
1. Total of list published July 31st, 1901	52	10	0
2. " " Oct. 30th, 1901	24	3	0
3. " " Feb. 26th, 1902	78	13	6
4. Total amount collected by Dr. Cox representing the "General Practitioner"	88	13	6

Total amount already published	244	0	0
Deduct items which have been given in the above lists and also included under Dr. Cox's list	2	8	0

Net amount published ... 241 17 0

Further list:—Dr. Frank, Elvaston Place, £3 3s.; Dr. Shelmerdine, Bexley Heath, 10s. 6d.; Dr. J. O. Brookhouse, Nottingham, 10s. 6d.; Anon, 10s. 6d.; Dr. L. Lewis, 6s.; Dr. G. B. Robatham, Monmouth, £1 1s.; Dr. H. Stear, Saffron Walden, £1 1s.; Dr. E. Elliott, Tunbridge Wells, £1 1s.; Dr. Cropley, Northampton, £1 1s. Dr. G. Evans Franklin, Cardiff, £1 1s.; Dr. Q. Priestly, Halifax, £1 1s.; Dr. B. Baskett, Leeds, £1 1s.; Dr. C. H. Taylor, Derby, £1 1s.; Dr. H. L. Smith, Ballytrophy, £1 1s.; Dr. G. C. Franklin, Leicester, 10s.; Dr. T. C. Beatty, Clackton-on-Sea, 10s.; Dr. Emmett, Portsmouth, £1 1s.; Dr. J. Thomason, Bowes Park, £1 1s.—Total, £17 10s. 6d.

Total amount received as certified, £259 7s. 6d.

THE Household servants of Queen Victoria, to the number of 600, have subscribed to endow a bed in perpetuity in Clewer Convalescent Hospital as a memorial of their late Royal mistresses. Her Majesty maintained a bed in the institution at her own expense, to which, by her desire, invalid soldiers had the first claim. The King has continued the late Queen's patronage and subscription.

Dublin Death-rate.

THE deaths registered in the Dublin area for the week ending Saturday, March 15th, represent a mortality of 21·2 in every 1,000 of the population. Tuberculous disease caused 23 deaths; diseases of the respiratory system caused 41 deaths; diseases of the circulatory system caused 17 deaths; 37 infants died during the week, of whom 21 were under 1 year; and 8 deaths were "uncertified," there having been no medical attendant during the last illness. The death-rate in the following districts of the city proper were as follows:—Black Hall Place, 32·9 per 1,000; Peter Street, 28·7 per 1,000; Grand Canal Street, 28·4 per 1,000.

Royal Victoria Hospital, Belfast.

AT the annual meeting, on the 18th inst., of the governors of this institution the report stated that the number of in-patients treated in the hospital during the year was 2,080; convalescent home, 354; consumptive department, 29; children's hospital, 137; total, 2,600; in addition to which 25,453 patients were treated in the extern department, and, as the average attendance of extern patients is about three times each, shows a total estimated attendance of 76,359, being an average daily attendance of 209. Dr. Calwell, staff physician, and Professor Sinclair and Dr. Kirk, staff surgeons, having retired by rotation, were unanimously re-elected. Drs. Malcolm Brice Smyth and Radcliffe were appointed house surgeons instead of Drs. Rice and Byers, whose term of office had expired, and Drs. McCrea and Weir in place of Drs. Rankin and Logan, resigned. In thanking the medical and surgical staff for their successful treatment of the patients, the board placed on record its regret of the recent death of Sir William MacCormac, Bart, who was connected with it for so many years. The report then dealt with the financial condition of the hospital which appears to be in a satisfactory condition.

THE Lancashire and Cheshire Branch of the British Medical Association recently passed a resolution to the effect:—"That, in the opinion of this Council, seeing that vaccination is made compulsory, in the interests of the public health, the parent or guardian of a child should have the right to select any registered medical practitioner, who is willing to do so, to perform the vaccination, and that the cost of the same should be defrayed by the State at a fixed rate, provided always that the work so done shall reach the standard aimed at by the Local Government Board in the case of public vaccinators, and that no work falling short of this standard should be accepted for the purpose of public remuneration."

Pass Lists.

Society of Apothecaries of London.

THE following candidates have passed during the month in:—

Surgery.—C. R. Bradley (Section I.); S. J. H. M. Eastwick Field; J. W. Elliott (Section I.); H. S. French (Sections I. and II.); K. Heanley (Section I.); E. O. Libbey; S. C. Wilkinson (Sections I. and II.).

Medicine.—F. G. Bennett (Section II.); W. T. Colyer; H. S. French (Sections I. and II.); R. Gauld (Sections I. and II.); K. Heanley (Section I.); W. St. A. F. Hubbard (Sections I. and II.); O. Millauro (Section I.); H. H. Sloane (Section II.); W. P. Taylor; J. E. Turle (Section I.); A. F. Van Dijk (Sections I. and II.).

Forensic Medicine.—H. S. French, W. St. A. F. Hubbard, W. P. Taylor, J. E. Turle, A. F. Van Dijk, J. H. Williams.

Midwifery.—D. Cotes-Predy, G. M. Crockett, E. F. Forjett, H. S. French, H. M. Jones, J. A. Kilpatrick, M. E. Martin, H. H. Sloane, G. B. S. Soper, S. Zweiback.

The L.S.A. diploma of the Society was granted to the following candidates, entitling them to practise Medicine, Surgery, and Midwifery:—W. T. Colyer, S. J. H. M. Eastwick Field, H. S. French, E. O. Libbey, S. C. Wilkinson, and J. H. Williams.

Notices to Correspondents, Short Letters, &c.

CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate, providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning corrected proofs.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

FRAUDS ON MEDICAL MEN.

MR. T. SNEYOUR TUXE, M.B., Oxon., writes us in reference to the "caution" that appeared in our columns of March 12th, that the man "Dr. Perry" called on him at 30, Queen Anne Street, W., on January 15th and previous dates, but did not succeed in extracting coins, though he did try it on under the same specious excuse he gave to Dr. Japp Sinclair, of Manchester. Mr. Tuxe adds that he will willingly give evidence if the man is arrested.

T. E. B. (Liverpool).—We are unable to give the reference asked for, the writer of the article not being accessible. The subject was probably dealt with in the American journals of a few weeks since.

ENQUIRER. The season has already commenced at Aix-les-Bains, and we understand the leading hotel have received a number of visitors the past fortnight. The reading rooms at the Casino Cercle open on April 1st, and the music commences in the Grand Cercle on April 15th. Many visitors are expected at Aix-les-Bains during May and early June, on their route (from the United States, Egypt, Sicily, Italy, the Riviera, Tyrol and Italian lakes) to the Coronation.

ACUTE URTICARIA.

A CORRESPONDENT writes to ask what is the best local application to allay the distressing irritation of this condition. He will find a host of remedies vaunted for the purpose. Perhaps the most satisfactory, on the whole, is alcohol, which should be dabbed lightly on the skin, not rubbed, and allowed to evaporate. Eau de Cologne answers the same purpose. Vinegar and water sponging is sometimes useful, or rubbing with a slice of lemon. A dilute nitric acid has been recommended, and carbolic oil is said to be effective. The fact of the matter is that both external and internal remedies are legion in urticaria, and that fact alone points to their dubious success as routine remedies.

QUEERNS.—The association of a medical man with a trading company dealing in medicinal wares, although it would not bring him under the notice of the General Medical Council, would assuredly be regarded as indecorous and undesirable by public opinion, unless, indeed, he abandoned the practice of his profession.

M.P.C.—It is not usual for the sanitary authority to communicate directly with the certifying practitioner in the event of an erroneous diagnosis under the Notification Act. The practitioner may be trusted to receive due intimation of his mistake from unofficial sources. Moreover, it is always open to him to make direct inquiry of the medical officer to the hospital.

SUPERFLUOUS HAIRS.

THE evidence of the value of the Bontgen ray method of depilation of superfluous hairs on the face is conflicting. Some few operators claim that in the long run they can permanently destroy the growth. At the best, however, the process takes many months—often a year or more—and is tedious, costly and dangerous, not to mention the fact that it may ultimately fail. The only scientific method of destruction of such hairs is by electrolysis. The operation should be placed in the hands of a medical man. It is a thousand pities that medical practitioners should advise their patients to go to non-qualified persons for Bontgen-ray photographs, electrolysis and other ministrations that are obviously medical in their nature.

DR. CARPENTER and DR. FOWLER's communications are unavoidably held over on account of great pressure on our space.

MR. CLEMENT SERS.—We think it wise under the circumstances to let the matter rest. The facts of the case were known to the public through the newspapers and the sentence was generally considered a mild one after the fatal result.

LEINSTER LEADER.—Your repudiation shall appear in the next "Poor-law Supplement," as desired.

DR. W. (Hordey).—Your patient is entitled to demand details of his account, with each item priced, and it is always undesirable to appear to grudge this concession. The practice of sending in "total" bills is based on courtesy.

THE MEDICAL PSYCHOLOGICAL ASSOCIATION.

THE next Examination for the Certificate in Nursing and Attending on the Insane will be held on Monday, May 5th. Candidates should obtain from the Registrar (Dr. Alfred Miller, Hatton Asylum, near Warwick), a schedule, to be filled up, signed, and returned to him at least four weeks before the date fixed for the examination. Monday, April 7th, will be the last day upon which, according to the rules, candidates can enter their names for the May examination.

MESO.—We do not care to publish mere "notes" of cases of observations of the sexual sense. These vary *ad infinitum* and possess no

individual interest although the psychical problems underlying these disordered manifestations deserve, and are receiving, attention.

Appointments.

BAIGENT, W., M.D.Durh., Medical Officer of Health for North-allerton.
BEEGLING, D. H., B.A.Syd.Univ., M.B., C.M.Edin., Medical Officer to the Post-office at Huddersfield.
BRISCOE, WILLIAM THOMAS, M.D.Dub., M.Ch., Medical Officer of Health to the Chippenham Corporation.
CHERRSWRIGHT, J. F., L.R.C.P.Edin., M.R.C.S., Medical Officer of Health to the Greasborough Urban District Council.
CHUISS, RICHARD E., M.R.C.S.Eng., L.R.C.P.Lond., House Surgeon to the Bristol Eye Hospital.
FINLAY, G. B., M.B.Aber., Medical Officer of Health for Brailes.
GAYLOR, E., L.R.C.P.Edin., L.F.P.S.Glas., Medical Officer for Alfreton Rural District.
GRIFFIN, IZES, M.R.C.S.Eng., Medical Officer of Health for Banbury.
JONES, HELENA G., M.B.Lond., Assistant Medical Officer, District Asylum, Mullingar.
JUDSON, J. E., M.R.C.S.Eng., L.R.C.P.Lond., late Senior Resident Medical Officer of the Manchester Workhouse, Crumpsall, House Surgeon to the District Infirmary, Ashton-under-Lyme.
MARTIN, J. MIDDLETON, M.B., B.C., D.P.H.Lamb., Medical Officer of Health for the Stroud Urban District Council.
NETTLE, WILLIAM, M.R.C.S., L.S.A., J.P., Medical Officer of Health for Lisakeel (Cornwall).
PALMER, A. M., M.R.C.S., L.R.C.P.Edin., Medical Officer of Health for the Urban District of Whittington.
PHILLIPS, HUBERT C., M.R.C.S.Eng., M.A.L.S.A., Anaesthetist to the Female Lock Hospital, Harrow Road, London.
STARKIE, E. G. B., M.B., C.M.Edin., Medical Officer of Health for Poulton-le-Fylde.
SOLTAU, GRACE, L.R.C.P.&S.Edin., House Surgeon, Belgrave Hospital for Children, London.

Vacancies.

Bedford County Hospital.—Senior House Surgeon. Salary £100 a year, with apartments, board, and washing. Applications to the Secretary.
Brentford Union.—Assistant Medical Superintendent. Salary £120 per annum, with furnished apartments in the Infirmary, rations, washing, &c. Application to William Stephens, Clerk to the Guardians, Union Offices, Isleworth, W.
Carlton Union.—Fever Hospital Nurse. Salary £30 per annum, with rations and apartments. Applications to John George Glover, Clerk. (See Advt.)
Cornwall County Asylum, Bodmin.—Junior Assistant Medical Officer, unmarried. Salary £120, with board, furnished apartments, &c. Applications immediately to the Medical Superintendent.
Durham County Hospital.—House Surgeon. Salary £100, with board and lodging. Applications to Wm. E. Wilson, Secretary, 684, Saddler Street, Durham.
Folkestone Victoria Hospital.—House Surgeon. Salary £100 per annum, with board, residence and laundry. Applications to the Secretary.
Galway Hospital. Resident Medical Officer and Compounder of Medicine. Salary £75 per annum, with rations and apartments. Applications to S. J. Leonard, Clerk. (See Advt.)
Manchester Royal Infirmary.—Honorary Assistant Physician. Applications, with diplomas, original testimonials, and certificate of age, to be sent to the Secretary (See Advt.)
Nottingham General Dispensary.—Assistant Resident Surgeon. Salary £160 per annum, furnished apartments, attendance, light and fuel are found. Applications to Secretary, M. I. Preston, Journal Chambers, Nottingham.
Omagh District Asylum.—Assistant Medical Officer. Salary £100 per annum, with £50 in lieu of rations, &c. Applications, with copies of testimonials and certificate of age, to the Resident Medical Superintendent (See Advt.)
Richmond, Whitworth and Hardwicke Hospitals, Dublin.—Assistant Physician for a period of three years. Applications before April 7th to the Secretary. (See Advt.)
Royal University of Ireland.—Examiners in Surgery, Midwifery, Pathology, and Ophthalmology. Applications to the Secretaries not later than April 19th. (See Advt.)
Southampton Incorporation. Resident Assistant Medical Officer. Salary £100 per annum, with apartments, rations, washing and attendance. Applications to David P. G. Willim, Clerk to the Guardians, Clerk's Offices, Workhouse, Southampton.
Tunbridge Wells General Hospital.—House Surgeon. Salary £100 per annum, together with board, furnished apartments in the hospital, gas, firing, and attendance. Applications to the Assistant Secretary, at the General Hospital.

Births.

HUDSON.—On March 21st, at Buntingford, the wife of F. Horace Hudson, M.R.C.S., L.R.C.P., of a son.
HUNNARD.—On March 18th, at Mansfield, Notts., the wife of Arthur Hunnard, M.B., B.S.Lond., prematurely, of a daughter.

Marriage.

WEGG—BROG.—On March 18th, at Christ Church, Mayfair, London, William Henry Jervis Wegg, eldest son of the late W. Wegg, Esq., M.D., to Winifred, second daughter of Henry M. Biss, Esq., of East Lodge, Bexhill.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

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Original Communications.

VARIETIES OF NERVE-DEAFNESS. (a)

By DR. DUNDAS GRANT, F.R.C.S.,

Surgeon to Central London Throat and Ear Hospital, London.

If we may judge by recent otological literature the general tendency has been to confine attention exclusively to the surgical treatment of suppurative disease of the middle ear and petrous bone in relation to their dangerous sequelæ. Consideration seems to have been almost entirely withdrawn from diseases of the ear as an organ of hearing.

This is not altogether surprising when we remember how much can be done in the former direction, still less so when we realise how many of the latter class of diseases are not susceptible of successful treatment. The feeling has, however, gone too far, and the diseases in question have lacked the careful study they deserve. While admitting that the proportion of incurable cases is considerable, I am convinced that in many the effect of treatment has been marred by erroneous diagnosis. I have detected this as made by myself as well as by others. I do not refer here simply to obscure cases in which certainty of diagnosis is scarcely attainable, but fairly ordinary cases in which more detailed examination leaves little room for doubt. It is only right to remember that in investigations in which the tests are so largely subjective the patient's faulty observation and inaccurate evidence are often largely responsible for the erroneous decision.

By nerve-deafness I mean dulness of hearing produced by disease of the auditory nerve, its nuclei, the cortical centres or the strands connecting them.

The auditory tract commences in the hairs of the auditory nerve-cells, and continues through the spiral ganglion, the cochlear nerve (in the internal auditory meatus and the cranial cavity), the accessory auditory nucleus, the trapesoid body, a tract parallel with the lateral fillet, the internal geniculate body, the subthalamie portion of the tegmentum cruris, the internal capsule, and the corona radiata, to the cortical centre in the superior temporo-sphenoidal convolution.

The pathological possibilities are obviously extremely numerous, and some extremely obscure. I shall only refer to a few of them.

I shall not take up your time in reviewing in detail the *uning fork tests*, as to the value of which we are fairly agreed; I shall, however, make the reservation that I assume that the evidences they afford are reasonably well marked, and that we interpret their results with a careful regard to their recognised limitations.

Diminished bone-conduction, negative Weber and positive Rinne, when met with in association, afford the typical, unquestionable evidence of uncomplicated nerve-deafness, if the dulness of hearing is at all marked.

When nerve-deafness accompanies middle-ear disease Rinne is negative, Weber may be positive, and we may

have to depend on diminution of bone-conduction, or, I believe, absence of the increase of bone-conduction, which should accompany pure obstructive disease.

In simple unilateral nerve-deafness we may have a negative Rinne, because in the test the air-conduction of the affected ear is compared with the bone-conduction of the sound one. The result may be checked by means of Weber's test, which would be "negative," and is therefore, in unilateral cases, extremely valuable. I leave you to judge of the signs obtainable when there is obstructive deafness on one side and nerve-deafness on the other.

A "positive" Rinne does not, however, exclude a minor degree of obstructive deafness, unless the time during which the given fork is heard at the meatus after ceasing to be heard on the bone is the same as it is in the normal individual.

It is to be noted that if a very high-toned fork is employed it is impossible to prevent it being heard through the air by the opposite ear if the latter is normal (or even affected with obstructive disease), even though this is stopped by any means available, and air-conduction appears longer than it really is.

The same is true with regard to the high-pitched tones of Galton's whistle, and therefore, to make sure that it is actually the affected ear—and not the sound one—we are testing, we stop up the diseased ear as well, and note whether the sound ceases to be heard; then we open the ear again and note whether the sound is again audible. This is the check devised by Dennert.

Again, with a low-toned fork, which is necessarily massive, the patient is apt to mistake the mechanical vibration excited by the instrument for acoustic stimuli, and an apparent increase of bone-conduction is produced. A fork of about 250 vibrations per second should, therefore, be used, and preferably one which in the normal individual is heard for about fifteen seconds through the air after ceasing to be heard through the bone.

There is one test which deserves more credit than it generally receives, namely, Gallé's centripetal pressure. In carrying out this test a vibrating tuning-fork is placed on the vertex, while the tip of a Politzer bag is in the auditory meatus. When the bag is compressed the sound should instantly decrease to a very marked extent if the stapes is mobile, because this bone is driven in so as to exercise pressure on the labyrinthine contents. Should this decrease not take place the stapes is assumed to be ankylosed. In the former case Gallé's test is "positive," in the latter "negative." It is obvious that if the membrane is extremely relaxed or if it is largely destroyed the pressure cannot be so effectively exercised, and its results are, in such circumstances, of little value. The cases in which it is of special value are those in which there is, with a practically normal membrane, a high degree of deafness, and the diagnosis lies between ankylosis of the stapes and nerve-deafness.

Having diagnosed the existence of nerve-deafness as such, we have to decide on the *site and the nature of the lesion* on which it depends.

In regard to the site we have to depend on the information afforded by the state of the neighbouring nerves and other parts of the nervous system, and also by the

(a) Opening Paper of a Discussion on "Varieties of Nerve Deafness," British Laryngological, Rhinological, and Otological Association, March 14th, 1902.

determination of the part of the acoustic scale for which the hearing is most defective. The nature of the lesion is chiefly revealed by its mode of onset and course, and by the associated symptoms of disease of the system in general or other organ in particular.

Sudden onset is characteristic of hæmorrhage, embolism, or nervous shock.

Rapid onset, with pyrexial disturbance, indicates acute inflammation. Without inflammatory disturbance a rapid onset is very characteristic of syphilitic disease of the labyrinth.

A *gradually developed nerve-deafness* results generally from degenerative, chronic inflammatory, or slow nutritive changes, or from the formation of a new growth.

The methodical examination of the *cranial nerves* from before backwards would be the proper step for the clinical student, but we may for practical purposes save time by taking them in the following order: facial, vago-accessory, hypoglossal, sixth, and continuing forwards to the first.

In all cases in which nerve-deafness is diagnosed or suspected the hearing for the highest-pitched tones should be tested by means of Galton's whistle or Koenig's steel rods. The former is probably sufficient for clinical purposes.

It may be taken as a general rule that in a case of nerve-deafness as detected by means of the tuning-fork, if the loss of hearing is specially marked for the highest tones, the disturbance is most probably situated in the labyrinth; if not, it is probably in some other part of the central auditory tract, and in many cases is functional. The check referred to in connection with high-pitched tuning-forks is equally important in testing with Galton's whistle.

Should no obvious lesion of other nerves (we shall consider the vestibular nerve as being part of the auditory) or the *general nervous system be present*, we are guided by the results of testing the range of hearing, and if hearing is most impaired for the highest tones we may very safely assume that the lesion is in the labyrinth.

Should hearing not be mainly defective for the highest tones, then the lesion is situated most probably in some other part of the auditory tract, such as the cortical centre, and is often functional in nature.

Facial paralysis alone, conjoined with nerve-deafness, is in suppurative cases usually due to tuberculosis of the petrous bone, while without suppuration it is more likely to arise from a lesion in the internal auditory meatus.

Involvement of the vago-accessory, as evidenced by paralysis of the corresponding half of the palate and of the vocal cord of the same side, indicates a lesion deeper than the internal meatus—say, a gummatous pachymeningitis on the under surface of the medulla. The same is true of the hypoglossal nerve.

Paralysis of the trunk of the sixth occurs in basic meningitis, involving it in its long exposed course on the under surface of the pons, characterised by paralysis of the external rectus of the corresponding eye. When with it the internal rectus of the opposite eye is affected, the lesion is situated in the nucleus.

Anæsthesia of one-half of the face alone would indicate a local lesion of the sensory nucleus of the fifth, but as found in association with nerve-deafness it is usually combined with hemianæsthesia of the side of the body, for special as well as general sensation.

Regarding involvement of the central nervous system in general the following points: Cross-paralysis, hemiplegia, hemianæsthesia, "word-deafness," ataxy, optic neuritis, ophthalmoplegia.

Cross-paralysis indicates a lesion in the pons below the decussation of the facial tracts. Hemiplegia points to the opposite hemisphere, probably the internal capsule; hemianæsthesia may arise from disease of the sensory tract in the posterior part of the internal capsule, or else from an affection of the cortical or subcortical sensory areas, generally hysterical. In the former case there is loss of the corresponding halves of the fields of vision of both eyes; in the latter there may be loss of acuteness in the whole of the field of vision of the opposite eye (crossed amblyopia), coupled sometimes

with colour-blindness in that eye (achromatopsia or dyschromatopsia). This is well shown in the case reported below.

I have already referred to the partial ophthalmoplegia arising from disease of the sixth nucleus—namely, paralysis of the external rectus of the same and internal rectus of the opposite eye. Complete ophthalmoplegia would point to disease in the nuclei and longitudinal bundle in the tegmentum below the level of the aqueduct of Sylvius—apt to be encroached upon by tumours of the quadrigeminal bodies.

Testing the vision and determining the fields of vision is of importance in connection with hemianæsthesia.

The ophthalmoscope should be in frequent requisition, though it is only very rarely that in our practice it reveals positive pathological changes. The existence of optic neuritis or choked disc should obviously not be overlooked. The following case was only elucidated by my finding very typical albuminuric retinitis, my observation being confirmed by the expert to whom I referred the case:—

Mr. P—, æt. 53, was referred to me by Dr. Lauchlan on account of deafness and singing noise in the right ear; this was of three weeks' duration; he had suffered from vertigo and vomiting; the tuning-fork evidences were those of nerve-deafness. Galton was not heard above the 5.5, as checked by Dennert's method; the ophthalmoscope revealed well-marked albuminuric retinitis, and there was a scarcely detectable trace of albumin in the urine.

The patellar tendon reflex or knee-jerk gives us often important information, its loss suggesting locomotor ataxy or post-diphtherial paralysis, its exaggeration, apart from other serious evidences, pointing to heightened nervous excitability, as in neurasthenic conditions.

Disturbance of equilibrium, taking the form of definite vertigo, is in by far the largest number of cases due to aural lesion, and when this is associated with nerve-deafness the loss of hearing for the highest tones usually locates the lesion as in the labyrinth. Rarely, however, disease of the cerebellum or the peduncles may produce definite rotation. In cerebellar disease there is usually staggering like a drunken man if the middle lobe is affected; paresis of the upper extremity of the same side if a lateral lobe, even if the characteristic vomiting and optic neuritis are not yet *en évidence*.

The *nature of the lesion* is, as I have already stated, mainly indicated by the mode of onset and the course. I shall refer to a few types.

Suddenness of onset generally indicates a hæmorrhagic effusion into the labyrinth, rarely an embolism, not very unfrequently a sudden nervous shock. Hæmorrhage into the labyrinth is the lesion producing the most severe and typical examples of Menière's disease; it generally involves the semicircular canals as well as the cochlea, and is therefore characterised by violent disturbance of equilibrium and vomiting; the hearing tests reveal absolute deafness or else dulness of hearing, most marked for the highest pitched tones. Many cases of Menière's disease are subsequently reported as severe deafness of sudden origin dating back from what had been looked upon as a severe "bilious attack." In most instances attacks of Menière's disease have been traceable to exposure to cold after being in a hot place, and occasionally to suppression or sudden stoppage of the menses; it is more liable to take place when there is increased arterial tension with weakened vessels or in the various blood diseases which favour the occurrence of hæmorrhage in various parts, such as leucæmia. In sudden functional deafness due to a nervous shock vertigo is not usually present—at all events, to any great degree—and the dulness of hearing is not markedly greater for the highest-pitched tones than for others.

Those forms having an *acute and rapid onset* are generally inflammatory, and occur frequently in the course of infectious diseases, particularly mumps, the rapidly developing and incurable deafness occasionally occurring in the course of this disease being an acute labyrinthitis. The following case (brought by Dr. Abercrombie) illustrates the condition:—

B. C., æt. 18, absolutely deaf in both ears, suffered

from mumps ten years ago. Towards the end of the first week of the disease vomiting set in; she became completely deaf in one ear; then, in the course of two days, equally deaf in the other one, the vomiting lasting for three days.

Apart from obvious feverish disturbances, such a rapid onset rarely occurs except as the result of syphilis, either hereditary or acquired. In the hereditary form it usually develops about puberty, and is, as a rule, preceded by interstitial keratitis and other physiological evidences, such as the notched and pegged "Hutchinson" teeth, are usually present. In a case (also brought by Dr. Abercrombie) deafness developed unusually early, namely, at seven years of age; the keratitis was extremely slight.

Of the forms of nerve deafness which are *gradual in development* the following are important types:—

The *anæmic* and the *congestive* are to be carefully distinguished, and the following points will enable us to do so in reasonably well-marked cases: In *congestion* there are usually collateral evidences of plethora; the patient's symptoms are worse on lying down or after the ingestion of food, or before the occurrence of the menses; they are made worse by the inhalation of nitrite of amyl, and are relieved by compression of the vertebral arteries. In *anæmia*, on the other hand, all these signs are reversed, and the constitutional signs of this condition are present, though sometimes to a very slight degree. In some cases the findings are those of *anæmia at one time and congestion at another*. I attribute this to irregular nerve control of the vascular supply, due as a rule to neurasthenic conditions. The treatment required follows as the obvious sequence of the diagnosis.

The most typical forms of *anæmia* occur in widows in the poorer class, who have to earn a meagre subsistence in return for laborious work, and who frequently present themselves for hospital treatment on account of their aural trouble.

Among other types are: the *senile* change which normally begins to show itself after the age of sixty, chiefly by loss of hearing for the highest pitched tones; *occupation* deafness the form occurring typically in artillerymen and boiler-makers; it also attacks the left ear in those who do much rifle shooting, and results from exposure to noises. *Toxic* nerve-deafness is particularly exemplified in the dulness of hearing produced by quinine or salicylic compounds, and it is probably congestive in nature. The *neo-marital* is an occasional form of nerve-deafness comparable to the amblyopia of young husbands described by Jonathan Hutchinson. *Neurasthenia* often gives rise to a form of nerve-deafness in which the deficiency is not especially marked for the highest-pitched tones; it is sometimes induced by over-work, excessive worry, the strain of active military service, and other analogous circumstances.

The following is a fairly typical case:—

A gentleman, *æt.* 36, engaged in the work of a bank, consulted me recently on account of deafness in both ears with slight tinnitus, resembling the sounds of sea waves, which had gradually developed during four years. Testing with the tuning-fork revealed the characteristic signs of nerve deafness; he had no vertigo; he heard worse when in the midst of a noise. His hearing for the whisper was 2½ ft. on the right and 2 ft. on the left, the watch being heard 1½ ins. and 3 ins. respectively. The hearing for the highest pitched tones was in the right ear only up to the mark 3·3 and in the left 2·0 of Galton's whistle. There was no family tendency to deafness, no evidence of gout and rheumatism; he had never been abroad nor suffered from malaria, and he had not been exposed to noises. Although his professional occupation was not a trying one he entered into its interests with an almost abnormal amount of conscientiousness, and in the evening habitually devoted himself to the teaching of religion. He rose very early, took a cold bath, and after a very light breakfast proceeded to his work in the city. His dinner was taken about midday, and was of a very moderate nature, so that he might be able to do his work in the afternoon; his only evening meal was the old-fashioned "tea," and if he took any food later in the evening it

was in the smallest possible quantity. He habitually abstained from stimulants. In the way of previous treatment he had three and a-half years previously been instructed by an eminent aurist to use a Politzer bag, and he had also employed a chloride of ammonium inhaler and other methods of inflation of the middle ear. The tuning-fork tests, the comparatively insignificant loss of hearing for high-pitched tones, and the general circumstances of the case led me to look upon it as one of neurasthenia. This was further evidenced by a nervousness of manner and extreme exaggeration of the knee-jerks. I induced him to undertake to give up his evening teaching, to take his work in general a little more easily, to allow his present midday dinner to count simply as a luncheon, and to have a good meal in the evening after the manner of other people in his social position. He was to take a small quantity of stout with one meal and a modicum of whiskey and water with the other. He returned to me a fortnight later, having carried out these simple instructions with his natural conscientiousness. There was marked improvement in his hearing power, and, in point of fact, the whisper could be heard at 6 ft. and 9 ft. with the two ears respectively. The result of this confirmed the conclusion as to the nature of his nerve deafness at which I had arrived.

Hysterical nerve-deafness is probably sudden in onset, but when affecting only one ear the patient may at first be unconscious of its occurrence, and on its discovery may be unable to state either the mode or date of onset. In the following case of hysterical hemianæsthesia with crossed amblyopia this point was exemplified:

Miss H—, *æt.* 41, schoolmistress, has frequently suffered from complete loss of voice and hoarseness since December, 1890; the voice had been restored from time to time by cauterisation of her throat at the hands of her medical attendant. She has suffered from purulent rhinitis affecting the various sinuses, and accompanied by frontal, post-ocular and occipital headache; both frontal sinuses were explored by me with comparatively negative results, there being no obvious retention of pus and no marked benefit from the operations. In 1895 I discovered that she had hemianæsthesia of the right side of the face and body, including the olfactory, auditory, and gustatory nerves, with diminished visual acuity on the left side. The tuning-fork tests showed the loss of hearing on the right side to be of the nature of nerve-deafness, and the loss of hearing was as pronounced for the lower tones as for the highest. Hearing-power is greatly diminished, but Galton's whistle can be heard up to the mark 3, practically the same as on the other side. The dimness of vision in the left eye is accompanied by complete inability to distinguish green and red from each other. The case is therefore one of hemianæsthesia with crossed amblyopia, and therefore presumably hysterical in nature. No remedies (hypnotism included) seem to have touched the condition, and she cannot be induced to undergo the rest treatment which is indicated in such cases. Possibly some accident or the occurrence of the menopause may break the spell.

I shall now narrate the case of a patient whom I brought before this association some years ago, as an extreme case of hysterical nerve-deafness with spontaneous recovery:—

Miss A—, *æt.* 18, came under my care on May 27th, 1895, complaining of deafness of both ears, stuffiness in the nose, and pain in the throat. The deafness to a slight extent was of three years' duration, and it had come on gradually and had suddenly got very much worse immediately after the extraction of eight teeth, three months before coming to me. For this operation she was anaesthetised with gas and ether. On examination the hearing was practically the same in both ears. She could only hear very loud conversation, and apparently only when her hearing-power was supplemented by lip-reading. The watch was heard at 6 ins., Galton's whistle was heard up to the mark 3·8, the bone-conduction of both mastoids was diminished, and Rinne's test gave a "positive" result in both ears. There was pain over the mastoids, no discharge was present, and there was no definite history of any previous discharge. At that time she described certain

indefinite attacks of giddiness, of which she has now lost all recollection. On testing her hearing for various tuning-forks by air-conduction, she was found to have completely lost the hearing for "C," and for "C₁," while for the other forks extending from "C" up to "C₂" the amount of hearing-power varied from three or four up to 15 per cent. A diagnosis was then made of nerve-deafness of indeterminate origin, but probably "auto-suggestive." Ammoniated tincture of valerian was ordered, blisters were applied to the mastoid process, and galvanism by means of the continuous current to the strength of ten milliamperes, with the negative rheophores, applied to the tragi, was employed for ten minutes at a time. The treatment was varied in the usual way, and the changes were freely run on strychnia, bromide of potassium, and ultimately the liquid extract of ergot. No improvement of any moment took place, and as a natural result the patient withdrew from further treatment. She later on came back to say that her hearing was perfectly good, it having returned in the January of 1897 after a "complication" of ailments which confined her to bed for a fortnight. While lying in bed her hearing rapidly improved, until in six months it became perfectly normal, and she can now hear a whisper by the right ear at the distance of about fourteen feet and by the left thirteen feet.

The spontaneous recovery seems to confirm the original diagnosis. In this case the tuning-fork test for middle tones "C₁" answered to the type of nerve-deafness, and they were sufficient to exclude middle-ear disease. The tests for air-conduction throughout the whole range of audition indicated that the maximum of loss was for deep tones. In typical cases of disease of the labyrinth the opposite would be the case, and we should expect to find the loss greatest in the uppermost part of the range, the lower part being relatively less defective. The combination, then, agrees with that described by Grandenigo as typical, on the other hand, of disease of the nervous centres, and, in fact, exactly of what he describes as occurring in hysterical nerve-deafness as set forth in his article in Schwartze's notebook. In his more recent publication on Auditory Disturbances occurring in Hysteria, he describes the loss of hearing as being fairly uniform throughout the whole range, but more marked in the lower range, on account of the physical nature of tuning-fork vibrations rather than from peculiarities in the auditory nervous apparatus.

The treatment of nerve-deafness depends primarily on the diagnosis of the variety, and the necessity of distinguishing between the anæmic and congestive forms must again be emphasised. That valuable drug, pilocarpine, has fallen into undeserved disuse through its unfortunate effects in cases for which it was not adapted. I have no hesitation in ranking it as a most beneficial remedy in congestive conditions of the labyrinth, but most deleterious in the anæmic ones. It may be administered hypodermically or by the mouth. The initial dose by the skin is about one-twelfth of a grain. At least double this dose is necessary for internal administration. The precautions to be observed during its administration are, of course, well known by all present. The other general remedies calculated to deplete are also advisable in cases of congestion. In anæmia and conditions of exhaustion our sheet-anchor is strychnine, and when such doses have been reached as to produce twitchings or other nervous disturbances the remedy may be combined with chloral. Iron and chloride of ammonium are also of value, and in neurasthenic conditions arsenic may be added. I have a strong conviction, on experimental evidence, that quinine produces congestion of the labyrinth, and is to be accepted as the physiological corrective of anæmia of that part. In a number of cases of what I took to be well-marked anæmic nerve-deafness, treated with quinine, under my own care and that of Dr. Wingrave, the benefit effected seemed to confirm this opinion most strongly.

I have, perhaps, not given to the electrical treatment of nerve-deafness the attention that it deserves. I have, however, seen improvement in several cases of "occupation" deafness which Dr. Lewis Jones has treated for me by means of the continuous current. In other

instances the results have not been so satisfactory, though, perhaps, with a more judicious selection of cases they might be better. In neurasthenic nerve-deafness general electrization may find a place, but supportive measures, such as the administration of cod-liver oil, malt extract, and glyco-phosphates have proved of great value. Among other useful remedies are arsenic, strychnine, and valerianate of zinc. The last remedy has been very strongly recommended to me by Dr. Bowles, who combines with it small doses of rhubarb or belladonna.

Syphilitic nerve-deafness, occurring in the course of the secondary stage of the disease, is fairly amenable to treatment, but the results in the tertiary form are eminently desponding. Competent observers have noted very rarely an improvement as the result of injections of pilocarpine. In my experience improvement has been only temporary. I have, however, seen benefit from the administration of iodide of potassium, in doses, however, of not less than one drachm every four hours, continued for several weeks. On the whole, we have to trust mainly to keeping up the patient's strength by means of cod-liver oil and other supportive agents.

The above remarks are far from exhausting the subject; but I venture to think that the most salient features have been included, and that I have dwelt mainly upon those points which are of the greatest practical importance. I trust others will amplify my description in regard to those forms of nerve-deafness with which they have had the most experience, and that they will also fill up the gaps which have been left by me.

CASES OF GASTROTOMY FOR RECENT GASTRIC ULCER. (a)

By C. W. MANSELL MOULLIN, F.R.C.S.,
Surgeon and Lecturer on Surgery to the London Hospital.

In two of these cases the immediate cause for operation was recurrent hæmatemesis.

The first case was that of a woman, æt. 26, who had suffered severely from attacks of indigestion for the last 18 months. Of late the pain had been intense, coming on immediately after meals or within half-an-hour, and radiating through from the epigastrium to the back. Until the last week actual vomiting had only been of occasional occurrence. Since then it had been almost constant. There had been a slight attack of hæmatemesis four months ago, and other attacks becoming more severe seven days ago, five days ago (twice), four days ago (twice), and on the morning of admission. On the last occasion the quantity is said to have amounted to more than a pint. Shortly after admission she vomited six ounces of almost pure blood. There was no history of melæna, but an enema given the day she came in brought away a considerable quantity of blackened blood. The pulse was 140 to the minute, very small in volume, and of low tension, and the patient was decidedly blanched. My colleague, Dr. F. J. Smith, under whose care the patient had been admitted, thinking that it was not advisable that she should be allowed the chance of losing any more blood, very kindly had the case transferred to my wards, and an operation was performed as soon as it could be arranged. The abdomen was opened in the middle line, and the serous coat of the stomach carefully examined. As there was no scarring or other sign of inflammation, the stomach itself was packed round with sponges, and opened by a vertical incision midway between the pylorus and the cardiac end. The angles of the incision were held open by pressure-forceps, and the mucous surface systematically everted and examined bit by bit, that covering the posterior wall being

(a) Paper read at meeting of Medical Society of London, March, 1902.

brought into view by introducing the hand through an opening in the great omentum, and lifting the wall of the stomach into the wound. A large vaginal speculum introduced through the opening in the anterior wall enabled the cardiac orifice and that part of the mucous surface which could not be brought up to be inspected without difficulty. A small ulcer was found on the anterior surface near the greater curvature. It corresponded fairly well with the ordinary description of a simple ulcer and had evidently been bleeding recently. There was no indication about its edges and no vessel was visible on its floor. An incision was carried round the ulcer and the whole of it excised down to the muscular coat, the gap that was left being closed by fine silk sutures, which served at the same time to stop the bleeding. The wound in the stomach was closed by a double set of sutures, and the opening in the abdominal wall secured with silkworm gut. Convalescence was uninterrupted except for a slight attack of parotitis on the second and fourth days. The patient vomited once after the anæsthetic. Small quantities of hot water were given by the mouth the same evening, and continued at frequent intervals for the relief of thirst, but for the first four days the feeding was carried out entirely by means of nutrient enemata. Solid food (fish) was given ten days after the operation, and a few days later the patient was placed on ordinary diet. She soon regained her strength, and since the operation has been perfectly free from the pain and indigestion which troubled her so much before.

The second case was that of a married woman, æt. 28, who was admitted into hospital on April 25th, 1900, for hæmatemesis. She was sent up in an ambulance with a history of having vomited blood at frequent intervals for four days. Shortly after admission she was sick, bringing up fifteen ounces of dark-coloured blood, and became very much collapsed. An operation similar to that already described was performed as soon as could be arranged. When the stomach was exposed an old cicatrix was seen near the cardiac end. This was excised, and then a recent but chronic ulcer with indurated edges was found by its side. In the floor of this ulcer was a bleeding branch of the gastro-epiploic artery. The ulcer was included in the incision, and the opening in the stomach wall, which was nearly three inches long and ran almost up to the cardiac orifice, secured by a double set of sutures. The patient was very much collapsed, but rallied under injections of strychnia and caffeine and rectal enemata. For the first three days vomiting was very troublesome. Then it ceased and the patient appeared to rally. She was able to take small quantities of jelly by the mouth. The bowels acted at first after enemata, and then spontaneously. The tongue became moist. The abdomen was soft, not distended, and moved well with respiration. But as in the former case, parotitis set in, first upon one side, then upon the other. Suppuration followed, and though relief was obtained when the abscess was opened, the patient died on the ninth day after operation. At the post-mortem examination, the opening in the stomach was merely held together by the sutures. The edges were sloughing, and there was an entire absence of repair. The kidneys were markedly granular and contracted. It is worthy of remark that parotitis occurred in both these cases, though there was suppuration in only one. As there had not been any case of post-operative parotitis in any wards for at least five years before, and there has been none since, it almost seems as if there must have been some connection between them; but they were not on the same floor or in the same ward, and the one died ten days before the other was operated upon, so that

in all probability it was merely a coincidence, but it was a curious one.

In the third case, that of a patient who was under the care of Dr. Capon, the immediate cause was uncontrollable pain and vomiting. The patient was a married lady, æt. 32. For some months she had suffered in a very severe degree from all the symptoms of gastric ulcer with the exception of hæmatemesis and mælena. These had never occurred. All the ordinary remedies, including prolonged rectal feeding, had been exhausted without obtaining the least permanent benefit. The patient had lost more than a third of her weight and was so weak that she could scarcely raise herself from her bed. The pain came on within a few minutes after swallowing food, and was especially severe at the ensiform cartilage. The skin over this region was exceedingly sensitive. Vomiting shortly after food was the rule. This relieved the worst of the pain, but it usually continued with more or less severity for some hours after anything had been taken. After consultation with Dr. MacLagan it was decided to explore the stomach, and on opening it a long narrow ulcer with slightly thickened edges was found lying at the bottom of one of the rugæ on the anterior surface close by the incision. It was about three-quarters of an inch in length and extended down to, but not into, the muscular coat. No other lesion of any kind could be found, though the whole of the interior was carefully explored in the way already described. The ulcer was excised, the mucous and submucous layers sutured together, and the stomach and abdomen closed in the usual way. In this case also vomiting continued for some considerable time. The pain disappeared completely and finally, but owing to the sickness it was some time before the patient could take sufficient food to enable her to regain her strength. Recovery finally was complete.

I may mention that in addition to these cases I published in the *Lancet*, of October, 1900, a series of three others, in which I had operated for hæmatemesis, all of which terminated successfully, the patients recovering completely without any drawback. Of five cases, therefore, in which I have operated directly for hæmatemesis, four have been cured, and I have little doubt myself that the fifth would also have survived, had not her condition been so desperate.

It is usually held that the advisability of operating in these cases can be settled at once by comparing the actual mortality of hæmatemesis in cases of gastric ulcer, with that which it is supposed might follow gastrotomy performed under these conditions. (The former is put down at from 3 per cent. to 5 per cent. The latter is estimated very variously according to the kind and severity of the cases selected. No such comparison, however, is possible under the present conditions. On the one hand the whole number of cases of hæmatemesis, trivial and severe alike (and the trivial ones are much the more numerous) is taken, and the mortality percentage calculated from that. On the other, only those cases which are absolutely desperate, in which the operation is performed as a last chance, after everything else has been tried and has failed, are reckoned at all. No one suggests, or has ever suggested, operating upon slight cases of hæmatemesis. They should be placed entirely on one side and not taken into calculation. The only comparison that can be made with any pretence at fairness is between those cases in which surgical measures are advised and declined and those in which they are advised and accepted. I have no doubt as to the result. In three of my five cases the patient was already so bloodless that transfusion had to be performed. In two others I had to decline to operate altogether—they were beyond even transfusion. The mortality of such cases, left to them,

selves without operation, is certainly not 3 per cent. or even 5 per cent.; it is much nearer 100 per cent. And they are the cases with which the only comparison can be made when the result of operation is the subject in dispute.

As no paper of this kind appears to be complete without statistics, and as the statistics of the mortality from gastric ulcer, and especially from hæmatemesis, vary a good deal according to the authority from which they are taken, I asked the medical registrar at the London Hospital, Dr. Wall, kindly to tabulate for me all the cases of hæmatemesis from gastric ulcer which had been admitted into the London Hospital in the five years 1895 to 1899 inclusive. All cases of hæmatemesis from cirrhosis, malignant disease, &c., were carefully excluded. The result is of decided interest. The total number was 246—202 women and forty-four men; and taking one year with another the numbers were very much the same in each. The total number of deaths from hæmatemesis was ten or 4 per cent. But the incidence of the deaths according to age was very singular. Under the age of thirty there were 153 women with only one death. Over thirty there were forty-nine women with three deaths, or 6 per cent. Taking the men, there were only five under thirty years of age with one death; and thirty-nine over thirty with five deaths. In other words, the mortality from hæmatemesis among the men over thirty years of age is 12½ per cent.; and taking all the men together regardless of age, nearly 14 per cent. So far, then, as the question of operation for hæmatemesis is concerned, there must, it appears to me, be one rule for women under thirty years of age and another for women over thirty, and especially for men. But in considering the advisability of operating in general in cases of gastric ulcer, there is another point that must not be forgotten. These figures are only concerned with the mortality caused by hæmatemesis. There are other causes of death in gastric ulcer besides this, and those causes must also be taken into consideration. When the percentage of deaths due to these is added to that due to hæmatemesis it must be acknowledged that the death-rate due to gastric ulcer, especially in the case of men or of women over thirty, is much higher than is usually believed.

I am fully aware that the treatment of gastric ulcer is and must remain in the hands of physicians. But it is becoming more and more evident every day that there are certain contingencies or accidents which may occur in the course of a case of gastric ulcer which, if the consequences are to be avoided, can only be met by the adoption of prompt and decisive surgical measures. This is admitted so far as perforation is concerned; but I maintain that the principle should be carried much further. It should include all those cases in which, in spite of rectal feeding and other remedies, the pain after food is taken continues with severity, as it did in the case I have described; in which vomiting after food obstinately persists, in which the patient is steadily losing ground, and in which medical treatment has been tried thoroughly for a sufficient length of time, say for some months, and has failed.

So far as hæmatemesis is concerned, it is clear that age and sex make a very material difference, and much greater risk may be run in the case of women under thirty years of age than in the case of those over thirty, and especially in the case of men. My own figures stand at only one death in 153 cases of hæmatemesis due to supposed gastric ulcer occurring in women under thirty. (I may say that I have reason to believe that that particular period of five years was an exceptionally heavy one.) Surgical treatment, however, can rarely be required in them. But if there is one single severe hæmorrhage in a

case in which the previous history suggests the presence of a chronic gastric ulcer (when the bleeding is probably due to an opening in an artery of some size, and is not merely capillary); if there are two separate attacks of severe hæmatemesis at a short interval, or if there are frequently such hæmorrhages, so that the patient is becoming seriously anæmic, I believe that the risk of operation is very decidedly less than the risk of leaving the patient alone, and that the best interests of the patient would be consulted by giving him or her the chance of operation before the condition becomes desperate.

NOTES ON A CASE OF TUBERCULOSIS OF THE GENITO- URINARY TRACT.

By J. P. C. KIRKPATRICK, M.D.,

Assistant Physician to Steeven's Hospital.

THE patient A. M., male, æt. 44, was admitted to Steeven's Hospital complaining of pain in the back and frequency of micturition. He stated that he had been in this condition for some six months past, but that the pain was gradually getting worse and gave him considerable trouble when he moved about.

On examination the pain was found to be localised to a small area in the left loin. The urine contained a small but constant quantity of albumin, but no pus or cellular elements, it was clear and acid in reaction. The left epididymis and vas as far as the external ring were hard and considerably enlarged, but not painful. Examination per rectum showed a small nodular enlargement in the left seminal vesicle. The lungs and other organs appeared healthy. Repeated examination of the urine for tubercle bacilli gave a negative result. Deep pressure over the left kidney caused the patient to micturate, but nothing more than an indefinite sense of resistance and fullness could be made out even when the patient was fully under the influence of an anæsthetic. Examination by X-rays for renal stone gave a negative result. As the disease of the genital organs caused the patient no trouble and all the symptoms pointed to the kidney, it was decided to expose that organ and remove it if necessary. Mr. Haughton opened the abdomen and explored both kidneys. The left was found enlarged and apparently cystic, while the right appeared normal. The patient, however, became so collapsed on the table that it was decided to postpone the removal of the organ to a subsequent date. The patient died three days after the operation.

At the post-mortem examination the right kidney was found to be slightly enlarged but apparently healthy, as was also the right ureter. The left kidney was converted into a large, semi-solid, caseous mass with little or no renal structure left, though the capsule was intact. The left ureter was filled with a similar material right down to its entrance into the bladder, and its lumen was completely obliterated. The bladder itself appeared quite healthy. The left epididymis and vas as far as the external abdominal ring were in a similar state of caseous degeneration, but that part of the vas which was inside the abdominal cavity was healthy except for a few scattered nodules of caseous material. There were similar nodules in the right vas and the seminal vesicles. None of the other organs in the body showed any signs of tuberculous disease. It is interesting to speculate, but I fear impossible to decide, what was the primary focus of disease. The patient could give no information as to the onset of the testicular enlargement; he stated that he did not even know of its existence till his attention was accidentally drawn to it while he was in the hospital.

Absence of any cellular elements in the urine was doubtless due to the fact that the ureter was completely obstructed and the renal tissue completely destroyed. Why, however, the renal symptoms, such as pain in the back and pain on passing water, and the frequency of micturition with the albuminuria, should have persisted is not very clear. The difficulties of an accurate diagnosis ante-mortem were very great, and the information gained at the post-mortem does not completely remove them; it was in the hopes that some of the members present would be able more accurately to connect the clinical symptoms with the pathological conditions that induced me to bring the case forward. I should have stated that the patient had no fever at any time during his stay in hospital before the operation.

A CASE OF SWALLOWING OF A METALLIC DENTURE SUCCESSFULLY TREATED BY THE INTERNAL ADMINISTRATION OF COTTON-WOOL.

By G. JAMESON JOHNSTON, M.A., M.B.,
F.R.C.S.I.,

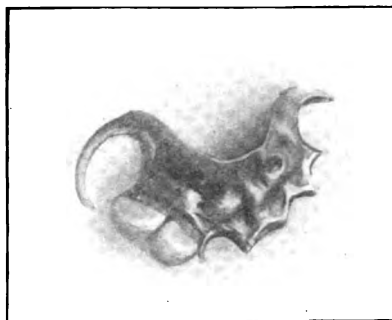
Visiting Surgeon, Royal City of Dublin Hospital.

THERE are certain points of interest in the history, physical examination, and treatment of the following case, which have prompted me in bringing it before the Academy.

T. M., *æt* 20, was bathing at Blackrock on the evening of August 9th last, when nearly half a mile out he put up his arms with the intention of sinking to the bottom. On reaching the surface again, he was struck in the face by a wave, and immediately after found himself choking. His attempts to swim by a breast stroke being futile, he turned on his back and succeeded with some difficulty in reaching the shore in this posture. He called for assistance, and informed some bystanders that he had swallowed his artificial teeth; he was then conscious of the plate being stuck in the back of his throat, but had no difficulty of breathing. An individual who was assisting him struck him sharply on the back, when the plate changed its position and brought on a dyspnoic attack, rendering him "black in the face;" he was slapped on the back a few more times with the effect of relieving the breathing, though he suffered great pain. Dr. Flood saw him and advised his removal to hospital. The patient states that during the journey to town the jolting of the car caused the plate to go further down his throat, and that the seat of the pain became situated lower down.

I saw the patient soon after his admission to hospital, and found him in a very exhausted condition, pale and in a cold perspiration; he had no difficulty of breathing, but complained of severe pain, which he referred to the lower end of his sternum; neither digital exploration of the pharynx nor palpation of the neck revealed anything abnormal. I gave him a teaspoonful of milk to swallow, and the act was so painful he begged not to be given any more. I then passed a sponge probang without any appreciable resistance into his stomach. The passage of the instrument was evidently painful, and the probang returned smeared with bright blood. He expressed himself considerably relieved, in fact the relief was so marked and maintained as to suggest the possibility of the plate having been pushed from the lower end of the oesophagus into the stomach.

When the possibility of the plate not having been swallowed was spoken of the patient asserted positively that it had not been ejected, and was certainly swallowed. As there were now no urgent symptoms I reassured the patient and put him on 5 m. doses of liq. morph. mur. every three hours, with the double object of allaying the pain and minimising peristalsis. He suffered much pain on Friday night, all day on Saturday and throughout Saturday night; the pains, however, ceased early on Sunday morning. The pains were paroxysmal in character, and occasionally very violent. There was, on Saturday, a distinctly tender spot approximately over the pylorus. I watched carefully for signs of gastric peristalsis, but was unable to discover any, owing to the rigidity of the abdominal wall during the attacks. On Monday I was supplied with a wax model of the plate. The saw-like edge where the plate fitted against the posterior surfaces of the natural teeth, and the rather formidable (from an intragastric point of view) clasps for holding the plate in position, naturally suggested the question of gastrotomy. However, I decided to wait and administer cotton wool. Accordingly I ordered bread and butter sandwiches to be prepared with a thinly teased outlayer of cotton-wool in each; the patient relished the idea of the sandwiches and partook of them as freely as I permitted. I made no accurate estimate of the actual amount of cotton-wool used, but had in my mind a rough calculation of the amount which might possibly cause obstruction.



Dr. E. J. Watson kindly went to a great deal of trouble in examining the patient with the Röntgen rays, and notwithstanding that an extended examination was made on three successive days with the most recent apparatus, no indications of the plate were seen. The screen showed most distinctly metallic buckles and buttons through the whole thickness of the body. I can offer no explanation of the failure of the skiagraphic examination further than that the plate was in the small intestine and the peristalsis prevented the plate remaining sufficiently long in one position to be recognised.

Nothing of interest supervened until the following Friday, that is a week after his admission, when the patient was again seized with paroxysmal pains, this time referring them to the right iliac fossa. Without any leading question the patient stated that he was distinctly conscious of the plate being in that region and changing its position. Palpation over the ileo-cæcal valve caused the patient to wince and complain of pain. The pains were not nearly so severe as in previous attacks, and only lasted two hours.

His bowels not having been moved since his admission, I considered it safe to order some aperient, and he was given about 3ss. of liquorice powder. Next morning (Saturday) he had a motion, which was examined with negative results; three hours later his bowels were again moved quite painlessly, and the plate was seen to be enveloped in an admixture of

cotton-wool and faeces; the cotton-wool was easily removed from the left side of the plate where the clasps are not very prominent, but it required some little effort to remove it from the other side, where the large clasp was completely entangled in the wool. I regret that it is not possible to exhibit a photograph of the plate in the condition in which it was passed, as the enthusiasm of the nursing staff resulted in the plate being restored to me as clean and polished as when it left the hands of the dental practitioner who made it.

The patient left hospital next day and has been perfectly well ever since.

The plate weighed ninety-five grains and measured four centimetres long, by one and a-half wide; affixed were two teeth, the right lateral incisor and canine of the upper jaw, a long clasp for the right first bicuspid, there were indentations for the right central incisor, the two left incisors, and a short clasp for the left first bicuspid.

One can practically read the progress of the plate in the history. It would seem that the plate at first stuck in the back of the pharynx, and remained there until the patient reached the shore, as there was no obstruction to respiration. The slaps on the back which the patient received apparently caused the plate to change its position and press on the glottis, causing great difficulty of breathing with cyanosis and prominent eyeballs; renewed slapping relieved the dyspnoea, the plate slipping down into the oesophagus where it seems to have remained until he reached hospital. The location of the referred pain, namely, the lower end of the sternum and the practically instantaneous relief given by the passage of the probang, leads me to assume that the probang pushed the plate into the stomach, where it remained until Sunday morning. The passage through the small intestine lasted until the following Friday. The paroxysmal pain in the ileo-caecal region pointing to its passage through the ileo-caecal valve, the laxative given hastened the passing through the large intestine, which was terminated next morning.

I have already given the only explanation I can of the negative results of the Röntgen ray examination.

The treatment adopted in this case was not original, but is not, I believe, as widely known and appreciated as its obvious merits entitle it to be.

Clinical Records.

CASE OF ADVANCED HEART DISEASE TREATED BY THE INHALATION OF OXYGEN.

Under the care of GEO. Y. MYRTLE, M.R.C.S.,
L.R.C.P. Lond.,
Harrogate.

Mrs. K., æt. 71, has for many years suffered from dilatation of heart with mitral insufficiency, also slight rheumatic and gouty symptoms—of active habits and abstemious as regards both food and drink. She came to Harrogate for the last seven years in order to drink the saline chalybeate waters and have a course of the sulphur Nauheim baths, which benefited her health and enabled her to get through the winter months satisfactorily. For this end she returned last September. During the past winter she was confined to her bed for three weeks, and to the house for the same period on account of acute bronchitis of both lungs. This aggravated her heart trouble, and gave rise to difficulty of breathing on slightest exertion. She complained of a dull ache over the entire cardiac region sometimes approaching angina, and the loss of her soldier son in South Africa told very terribly upon her spirits, and gave rise to insomnia and anorexia.

Sept. 22nd.—My father (Dr. A. S. Myrtle) saw her, and told her she was altogether unfit to undergo the treatment she had on former visits, ordered her perfect rest and put her upon digitalis and nux vomica, with

three ounces of whiskey thrice a day. On the 26th my father again saw her; she was wanting to get up and go out. On the morning of the 27th he was sent for and found her lying on the left side, face, lips and finger-nails blue. She answered questions with difficulty, complained of acute pain over the heart, pulse feeble, rapid and irregular, respirations shallow, fifty-six to the minute. Gave her nitro-glycerine at once, and brandy, with sinapisms to chest and nape of neck. These relieved her, but not to any great extent. He then ordered a supply of oxygen (Brinn's) to be got, and as soon as it arrived I gave it for five minutes, with good result. Her colour improved, as also did the pulse and the respirations, which became deeper and less frequent. The pain also which she complained of almost left her. I gave her some more in about three-quarters of an hour's time as she said it had done her so much good and she enjoyed taking it. The oxygen was ordered to be given every two hours, or more frequently if required; she was able to take plenty of nourishment, and brandy and champagne. The same night Dr. Howell, her medical attendant at home, came down as he had been sent for, and on the following morning suggested 1-40 gr. strychnine hypodermically. This seemed to have no effect, and as the gas alone seemed to give relief we stuck to it and allowed her to inhale whenever she asked for it. The same night, the 28th, I was sent for as the nurse thought she was dying. I found her in every way worse, colour deeper blue, respiration 62, pulse very feeble and irregular; she was only semi-conscious, and certainly looked as if she was dying rapidly. I ordered oxygen and stimulants to be freely given and had hot bottles put to feet. The following morning she was better. Respirations continued 50 to 60 to the minute, pulse improved in character, temperature was normal, mind clear as ever, but occasionally there was great restlessness, kicking her legs about, and even getting out of bed and walking round it, tossing from side to side, but no pain, and she always said she felt quite comfortable; she slept for a few minutes at a time.

On October 2nd she looked and felt so well she talked of getting up and going out; she remained in much the same condition until the night of the 7th, when, on paying my evening visit, I found her sitting up in bed eating minced chicken and drinking champagne, talking strongly. Respiration 42, pulse 112, regular but rather feeble; an hour after I left her she was dead.

She commenced inhaling oxygen on September 27th, and from that date to the time of her death, October 7th, she had 420 ft. of the gas. I have no doubt a large quantity was wasted by the careless way in which it was allowed to pass through the tube, but still she must have had the benefit of one-third of the quantity, with the result that instead of dying in a few hours she lived for ten days in comparative comfort. Two or three points with reference to the use of inhalations of oxygen strike me.

First, it cannot be had readily, one has to send to Leeds or some other big centre when the local chemist has run out of his supply, so that a long time may have to pass before you can get the gas.

Secondly, it is an expensive remedy, costing 6d. per foot, so that the amount this patient had, came to ten guineas, a serious matter, often beyond the incomes of many who would benefit by it. Another point, by its use the life of a patient may be prolonged for hours, days, or even perhaps weeks, and this might prove of immense importance where the disposal of property by will or otherwise is necessary, or even time may be gained so that near and dear relatives or friends may have the opportunity afforded them of coming from a distance to say a last good-bye.

A Warning to Cats.

DR. PURCELL relates in a contemporary the untimely decease of a favourite cat of his which succumbed to the effects of the incautious ingestion of sundry bipalatinoids, sent as a sample, some of which fell on to the floor and were incontinently gobbled up by pussy. The bipalatinoids in question contained strychnine and arsenious acid *inter alia*.

Transactions of Societies.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.
CLINICAL MEETING HELD (IN THE ROYAL INFIRMARY)
ON MARCH 12TH, 1902.

Dr. T. R. FRASER, President, in the Chair.

MR. C. W. CATHCART showed (for Mr. Caird), (1) a girl, *æt.* 12, after removal of an intra-cranial tumour. She was operated on in November, 1900, because of constant twitching of the right side of the body following an injury to the left side of the skull, and several pieces of thickened bone were removed. The symptoms were temporarily alleviated, but recurred, and in February, 1901, a second operation was undertaken. On opening the dura, the brain bulged greatly, and a tumour the size of a cricket ball was shelled out from the Rolandic region. Since that time her general health had improved greatly, and headache had ceased, but there was still slight lameness and loss of power in the right arm. (2) A woman, after partial removal of an intra-cranial tumour. The patient had noticed the gradual development of a swelling over the left eye, and protrusion of the eye itself; these symptoms had been progressing slowly for about five years. Latterly pain in the head, vomiting, and mental confusion had been added. On operating, the swelling was found to be of a cystic nature, the cyst having pushed its way through the cranium; the cyst was removed, and below it a large tumour was found, which could only partially be removed.

Dr. F. D. BOYD showed a case of congenital paraplegia in a child, *æt.* 5. There was a history of prolonged labour followed by a hæmatoma. The patient has always suffered from fits, and was mentally deficient. His legs were spastic, the tendon reflexes being much exaggerated. The head measured 22 ins. in circumference—rather in excess of the normal at that age, pointing, Dr. Boyd thought, to the occurrence of congenital hydrocephalus as a cause of the delay in labour and the consequent injury to the brain.

Dr. ALLAN JAMIESON showed (1) a case illustrating the combined features of lupus vulgaris and lupus erythematosus on the same patch; (2) a case of lupus erythematosus which had very greatly improved after prolonged treatment by quinine, the patient having taken 15 grs. daily from June, 1900, to January, 1902; (3) a case of parakeratosis variegata; and (4) a case of pityriasis rosea.

Mr. C. W. CATHCART showed (1) a case of complete rupture of the tracheal plexus, in which all the nerves except that to the subclavius and the nerve of Bell were divided, and, contrasting with this, a case in which only the eighth cervical and first dorsal roots were torn. In the first case an unsuccessful attempt to reunite the upper branches of the plexus had been made; in the second case the injured roots were not accessible to the surgeon. (2) A case of excision of gangrenous bowel from strangulated hernia, with immediate suture of the intestine. (3) A case in which urgent cerebral symptoms were relieved by tapping the middle fossa in fracture of the base of the skull. The history was that the boy had fallen and struck his head, and that this was followed by convulsions and loss of consciousness. The patient was very restless when admitted to the hospital, and there was an offensive sanguino-purulent discharge from the ear. The mastoid cells were therefore opened, but nothing was found; the cranial cavity was therefore opened, when a quantity of blood-stained fluid escaped as soon as the dura was incised. (4) A case of Bazin's disease, in which scraping the ulcers had twice failed to bring about healing, but which was now improving under salicylic and creosote plaster.

Dr. BYRON BRAMWELL showed a man who had consulted him in June, 1901, and in whom the astereognostic sense in the left hand was for a time entirely lost. The ordinary forms of sensibility were entirely unimpaired; pain, touch, heat, cold, and muscular sensation being normal, but the patient was, nevertheless, quite unable to distinguish one object from another by the sense of feel-

ing alone. His complaint was that he could not pick things out of his pockets; he could not, for example, distinguish between a key and a coin. Otherwise he showed no signs of disease of the nervous system, except double plantar extensor response. He had not been treated in hospital, but had completely recovered, while, except for a temporary functional weakness of the legs, there had been no other nervous symptoms. Astereognosis had been much written about in America and on the Continent, but had attracted little notice in this country. One must suppose that a centre existed, possibly in the Rolandic area, to which all the other sensory centres sent fibres, and which co-ordinated the sensory impressions into a harmonious whole. Astereognosis might be due to disease; as this case showed (and it was an important one in that respect) it might also be functional. (2) A case of Bright's disease in which marked diuresis resulted from the internal administration of boracic acid.

Mr. ALEXIS THOMSON showed (1) a patient after suture of penetrating wound of the stomach. A gouge had been pushed through the abdominal wall below and to the left of the umbilicus, and had passed in an upward direction, perforating the anterior wall of the stomach close to the lesser curvature. (2) A patient, *æt.* 61, after operation for irreducible inguinal hernia containing a large diverticulum from the urinary bladder. The hernia had been present for twenty years; it presented no special features, and as it could not be controlled by a truss radical cure was advised. An ordinary hernial sac was found and in front of it a second sac containing the diverticulum of the bladder. It was at first thought to be an encysted peritonitic exudation and was incised. The wound was united, but a week later broke down and urine escaped from it. It gradually healed, however, and a good result ensued.

Dr. G. A. GIBSON showed an aberrant case of polyneuritis simulating Landry's paralysis. The history was of one month's duration, and there was no previous injury or infectious disease to which the onset could be ascribed. The legs and right arm were completely paralysed, and the left arm partially so. There was no loss of muscular tone, reaction of degeneration, or diminution of sensibility. The reflexes were abolished, and the nerves were tender when pressed upon. It was therefore an affection limited to the lower motor neuron, and he would have described it as actually a case of Landry's paralysis (seeing that most recent authorities regarded that disease as a variety of polyneuritis) were it not that there were no sensory disturbances, whereas in Landry's classical description, if one took the trouble to refer to the original paper, sensory disturbances were by no means absent.

Dr. GIBSON and Mr. COTTEBILL showed a patient, *æt.* 46, who had suffered from dyspepsia for three years, with, latterly, vomiting and loss of weight, and upon whom pyloroplasty had been done. There was absence of free hydrochloric acid, and the total acidity of the gastric juice was diminished, but there was no free lactic acid. The stomach reached to one inch below the umbilicus, and there was marked splashing, but no visible peristaltic wave or tumour could be made out. Absence of leucocytosis, too, was against cancer, so that the diagnosis of simple stricture was made, and it was confirmed at the operation.

Mr. COTTEBILL showed a case of dislocation of the radius on account of which he had removed the head of the bone and the remains of the orbicular ligament. The state of matters before operation was somewhat curious. Flexion was usually checked at a right angle and the arm could be almost completely extended. The patient could, however, luxate the head of the bone in such a way that he could completely extend the arm but not flex it; then, by again luxating the radius he could flex the arm but could not extend it again until he had once more altered the position of the head of the radius.

Mr. WALLACE (on behalf of Mr. Chiene) showed three head cases—one of a man who had developed epilepsy, taking as many as 180 fits in the day, about a year after a severe head injury; the second, a boy, *æt.* 7, who after an injury to the head became mischievous, semi-idiotic,

and the subject of fits; the third, a man in whom a recent injury to the head was followed by paresis of the arm and leg, and in whom epilepsy was developing. The first was cured by trephining, in the second no benefit followed operation, in the third no operation had yet been carried out.

Dr. NORMAN WALKER showed (1) a case of rodent ulcer treated by arsenious acid; (2) a case of mild ichthyosis, illustrating the fact that the condition was not always (as was generally supposed) congenital; and (3) a case of urticaria pigmentosa.

Dr. GIBSON showed a brain from which a cerebellar tumour had been removed.

Dr. W. ALLAN JAMIESON demonstrated the new Marshall and Wood's lamp used for the treatment of lupus by light.

HARVEIAN SOCIETY OF LONDON. CLINICAL MEETING HELD MARCH 20TH, 1902.

Mr. W. WATSON CHEYNE, President, in the Chair.

Mr. ROUGHTON showed a child seven months old after operation for intussusception. Four weeks ago the child was brought with the complaint that it had been sick more or less continuously since last Christmas, and that on the previous evening it was taken considerably worse, and began to pass blood and slime. The condition was at once suspected, and on palpation a small swelling was found above and to the right of the umbilicus. Injection was not resorted to, but the abdomen was at once opened and an intussusception of the ileo-cæcal variety was found, which had only travelled as far as the hepatic flexure of the colon. It was reduced with ease. He afterwards noticed that the vermiform appendix presented a bruised appearance in its distal one and a half inches, and he accordingly removed it.

The PRESIDENT said he had taken a fancy to combining the two methods, that of injection and of abdominal section. He opened the abdomen and located the intussusception, then injected fluid slowly per rectum. Then if the fluid did not seem to be doing good the bowel could be brought out and the intussusception removed.

Mr. ROUGHTON showed another case in a child, 13 months old, who was operated upon at the age of 4 months, when the symptoms had lasted twenty-four hours. He reduced the trouble easily except the last two inches, but that occupied a quarter of an hour and was very troublesome.

Dr. CAULEY supported the combined method of reducing an intussusception. The great drawback to relying upon the older method of reduction by water alone was that it was impossible to tell whether the intussusception had been completely removed.

Mr. ROUGHTON, in reply, said he did not propose to try the combined methods mentioned by the President. He had only operated upon three cases of intussusception, and they had all recovered. Injection had not been used. He thought the fluid must distend the bowel, and that would probably be a greater source of shock than manipulation outside. He did not see why such cases should not recover if operation were done sufficiently early, say, within twenty-four hours.

The PRESIDENT showed a man who had fractured both patellæ, one of which had been treated by wiring and the other not, and remarked the secret was not to put the leg in a splint, but to make the patient walk as soon as possible.

The PRESIDENT also showed a boy who a year ago fell from a parapet a distance of twenty feet and fractured the left femur above the condyles. When seen the lower end of the upper fragment was in the lower part of the popliteal space, behind the tibia. Reduction was tried, but every time the force was relaxed it shot back again. The application of heavy weights was also tried, but without permanent success. Eventually he made a long incision, turned back everything, and exposed the bones. It was found that not only was the femur fractured across, but the condyles were down in the joint and the ends of the bones went in between the

condyles separating the two halves. He therefore nailed on the outer side a plate of aluminum, fastening it with silver tacks. The leg was put into a splint and kept there for a long time, because the bone was so thin. For a time the lad had a stiff knee, but he could now bend it to a right angle. The plate was still in situ. He found the use of the plate an excellent measure in such cases, and he had treated several by it. It would be an advantage to have the plate and the nails of the same metal, to obviate any possible electric action.

Mr. JACKSON CLARKE showed a boy the subject of severe spastic paralysis one year after operation. He had shown the boy before operation, and shortly afterwards. The right leg had been particularly stiff, but was now more useful, though he still walked plantigrade. There had been a lot of clonic movement, and he did an elongation of the tendo-Achillis on the right leg which caused the stitches to give way over that. Instruments had been left off during the day, but were resumed at night. He did not believe tendon transplantation had been very useful for the condition. He thought the prognosis after operation in such cases was more hopeful than he had been taught, and than he at one time believed.

Dr. CAUTLEY believed that anything which would assist such children to walk would also assist their mental development. He thought in all cases of spastic paralysis that any operation which would enable the patients to stand, and later to walk, should be done, even though the child might not be mentally competent. Once they associated with other children and could play with them, the mental and physical development was improved.

Dr. LEONARD GUTHRIE showed a case of Charcot's disease in both hip-joints in a woman, æt. 44. Twelve years ago she had slight pains in the limbs which did not last long. Three years ago they were much worse and of a lancinating character, and there was numbness about the soles of the feet. At about that time a sudden swelling arose in the neighbourhood of the right hip, but it was painless. But she thought the bone was out because she could hear the bones rattle. Six months ago the other hip was similarly affected. The patient had the Argyll-Robertson pupil, and the left pupil was larger than the right. Romberg's sign was marked, and she had absence of knee-jerks on both sides.

Dr. GUTHRIE, in reply, said he thought that the absence of pain was due to anaesthesia of the joint nerve, just as there was anaesthesia elsewhere, and that the affection of joint was due to degeneration in consequence of the nerve trouble. There was a history of syphilis in the case twenty years ago, shortly after marriage.

Dr. GUTHRIE next showed a case of arrested growth of the fore-arm following fracture, with ischæmic paralysis, in a man, æt. 58. The condition of Voelckman's ischæmia was of fifty years' duration. At nine years of age he fractured both bones of his left fore-arm, and tight bandaging and subsequent ulceration resulted in firm flexion of the wrist when the splints were taken off. The fingers were bent into the palm of the hand and there was no use in the fingers. Operations had since been performed with the view of increasing the length of the contracted tendons. There was a difference of two and a-half inches in the measurement of the two sides. The bones of the left fore-arm were small, infantile in appearance, and somewhat glossy. Reaction to Paradism could be obtained in both flexors and extensors. The condition had been known to follow the application of Esmarch's bandage. Voelckman thought the condition was due to rigor mortis produced by stoppage of circulation, others that it was a purely nervous phenomenon. The previously described cases had been in children and had not been watched long enough.

Mr. Raymond Johnson, Mr. Jackson Clarke, and Dr. James Taylor also took part in the discussion.

MAJOR BRUCE MORLAND SKINNER, R.A.M.C., has been appointed Secretary to the Advisory Board for Army Medical Services, an appointment which carries with it additional pay of £100 a year.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN.

MEETING HELD AT PADDINGTON GREEN CHILDREN'S HOSPITAL, MARCH 21st, 1902.

Dr. H. ASHBY (Manchester) in the Chair.

Dr. A. E. SANSOM showed a case of Hodgkin's disease in a girl, *et. 8*. The glands on the left side of the neck were greatly enlarged, and the spleen occupied the left half of the abdomen. The child was anæmic, and the leucocytes were deficient. The disease started four years previously subsequent to measles.—Dr. R. HUTCHISON remarked upon the tuberculous nature of several examples of the disease he had examined, and upon the impossibility of determining post-mortem from the naked eye whether they were tuberculous or not.—Dr. MORISON and Dr. KELSON commented upon the case, and Dr. SANSOM replied.

Dr. HARCOURT GERVIS showed a case of double aortic disease in a boy, *et. 13*, in whom a presystolic murmur was present at the apex.—Dr. SANSOM thought the presystolic murmur did not indicate mitral stenosis, but was an example of Flint's murmur.—Dr. MORISON was of opinion that pericardial adhesions were partly responsible for the enlargement of the heart, and spoke of the propriety of surgical interference in selected cases.—Dr. THEODORE FISHER (Bristol) considered that pericardial adhesions to the chest wall did not produce cardiac enlargement, and consequently thought surgical interference would be inadvisable even if the case could be diagnosed.—Dr. HARCOURT GERVIS replied.

Mr. ARNOLD LAWSON showed a case of congenital proptosis in a child, *et. 3*, and thought it due to imperfect development of the base of the skull and the orbital plates.—Mr. W. H. JESSOP discussed the case and agreed with the diagnosis.—Dr. HUTCHISON said he had a similar case under his care.—Mr. CAUTLEY referred to the high palatine arch in the case.—Dr. SUTHERLAND thought whatever mental defects were present were only apparent and were due to defective hearing consequent upon the presence of post-nasal adenoids.

Dr. CAMPBELL POPE showed a case of infantile scurvy in a female infant, *et. 8½ months*, which had been fed on patent foods and had developed hæmaturia, periosteal hæmorrhages, and gingivitis. The symptoms had started three months before. The existence of hæmaturia had suggested the presence of a renal calculus, and the child had been examined by the X-rays.]

Dr. GEORGE CARPENTER read a paper on a case of scurvy in a rickety boy, *et. 5½*. The gums were affected, and the child's dietary, owing to his curious tastes, was very defective. Dr. Carpenter discussed the etiology of scurvy, and called attention to the difficulty which is experienced in arriving at a definite conclusion as to the exact causation of these cases.—Dr. SUTHERLAND said that in his experience the prognosis was often grave.—Dr. CAUTLEY discussed the question from the point of view of infant feeding, and thoroughly endorsed the remarks made by Dr. Sutherland on the injurious effects of patent foods.—Dr. C. W. CHAPMAN called attention to the value of fresh milk.—Dr. H. ASHBY (Manchester) spoke as to the obscurity surrounding the causes of infantile scurvy.—Dr. THEODORE FISHER thought that in fatal cases death might be due to secondary infection; and Dr. CARPENTER replied.

Mr. W. P. MONTGOMERY (Manchester) showed a specimen of an inverted Meckel's diverticulum, which had formed the apex of an ileo-colic intussusception. The condition was, he stated, a rare one, there not being more than six cases on record.

Dr. THEODORE FISHER (Bristol) showed a specimen of congenital disease of the heart from a child, aged four months, in which a wide communication was present between the aorta and pulmonary artery, and attached to both pulmonary and aortic valves were large vegetations. Dr. Fisher also showed a stomach from a case of diphtheria in a child, *et. 3*, which was dotted over with numerous petechiæ; there were no petechiæ elsewhere, the large intestine excepted. There had been hæmatemesis two days before death.

Dr. H. ASHBY (Manchester) read a paper upon a case of combined empyema and purulent peritonitis. A girl, *et. 8½*, was seized with vomiting and diarrhœa, followed by pleuro-pneumonia and peritonitis. An empyema and suppurative peritonitis followed. Pneumococci and the micrococcus tetragenus were found in the pus of the empyema, and the micrococcus tetragenus in the peritoneal pus. The girl made a good recovery.—Dr. A. E. SANSOM complimented Dr. Ashby on his paper.—Dr. THEODORE FISHER said that he had made post-mortem examinations of cases of combined pleural and peritoneal infections due to the pneumococcus and other organisms.—Dr. DAVID NABARRO called attention to the pathological records of the Evelina Hospital for the past year of cases in which peritonitis was associated with empyema.—After remarks by others, Dr. ASHBY replied.

Special Article.

ARMY MEDICAL SERVICE.

A Royal Warrant and Instructions relating to the Army Medical Service were promulgated last week, of which the following is a summary:—

The Director-General of the Army Medical Service and the other officers of the Army Medical Staff shall hold the substantive rank of surgeon-general. The undermentioned officers shall rank as follows in relation to combatant officers for the purposes specified in the King's Regulations:—As Lieutenant-General.—Surgeon-general holding the appointment of Director-General, Army Medical Service. As Major-General.—Chaplain-general and surgeon-general.

An officer shall be eligible for promotion to the rank of captain on the completion of 3½ years' service, and to the rank of major on the completion of 12 years' service, provided that in each case he has previously qualified in such manner as may be prescribed by the Secretary of State. Promotion to the rank of lieutenant-colonel shall be made by selection from officers who have completed at least 20 years' service, and have qualified in such manner as may be prescribed by the Secretary of State. If an officer has passed with distinction the examination qualifying for promotion to the rank of major, the period of service required to render him eligible for the rank of major or lieutenant-colonel may be reduced. A lieutenant in the Royal Army Medical Corps promoted to the rank of captain before the date of this Warrant on account of distinguished service in the field shall be eligible for further promotion to the rank of major, and subsequently to that of lieutenant-colonel, when the officer next below him in the rank of captain or major completes 12 or 20 years' service respectively. A captain so promoted to the rank of major shall, on the same conditions, be eligible for promotion to the rank of lieutenant-colonel. An officer who may in the opinion of the Secretary of State have been prevented, under very special circumstances, from qualifying for promotion, or who, having failed to qualify, may have been debarred from further opportunity of qualifying, may be provisionally promoted. If, however, he fails to qualify on the first available opportunity his promotion shall be cancelled, and he shall be retired from the service. Promotion to the rank of colonel shall be made by selection from lieutenant-colonels who have been specially selected for increased pay, and from lieutenant-colonels or surgeon lieutenant-colonels of the Household Troops specially recommended to the Secretary of State for distinguished service in the field. Promotion to the rank of surgeon-general shall be made by selection from colonels. A colonel may also be promoted to the rank of surgeon-general for distinguished service in the field. The appointment of Director-General of the Army Medical Service shall be for three years, unless the term is specially extended by the Secretary of State for a further period not exceeding two years.

The following shall be the rates of pay of the officers of the Army Medical Staff and Royal Army Medical Corps, &c.:—

medical officer of Our Royal Malta Artillery, placed on the half-pay list on account of medical unfitness shall, if not previously retired, be retired from Our Army at the expiration of five years from the date on which he was placed on the half-pay list, or, if reported by the regulated medical authority to be permanently unfit for duty, on the officer's application, at such earlier date as may be decided by Our Secretary of State.

An officer, whether on full or half-pay, placed in detention as a person of unsound mind, shall be retired from Our Army, with the retired pay to which he would be entitled if reported by the regulated medical authority to be permanently unfit for duty. If his disability was not caused by Military service, and he is not entitled to permanent retired pay by length of service, he shall receive temporary retired pay equivalent to the half-pay and temporary retired pay, if any, which he would have received if his disability had been other than insanity.

Secretary of State's Instructions.

The term "rank," when used in the foregoing Royal Warrant, means "substantive rank" unless otherwise stated. Officers who have served with the Royal Army Medical Corps (Militia) when embodied, or who, as officers of the Royal Army Medical Corps (Militia) or Royal Army Medical Corps (Volunteers), medical officers of Yeomanry or Volunteers, or as civil surgeons, served with an Army in the field, after October 1, 1890, may be allowed to reckon such service towards retired pay and gratuity.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, March 29th, 1902.

At the meeting of the Medical Society, Hr. MAX gave an address

THE BACILLUS OF SYPHILIS.

His communication was a contribution to the subject. His investigations were based on the remarkable fact that old syphilitics have marital intercourse without infecting their wives until they become pregnant, when they alone, or along with the fetus, become infected. He suspected from this that the infection germs were longest kept alive in the semen, and that the placenta must be a particularly favourable nutrient soil. He made use of the semen of twenty-two men whose infection was from five weeks to three and a-half years old, and which, judging from symptoms, was still fresh. When this was inoculated upon placentæ, after thirty hours there developed grey, translucent, flat lying, only slightly raised, colonies of tenacious consistence. These consisted of bacilli bearing a resemblance to those of diphtheria, i.e., both ends were knobby. After a short time these cultures decomposed; if they were implanted upon agar or blood serum they revived, although if inoculated in the first instance on to these soils the semen did not yield these bacilli.

In five cases of syphilis four to ten years old the results were negative, with the exception of one case of five years' standing. Inoculation of four non-syphilitic individuals also gave a negative result.

On the syphilitic placenta, the bacilli only grew sparsely and poorly. They did not develop from dead semen, nor did they grow from two cases of azo-spermia; in one of them, however, a recently infected case, they were found in the blood. The examination of other syphilitic products, primary lesions, papules, condylomata, &c., was not yet complete, but was in progress.

Pure cultivation had no effect on mice, rabbits, or guinea pigs. Latterly, it had been thought that pigs were susceptible. The speaker injected a pure bouillon cultivation of his bacilli into a pig four weeks old and as a matter of fact the animal got a rash localised on the posterior half of the body. One animal experiment was not sufficient to justify any conclusion, statistical determination of their presence was necessary, and for this further and more extensive investigations were necessary.

Hr. Jürgens thought that the organisms shown were the same as those already described by v. Nisser as the germs of syphilis; they were not bacilli, however, but spores. Whether they had anything to do with syphilis was very questionable.

Hr. Aronsohn asked how it was possible that a bacillus which grew readily and quickly upon all soils should always require for its development placental structure as a medium. There was no analogy for it. It was also striking how the pathogenic agent of such a chronic disease as syphilis, in comparison, for example, with the tubercle bacillus, should grow so quickly on an artificial soil.

Hr. Blaschko thought that if they were really the pathogenic organisms of syphilis they would have been discovered long ago, considering their size and ready colourability.

THE RELATION BETWEEN DIABETES INSIPIDUS AND MELLITUS.

Dr. Kuhn, Berlin, related a case illustrative of this connection in the *Munch. Med. Wochensch.*, 3/1902. The observation is a rare one, inasmuch as the disease was recognised as diabetes insipidus shortly after its commencement, and about a week before the death of the patient it underwent a change and became diabetes mellitus. The case may be taken as proof of the close connection between the two diseases. As regarded pathogenesis, the autopsy favoured the belief that metastatic diseased glands in the region of the solar plexus, caused degeneration by pressure, this bringing about tissue changes.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, March 29th, 1902.

PROPHYLAXIS OF TUBERCLE.

WERCHSELBAUM in replying to Winternitz said the regulations at present existing were too recent to attempt any statistics that would prove a reduction of tuberculosis. Cornet has repeatedly told us that since the new orders at the Catholic institutions the death-rate has fallen from 155 to 65 in every 10,000. Prussia, New York, and England had receded a third.

He recommends light, airy dwellings, &c., to combat what we did know would be of advantage to the public, but the susceptibility to the disease could not avert, although the bacilli was certainly destroyed by light and air, which is the best protective for such subjects, and this could only be done by healthy dwellings which is the most momentous problem we have to solve. Infection and disposition are the two factors. We know the morbid agent and its products, we have a knowledge of the transmission and how to destroy it, but we still have a vague idea of the susceptibility.

URETER DUPLEX BILATERALIS.

Knopfmacher showed a pathological preparation of ureter duplex bilateralis taken from a girl, *æt.* 4, discovered when operating for a retro-peritoneal tumour in the left side. On examining the patient before the operation a large quantity of pus containing streptococci could be pressed from the vagina. The post-mortem revealed a double set of ureters passing from the renal pelvis to the bladder. One of the left ureters on closer examination was found discharging into the vagina, while the other three passed regularly into the bladder. It was from this ureter the pus seems to have been discharged, the poison passing from the vagina to the renal pelvis. It appears to have been a double malformation of the Wolfian bodies and Müller's canals.

RENAL TRANSPLANTATION.

Ullmann recorded the results of an experiment which he had conducted in totally transplanting a kidney to the subcutaneous tissue of the neck in a dog. He arranged the operation in such a way as to connect the arteria renalis with the carotid and the vena renalis with the vena jugularis, while the ureters were allowed to discharge on the surface of the body. The transplanted kidneys not only took growth and incorporated themselves in this new position, but commenced to secrete urine profusely.

Eiselsberg reminded the meeting of Brown-Séquard's facts that in the case of animals deprived of their kidneys uræmia could be averted by injecting a renal extract. Biedl said he had similarly experimented and injected the renal extract, which certainly removed the pulmonary phenomena, or Cheyne-Stokes' symptom, but not the poisonous phenomena.

Kreidl further stated that Alfred Exner performed this operation of total transplantation of the kidney in dogs four years ago, and that two of the animals operated on died of sepsis; in one, however, the kidneys became incorporated, and commenced to secrete urine on the third day.

HEPATIC CHANGES.

Topfer related to the meeting the results of his experiments in the changes that took place in the liver after the removal of the bowel. He first connected the aorta with the vena portæ after the removal of the bowel, and found that the liver was not able to change albumin or break it down till it had first passed through the bowel. This, he considered, proved the fact that albuminoid material must receive some stimulating action in the bowel to carry through the changes in the liver.

THE INTERNAL ORGANS AND SKIN ANOMALIES.

At the Doktoren Collegium, Ullmann read an exhaustive paper on the relation of internal disease to skin affections. A large number of morphological efflorescences had different etiologies, in spite of the fact that our system of treating skin diseases was in a great measure local and etiologically based on cutaneous origin. Correctly described, the skin affection is but a symptom of the internal disease, or a coincident causal effect. Colouring in the skin of icterus, bronzing, chloasma, or the ectasia of vessels in rosacea were only the effect of changes in the internal organs.

Such local conditions may occur in the nerve system in the form of herpes zoster, trophoneurosis, decubitus

acutus, mal perforant du pied, circumscribed oedema, and analgesic zones which often occur in hereditary conditions, although many of them are due to toxines or auto-intoxication.

The Operating Theatres.

KING'S COLLEGE HOSPITAL.

AMPUTATION FOR SENILE GANGRENE.—MODIFICATION OF STEVEN SMITH'S OPERATION.—Mr. CARLESS operated on a man, *æt.* 85, who was the subject of senile gangrene. The trouble had commenced in the right foot, and the disease had lasted a couple of months. The toes were all gangrenous and the necrotic process had extended upwards on the inner and outer aspects of the foot to above the base of the metatarsal bones, but a tongue-shaped area of living tissue extended into the necrotic area over the line of the arteria dorsalis pedis. Some amount of ulceration was present above the line of demarcation; the parts were horribly offensive. The patient was the subject of extensive calcification of the peripheral arteries, the radial and temporal being alike rigid and calcareous; the femoral artery beneath Poupart's ligament was somewhat rigid, but fairly good pulsation was present in it. Before operating Mr. Carless pointed out that necessarily serious risk was connected with an amputation, since it would be useless to operate below the knee as the tibial vessels would be certainly calcified. The patient, however, was not improving in spite of every precaution; he was becoming delirious at night and opium was constantly required to relieve his pain. The risks of the case had been put before the family, and they, as well as the patient himself, agreed to the performance of the operation. Preventive hæmostasis was effected by elevating the leg for about three minutes, and then binding around the thigh an elastic bandage over a piece of cyanide gauze. The rubber rod was not used, for fear of injuring the main trunks. An elastic band, Mr. Carless said, diffused the pressure more evenly, and would probably be equally efficacious. The operation performed was a modification of Steven Smith's disarticulation through the knee-joint, which has been proposed by Mr. Steven Smith himself, in order to meet the requirements of these cases; it was practically an inversion of the original method. A vertical incision was made down the middle line of the anterior surface of the limb externally from two inches above the patella down to the tubercle of the tibia, from this point incisions were swept round the limb on either side almost transversely, uniting in the middle line about two inches below the crease of the knee. Skin flaps were dissected up on either side as high as the level of the joint, whilst in front the flaps were dissected back so as to expose the patella. Incisions down to the bone were then made above and on either side of the patella, which was drawn down; disarticulation was now rapidly effected, the soft tissues behind the bones being cut through transversely; it was then found that the flaps provided were insufficient to cover the condyles, and therefore a saw was applied transversely so as to remove about the lowest inch of the femur, whilst the corners of the condyles were chipped off with cutting pliers; the main vessels were then secured, and the tourniquet released. Several other vessels required ligature; finally the

wound was stitched up, a drainage tube being inserted in the postero-inferior angle. The whole operation including the closing and dressing of the wound took only twenty minutes, of which the dressing was responsible for four minutes. Mr. Carless remarked that this modification had one great advantage over the original operation of Steven Smith; in the latter the blood supply of the flaps was always defective; whilst in the modification the main vessels could be divided at a lower level, and consequently the origin of the articular arteries was not interfered with, the surgeon only dividing their terminal anastomoses in the middle line in front. It was obvious, however, he thought, from this case that the instructions given by Steven Smith as regards the length of the flaps, which had been carefully followed in this instance, did not always supply a sufficiency of covering; if he (Mr. Carless) performed this operation again he would he said modify it by dividing the femur just above the condyles and then removing the lower end of the bone from the subjacent tissues so as to secure a division of the popliteal vessels low down. The method, he remarked, was a rapid and simple one and might be anticipated to give a good result, even in a debilitated individual like the present patient.

It is satisfactory to state that the patient stood the operation admirably, sleeping well on the first night, and that the wound looked very healthy on the second day when the drainage tube was removed.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 2, 1902.

THE NEW ROYAL WARRANT FOR THE ARMY MEDICAL SERVICE.

THE appearance of a new Warrant for the purpose of amending the regulations of the Army Medical Service is an event of great import to the future of that important service. Its chief provisions will be found on another page of our present issue. They deal with the appointment, promotion, pay, and non-effective pay and rank of Army Medical officers. So far as the document goes it may be regarded upon

the whole as satisfactory, although it leaves untouched various "burning" questions, such as the provision of an Army Medical School and Hospital in London. The increase of pay of medical officers is satisfactory, and arrangements have been made for additional charge and extra-duty pay. Retirement pay appears to take the form either of a pension or a gratuity, presumably at the option of the retiring officer. In this and other points the Warrant has followed pretty closely the recommendations of Mr. Brodrick's Committee. It is satisfactory to note the spirit of the present attempt towards the reorganisation of the Army Medical Service, the defects of which, as an official system, have been so emphatically demonstrated by the complete breakdown of that branch of administration in the South African campaign. At the same time the splendid material of which the Army Medical Service is composed has been shown by their achievements in the face of almost hopeless difficulties. The problem of how to restore efficiency and popularity to the Army Medical Service will demand most careful and statesmanlike handling for its solution. There are many points involved beyond mere rank and pay, important as those questions undoubtedly are. The omissions from the Warrant will come as a distinct disappointment to those who had hoped that the hand of the reformer would be no longer delayed. Nothing is definitely laid down as to examinations for appointment and for promotions. As regards appointment it is simply stated that commissions shall be given to persons duly qualified under regulations to be approved by the Secretary of State. From that clause it does not appear that even an entrance examination will necessarily be imposed. In like fashion the steps of promotion are left to the discretion of the Secretary of State, except the case of promotion to the rank of major, in which case the warrant clearly defines the time of service that can be saved in attaining the next step by passing the qualifying examination with distinction. Reading between the lines of the Warrant it may be, perhaps, permissible to assume that in all probability the recommendation of Mr. Brodrick's Committee with regard to the successive examinations for promotion will be adopted in principle, although the very vagueness of the present document seems to show that the matter is still under official consideration. The application of the high standard examination list is to some extent fallacious under any circumstances, and its extension to men of middle age can hardly be regarded as anything but a highly interesting theoretical and tentative experiment. It would be somewhat amusing to take, say, a distinguished professor of medicine and subject him suddenly to a high standard examination upon some subject in which he was neither examiner nor teacher. Of course, were he given a few months notice he might readily come to the ordeal prepared to "floor" his examiners. That is just what the medical officer of the future will be asked to do under an examination scheme of promotion. The value of

the test has been fiercely assailed, and doubtless the adverse criticism will cause more or less modification of the original recommendations. Among other matters remaining to be dealt with at some future time is the thorny question of service in India, which is beset with many grievances. Another vital point is the organisation of a sanitary department, not less as a peace than a war service. We ventured on a former occasion to suggest that the War Office would do well to offer a number of posts in any new sanitary department to experienced civilian medical officers of health. That suggestion has been adopted so far as the supervision of the refugee camps in South Africa has been concerned. One other urgent reform may be mentioned, namely, the raising of the numerical strength of the establishment to an adequate footing. The paucity of officers has given rise to many of the grievances and the defects under which the Army Medical Service at present labours. One of the greatest drawbacks to the Army Medical officer has always been the difficulty of obtaining reasonable leave. It is to be hoped that the wave of reform which is supposed to be about to sweep over our national army system will establish the Army Medical Department on a sound and efficient basis. So far as the new Warrant goes its regulations may be hailed with satisfaction as an honest attempt towards the solution of a most difficult and complicated problem. May it prove the harbinger of lasting and solid reform!

SURGICAL INTERVENTION IN DEMENTIA.

It is many years since R. W. Smith asked the pertinent question: "What is the relationship between fragilitas ossium and insanity?" No answer has been attempted for half a century, and it was only when we found how intimate the relationship between the thyroid gland, myxœdema and dementia that the deep significance of the inquiry was recognised. The mental affection must be looked on as an essential part of the general disease in many cases. The commonest of all chronic forms of insanity, melancholia, tells that it was so considered in the long past, when Hippocrates gave heliobore to purge out the offending humour, as later Aretæus, Celsus and Galen gave aloes. That a slight modification in the functional activity of a gland, or the alteration of a secretion will produce mental troubles, transient and sometimes permanent, is well known. That many of these cases recover their mental activity under treatment is common knowledge. Clouston's classical lectures tell of many such. All practitioners have seen cases of dementia in chlorosis, and the exanthemata; with these we do not purpose dealing. But we wish to draw attention to the unexpected recovery from chronic insanity which sometimes follows from a surgical operation, the object of which had no connection with the mental disease. Such cases are scattered throughout medical literature, and we cannot do more than briefly refer to some of hypochondria, a form of

insanity which is too often looked on as harmless, but which in our opinion is more likely to give rise to homicidal and suicidal tendencies than any other form of chronic mental disease. One of these cases: An anxious hypochondriac suffering from appendicitis was operated on by M. Picqué, the appendix successfully removed, and with it all the hypochondria. He remained well, and yet in his clinical history, as recently told at the Société de Médecine de Paris, there was nothing to show the connection between the removal of the appendix and the cure of the mental disease. On the same occasion M. Christian mentioned that an insane patient on whom he performed an operation for a strangulated hernia, recovered his senses after the operation. In both cases the bowel lesion had supervened after the mental disease. M. Picqué in a case of renal disease operated on a patient suffering from hypochondria, and the patient recovered from his mental disease. Of 132 cases in which operations were performed on patients suffering from chronic insanity for reasons other than treatment of their mental condition collected by M. Glenard, the mental disease was cured in fifty-one cases, in twenty-one the mental condition was improved, in forty-two no permanent benefit followed, and in five the patients died. In the great majority in which benefit thus followed on the performance of an operation, this resulted when some portion of the alimentary tract or the liver was the part affected, from which some conclude, with Esquirol, that the mental trouble had its origin in some altered condition of the alimentary system—something bringing about mal-nutrition of the nerve centres—the copro-psychiatry of the old authors, which they ascribed to fæcal accumulation in the transverse and descending colon. Guesses at truth are very unsatisfactory, but they tell of a desire to attain truth, and so far commend themselves. We wish we could better than guess at the curative effects of the operations referred to—they are deeply interesting, they show a correlation, so far our knowledge extends. It is enough to stimulate inquiry, but not enough to even start an hypothesis. He who will find the connection between the two will confer a blessing on humanity.

A NEW THEORY OF URÆMIA.

THE pathology of the condition to which *en bloc* the term uræmia is applied, remains very obscure in spite of numerous hypotheses and speculations based on the results of necessarily more or less limited and imperfect researches. Uræmia is generally assumed to be the organic manifestation of functional failure on the part of the kidney, in other words, a disease consequent upon, and directly due to, defective elimination. Nevertheless, physiologists and pathologists are by no means agreed as to the nature and significance of the body or bodies alleged to be retained; indeed, the assumption does not reach higher than mere surmise. It may be conceded that renal insufficiency is the prime factor in the production of the symptoms collectively de-

scribed as uræmia, but it must not be forgotten that renal inadequacy may apply to and explain two very different forms of functional disturbance. The trend of modern research has been to confirm Brown-Séquard's contention in favour of all organs possessing an internal secretion, even in respect of so distinctly an excretory organ as the kidney. The possibility therefore suggests itself that inadequacy of the internal secretion of the kidney may in whole or in part explain the symptomatology of this affection. In support of the existence of an internal renal secretion, Rose Bradford instanced the curious fact that partial removal of the kidney in animals does not necessarily cause any marked modification in the quantity and quality of the urine, yet, in spite of the normal excretion of urea, a marked increase is noted in the proportion of nitrogenous extractives contained in the muscles, from which he infers that the diminution in the quantity of internal renal secretion favours exaggerated disintegration of the muscle substance and perhaps of other tissues. In another direction it has been shown that the injection of dilute solutions of renal substance markedly prolongs life in artificially induced uræmia, and the same effect is produced by the injection of normal blood, and especially of blood from the renal vein. These experiments would appear to justify the assumption that the kidney elaborates and passes into the blood some substance which acts as an antitoxin to some other substance or substances as yet unidentified, the harmful effects of the latter being due to their stimulating effect on tissue metabolism, *e.g.*, waste. The data at our command are not yet sufficiently precise to enable any practical scheme of treating uræmia on these lines to be formulated, but it is well within the scope of possibility that means may be found of averting this, the outcome of renal inadequacy, in the same way and on the same principles as in the treatment of myxœdema, by the methodical administration of thyroid substance.

Notes on Current Topics.

The Influence of Maternal Inebriety on the Offspring.

THE pernicious influence on the offspring of habitual parental inebriety is a well-recognised factor in pathology and statistics seem to show that this cause is vastly more operative when, of the two parents, the mother is the sinner. This indeed is only what one would anticipate, seeing that for nine months the fœtus remains exposed to the baneful influence of the alcohol, taken persistently. Sobriety on the part of the father has but little effect so far as the health and vitality of the child is concerned, and in presence of maternal drunkenness may almost be discarded, although no doubt the result of two bad strains would intensify the consequent mischief. The influence of chronic parental inebriety in this connection bears mainly

on the higher departments of the nervous system, producing more or less marked intellectual inferiority and a functional incapacity on the part of what may be described generally as the moral functions of the brain. For instance, the children of drunken mothers have but an imperfect conception of the moral obligation of truth, in spite of careful training which, by the way, they do not usually get. Their emotions and passions cannot be brought under adequate control, consequently they furnish a large contingent to the criminal, and to what the criminologist would call the irresponsible classes. Looked at from this point of view it becomes obvious that criminal tendencies are of the nature of a constitutional disease to be dealt with preventively and therapeutically rather than vindictively.

Instruction in Hygiene.

If we wish to educate the public out of certain hygienically-detestable habits potentially harmful to the individual and inimical to the public health, it is obviously of the greatest importance to start with the young, because fundamental principles of this kind are best grasped and retained at a stage of life anterior to the formation of the habits in question. For instance, children should be taught to abhor the practice of spitting, whether on a slate, on a fellow scholar, or on the pavement. With a little perseverance it would not be difficult to induce them to refrain from putting their fingers into their mouths, or picking their noses. By dissuading them from moistening the fingers with saliva in order to facilitate the turning over of the leaves of books, sundry distressing exhibitions in later life would be averted, for it is little short of painful to the cleanly-minded to see people deliberately lick their palms before applying them to the page that has just been scanned. By teaching the young that the mouth should be reserved for food and drink, they, when grown up, will not convert their lips into pincushions or ostentatiously run their tongues over the pencil before recording memoranda, all these being practices which are more honoured in the breach than in the observance. The gospel of cleanliness should always be given a foremost place in the training of the young, for not only do they directly profit thereby, but the example which they set is calculated to be followed by their elders, whose omission in this respect becomes uncomfortably conspicuous by contrast. We commend these suggestions to those in charge of children as something to go on with, but we have by no means exhausted the subject.

The Surgical Treatment of Cirrhosis of the Liver.

THE surgical treatment of cirrhosis of the liver is a subject of perennial interest of which investigators seem never to tire. In a recent number of the *New York Medical News*, Dr. Emerson Brewer records five cases on which he himself has operated, with one recovery. In a table accompanying the paper the

author gives particulars of fifty-nine cases which have been operated on, with twenty-two deaths and thirty-seven recoveries. Many of these have never been published before, but have been obtained by the writer by personal communication. An examination of the thirty-seven cases which recovered shows that eleven cases were cured, eleven improved, fifteen not improved, and of three there is no after history. Of the eleven cases reported cured, six had no ascites two years afterwards, four lived upwards of six months, and of one there is no after history. Of the five cases operated on by Dr. Brewer himself, four died and one recovered; the condition of this patient was improved, but he had, however, to be tapped twice in the three months succeeding operation. The records of these cases are not at first sight very encouraging for the operation, but it must be remembered that in uncomplicated cases of cirrhosis of the liver the occurrence of ascites is of the gravest prognostic importance, the average duration of life being only about eight weeks after the first tapping. In only two of the cases in Dr. Brewer's table which are reported as being well after two years is it stated that they were uncomplicated by either peritonitis or perihepatitis. Dr. Brewer is of opinion that if operation is undertaken at an earlier and more favourable stage of the disease, later statistics will show a substantial improvement over those at present shown. It would appear, however, that the most favourable cases for operation are those which are complicated, as so many are, by peritonitis, either simple or tuberculous. Diagnosis of the uncomplicated disease can rarely be made before the occurrence of ascites, and then probably it is too late to do much good to the patient.

Dispensing in Hospitals.

ATTENTION has recently been drawn by the Council of the Pharmaceutical Society of Ireland to what they consider the lax manner in which the compounding and dispensing of medicine is carried on in hospitals. They "regret to know" that medicines are compounded by students, nurses, and other unqualified persons, and that regrettable accidents have been the result. They point out that it is important to have medicines compounded and dispensed by "duly qualified pharmaceutical chemists, and by licentiates of the Apothecaries Hall." They further draw attention to the extreme danger of the practice of supplying poisonous liniments, &c., in common bottles. The Council of the Society have performed a very proper duty in calling attention to these errors, which have been allowed to persist in some hospitals from one generation to another. It is not proper, or wise, that any hospital should be without a qualified dispenser, and, if possible, a resident dispenser, unless there is a qualified medical man whose duty it is to compound and dispense. And it is certainly most wrong that a dangerous liniment should be given to a patient in an old beer bottle. Of course, the root of the evil is want of funds.

Small hospitals cannot afford to pay for a qualified dispenser, and few hospitals, large or small, care to undertake the duty of providing out-patients with bottles for their medicines and liniments. It should, however, be a rule that poisons will not be supplied unless the recipient is provided with a proper poison bottle of a recognised shape. Surely, however, a duly-qualified medical practitioner is legally capable of dispensing and compounding medicines? Why, then, should he, unless he is a L.A.H., be excluded from the Council's list of persons who, one would gather, are apparently alone entitled to compound?

Illegal Cellar Dwellings.

FROM time to time the proceedings of the Coroners Courts reveal unexplored, unplumbed depths of degradation and of maladministration in our social environment. The housing problem in our great towns has by degrees attained the position of a "burning" question, but as yet the evil remains barely touched in many parts of the United Kingdom. Short of legislation, however, there is no doubt whatever that a great deal might be done to reduce the evil by a proper enforcement of existing powers. For instance, in any properly administered district no cellar dwellings should be allowed to exist. A week ago, at an inquest in Shoreditch, it was shown that a widow, fifty-nine years of age, together with a granddaughter of fifteen years, lived in what one of the witnesses described as a coal-cellar, for the privilege of using which she paid the landlord four shillings and sixpence weekly. The coroner's officer described the tenement as an underground place, reached by going downstairs from the front garden. The coroner remarked that it was not lawful to let such a place, whereupon a juror observed that the law dealing with such rooms was not often enforced in that parish. What is to be done in the case of local authorities who neglect their duty in such matters? This incident took place, be it noted, in a district where they are adverse to vaccination on the ground that improved sanitation does away with small-pox. If that be so surely it should do away with cellar dwellings first. The only way to administer a district satisfactorily from a sanitary point of view is to have efficient and frequent house-to-house inspection. Such a course would entail the necessity of a large staff of sanitary inspectors, but all improved health for the community must be paid for by a corresponding premium.

The Marriage of Consumptives.

THE whole tendency of modern treatment of phthisis is to bolster up tuberculous individuals. So far as the humaner feelings are concerned there is little to be said, for sentiment will probably never be ousted from the scheme of practical politics. All the same it is open to question whether in some points we have not got the wrong end of the stick. Why should tuberculous persons be allowed to marry and bring into the world offspring with tendencies that are almost certain sooner or later to render them a burden to society? Would it not be more logical,

as well as in reality kinder, to forbid such marriages? Legislation is, of course, a drastic remedy, but nevertheless it is invoked in almost every one of man's relationships to the complex system of modern social life. The only argument of any weight that can be advanced, as a rule, against the protection of the race by forbidding marriage to the phthisical is the fact that brilliant mental qualities are often found in families affected in that way. But, as pointed out recently by a writer in the *Saturday Review*, many other families produce men and women who are as vigorous in their brains as they are muscular, large-limbed, and athletic in their bodies. It is tolerably clear that no breeder would be content to produce stock high-mettled and intelligent, that was, nevertheless, so weak as to be knocked up readily upon any exertion, and to be prone to disease of all kinds. When that stage of philosophy is reached in the United Kingdom which will enable us to breed men and women on scientific principles then we shall exact a higher standard of health from candidates for the marriage state.

The Vaccination Problem in Chicago.

WE fear that the ignorant public are too often inclined to look on the great metropolis of the Western States of the U.S.A. as a city of pork butchers and public-houses. But such a picture of this rapidly-growing city is anything but accurate. The Corporation and the citizens have year by year taken the most enlightened views on public health, and carried out most extensive and very costly sanitary schemes. Its park system measures some thirty-five miles. Its public library is the third in extent in the U.S.A. In such a city it need not therefore create any surprise that the children at school and the citizens generally are carefully instructed in the value of vaccination as a prophylactic of variola. The Department of Health publishes a creed which cuts the ground absolutely from the feet of the anti-vaccinator, and Dr. Reynolds, the Health Officer, supplemented this creed by the following statement, which was distributed broadcast over the city:—"Not one of the 340 cases of small-pox discovered in Chicago within the last three years was found vaccinated as defined in the vaccination creed." We commend this good example of an enlightened supervision of the public health. It is but one of the many useful steps taken by the Corporation of the city, but it is sufficient to show that we may occasionally find an example worth copying in Chicago if we take the trouble to look for it.

Leprosy in South Africa.

MR. JONATHAN HUTCHINSON has returned from South Africa, whither he betook himself some months since, for the purpose of studying *in loco* the probable causes of the prevalence of leprosy in that country. He found that the disease is very sparingly distributed over the whole of South Africa, and is nowhere very abundant, and it affects principally

the coloured races. Mr. Hutchinson surmises that it was probably a new disease when first recognised in Cape Town some 150 years ago, since which time it has gradually extended over the whole British territory. The principal point of interest in these observations is the confirmation which Mr. Hutchinson has found of his theory that leprosy is due to the consumption of badly-cured salt fish, although he is constrained to admit that the evidence is in favour of the disease being sometimes communicated from man to man, not however by direct contagion, but by the consumption of food contaminated by manipulation by leprosy persons. Inasmuch as this method of transmission is only possible under cover of the grossest hygienic neglect, its spread mainly among the native races is explained. The conclusions formulated by Mr. Hutchinson are in favour of legislative control of fish-curing establishments, the education of the public as to the methods of transmission, and the establishment of small leper homes, into which the victims of the disease should be induced to go during the infective period.

Germany and the Arrest of Consumption.

OUR German cousins are rightly desirous of maintaining their pioneer position in relation to the establishment of sanatoria for the phthisical. The recent discussion in the Reichstag has shown that they are endeavouring to provide three kinds of institutions for the consumptive—sanatoria for the cure of early cases, homes for the incurable and dying, and establishments for patients who are still capable of repair, but for whom special occupations must be found which shall be less injurious than those in which they have been engaged. But towards this beneficent scheme the Government propose to vote only a meagre £7,500. We are afraid the Fatherland will make but slow progress if no greater sacrifice than this is to be made. Meanwhile, it is necessary that we, while providing sanatoria for the cure of the curable, should prevent as far as possible further spread by immediately affording facilities for the due care of the incurable and dangerously infective cases.

Eastbourne Guardian and Medical Officer

EASTBOURNE has become notorious by reason of the obstinacy and determination of the anti-vaccinationist faction in its local governing bodies. It may be doubted, however, whether the history of the whole movement in the United Kingdom could furnish a more glaring instance of illegal action on the part of those objectors whom most reasonable citizens regard as misguided persons. It appears from the report of a meeting of the local Board of Guardians published in the *Sussex Daily News* of the 24th ult. that a formal letter was read from the medical officer, Dr. J. Adams. The gist of his communication was a forcible protest against the action of a guardian, one Mr. Luck, who attended while the medical officer was vaccinating five casual paupers in the casual ward. According to the statement in the

letter Mr. Luck spoke to the medical officer in language that was "most insolent and offensive," saying, among other things, that he was worse than a criminal, and that many people had been sent to prison for a less offence. The truth of these statements appears to have been admitted by Mr. Luck, who further said he was prepared to meet Dr. Adams publicly at any time, and would give £10 to the Lifeboat Institution if the latter could justify vaccination. Some of the guardians expressed the extraordinary wish that the disputants should fight the matter out in the Town Hall. Fortunately saner counsels prevailed, and a letter of regret for the occurrence was sent to the medical officer. It is clear that official Poor-law administration would soon become chaotic if guardians were allowed in an individual capacity to interfere with the discharge of duties by their officers. The Local Government Board may be trusted to deal with the serious offence of this truculent Eastbourne guardian in a way that will prevent the possibility of the repetition of so undesirable an incident.

Traumatic Mental Alienation.

MR. HERBERT PAGE, in his luminous address as newly-elected President of the Neurological Society, dealt with the time-worn but ever-important subject of concussion of the brain, and among many suggestive and serviceable points insisted on the fact that mental derangement might result from brain injury long after the receipt of the trauma, processes being initiated by a comparatively insignificant hæmorrhage or minute cortical injury, which in their nature and extent might prove disastrous to the mental stability of the patient. The whole question is a very difficult one, concerning which much difference of opinion exists; but we understand Mr. Page to advocate a more frequent resort to early surgical interference in head injuries, so that later cerebral troubles may be avoided and the chance of mental enfeeblement rendered more distant. But has surgical trauma no deleterious remote effects? Collective evidence is needed on this matter.

Infirmiry Visits and Workmen's Compensation Acts.

THE Committee of the Bolton Infirmary have adopted a strong attitude with regard to the right of employes to obtain a medical report of patients resident in that institution. It is stated that a medical man wished to make an examination of a sick person in the wards in view of possible legal proceedings under the Workmen's Compensation Act. The refusal of the Committee to permit that course is said to have been based upon the contention that their sole duty is towards their patients, irrespective of litigation, and they object to them being worried, and their recovery possibly retarded by examinations outside those made by the Infirmary staff. Bolton is a busy manufacturing centre, and the question has been taken up warmly both by employers and by workmen. Speaking generally, it seems to us that the Committee might just as reasonably object to

the visits of police inspectors or magistrates to patients under their care. What can be gained by refusing to allow employers to obtain evidence where-with to protect themselves from fraudulent claims? If the patient be seriously ill, then it clearly would be within the ordinary duty of the medical staff of the Infirmary to forbid all visits save those of friends. Besides, the refusal to allow the attendance of representatives of legal gentlemen on one side would surely have to be extended to the other, and in that way workmen might find themselves seriously handicapped in the prosecution of a just claim for compensation. It is difficult to see how any Committee could refuse the attendance of medical men for the purpose of special reports.

Spectacles for our Soldiers.

THE great drain upon our small army, due to the prolonged campaign in South Africa, is likely to lead to far-reaching results in our military administration. The physical standard of recruits has been reduced, for one thing, and there really seems no particular reason why a short man should not make as good a modern soldier as a tall one, provided he be sound in wind and limb. Another reasonable reform has been recently promulgated in an Order issued from the War Office permitting in future both officers and men to wear spectacles or glasses on or off duty. The regulation appears to be meant for the benefit of soldiers already in the service who may be suffering from slight defects of vision, and not to apply to those first entering the army. The use of eye-glasses has been permitted in the case of officers time out of mind, thereby admitting the thin end of the wedge. In the case of soldiers in the ranks the aid of glasses would, in slight errors of vision, enormously increase their powers of accurate shooting at long ranges. Suppose a couple of men to be holding a fortified position, it would not much matter if, say, twenty per cent. of them wore spectacles; at point-blank ranges the most myopic man would probably shoot as well as one with acute normal vision. Of course, there is a certain drawback if the spectacles are wanted in wet weather, or if they be damaged or lost when wanted. These disadvantages, however, are not absolutely insurmountable. Many of the finest shots at Wimbledon and Bisley have always used spectacles. A score of Queen's Prize volunteers in spectacles would be worth more to an officer in a tight corner than ten times the number of valiant long-sighted men who were indifferent rifle shots.

Small-pox in London.

THE total number of patients under treatment showed a small decrease towards the end of last week, but there can be no hope that the epidemic has yet reached its climax. On Tuesday, the 25th, there were 42 fresh cases; on Wednesday, 47; on Thursday, 54; on Friday, 36; on Sunday, 37. The Local Government Board have taken a decisive step with regard to guardians who do not enforce the Vaccination Act by dismissing two vaccination officers in St. Pancras. The ground of dismissal was that the

officers in question took no proceedings against defaulters until a finance and vaccination committee issued instructions, which were carried out with great slackness. The position of vaccination officers in districts where the guardians are of anti-vaccinationist tendencies is therefore not altogether desirable. In various towns and villages near London the usual Easter fairs and other holiday gatherings have been put a stop to on account of the small-pox in the Metropolis.

An Ex-Lawyer and his Brass Plate.

THE Incorporated Law Society protects the legal profession against unqualified practice of the law with vigilance and rigour that are no less unceasing than commendable. It has also taken care to secure such legislation at its back as to render prosecution of offenders a simple and easy matter. In both these important functions it sets an example to an analogous body, the General Medical Council, which affords medical men no protection against unqualified practice, and which makes no attempt to secure sound legislation. A good example of the alertness and efficiency of the Law Society was recently furnished in a London police-court, where a solicitor whose name had been struck off the rolls was prosecuted on two charges. The first, that of having acted as a solicitor, was dismissed by the magistrate on the ground that no charge had been made for the service in question. The second, that of displaying a professional brass plate, was held to have been proved, and a fine of £5 and costs promptly imposed. Why should not the General Medical Council procure powers from Parliament to prosecute men displaying a brass plate after having been struck off the *Register*? As things go such offenders may, and do, keep up their name-plates, and in some cases carry on a flourishing practice in a fashionable town quarter. A proceeding of that kind reduces the penal action of the Council to little short of a farce. Why, again, should not the Council obtain, or at any rate, make a strong bid towards obtaining, powers to prosecute unqualified practice? Such a step would be not less in the interest of the public than the suppression of unlicensed legal practitioners. The real key to the supineness of the General Medical Council probably lies in the fact that it is not an elected body, and is therefore irresponsible to general professional opinion.

The Corporation Grant to Dublin Hospitals.

AN attempt has been recently made, by certain members of the Corporation of Dublin, to diminish to a considerable extent the annual grant which is given by this body to the different Dublin hospitals. The reason given for such a proposal was the old one of the necessity for diminishing the rates. We learn that the proposed change, whilst it would have interfered to a very considerable extent with the resources of the hospitals, would have lowered the

rates by just a halfpenny in the pound. Such a reduction does not appear to us to be sufficient grounds for an attempt to curtail one of the recognised charities of the City, and we are pleased to be able to state that the attempt at reduction was unsuccessful. If we were a journal which dealt with such matters we fancy we could suggest other and more material methods of improving the financial conditions of Dublin. But, as we are not, we shall not enter debateable ground. One point we might suggest to the City Fathers, which, if adopted, would possibly lead to a saving in the grant to the hospitals. Let it be understood that no hospital will receive a grant which does not make good use of it, that is, which does not by every means in its power attempt to put down the abuse of hospital relief by persons able to pay for medical treatment.

Fatigue in Neurasthenia.

THE central point in the diagnosis of neurasthenia is the symptom fatigue. This symptom is not altogether easy to define, because its manifestations vary *ad infinitum*, but it may roughly be said to consist in fatigue upon exertion which would cause no analogous sensation in the ordinary individual, allowance being made for comparative muscular development, &c. Sometimes so marked as to render all movement a source of distress, in less severe cases it may not do more than produce indisposition to exertion, a fairly common phenomenon among town dwellers. The fatigue symptom may involve the sensory side of the nervous system as well as the motor, and there results a variable degree of mental incapacity, especially in the direction of the concentration of ideas, of what may be termed the "accommodation" of the mind on near objects. This gives rise to what is often mistaken for failure of memory, though it is not really a failure but a delay in this function. The pains of which neurasthenic patients complain are in reality fatigue sensations, induced by a minimum of exertion and most marked in the muscles of the back, which are called into play under almost any circumstances.

Typhoid Fever in Syphilitic Subjects.

IT has been stated, and the statement is re-edited by Lieutenant-Colonel F. J. Lambkin, R.A.M.C., that syphilitised persons succumb to typhoid fever in a much larger proportion than others, a circumstance which, according to Surgeon Fowler, R.N., "cannot cause surprise." But it does come as a surprise and we should require very conclusive evidence in support of this statement before we could receive it as a fact. Of course if syphilis be allowed to run its course untreated, with the result of seriously deteriorating the victim's general health, any intercurrent disease may be expected to run a more severe course, but under ordinary circumstances there is no obvious reason why the existence of syphilis should either predispose to, or aggravate the course of, an attack of enteric fever. On the contrary there are plausible reasons for supposing that a patient under the influence of mercury would be

less susceptible to zymotic disease, but the data available are not sufficient to carry this supposition further. It has repeatedly been stated that an attack of intercurrent typhoid fever has "cured" a pre-existing syphilis, but the instances on record are not numerous enough to command acceptance owing to the possibility of errors of diagnosis.

The Army Nursing Reserve.

A MOST gratifying success has attended the development of her Royal Highness Princess Christian's Army Nursing Service Reserve. As originally formed, the scheme was to supply a body of well-trained nurses who would be available for the army in time of peace, and capable of being augmented to the necessary strength in time of war. The conditions of admission were, from the first, so carefully regulated as to render membership a definite and honourable distinction. The limits of age were originally fixed between twenty-five and thirty-five years, but an extension to forty years has been made during the war, "with especial reference to the occupancy of positions of unusual trust and responsibility." Up to September last the claims of nearly 1,500 candidates for service in South Africa had been investigated, and of that number about 73 per cent. were accepted. Of those chosen nearly 800 went to the seat of war, and 200 at military stations at home. There have been sixteen deaths, fourteen of which took place in South Africa. The foresight of her Royal Highness has thus resulted in providing the army authorities with a thoroughly trained and trustworthy force in time of war. So far as the failure of the Army Medical hospital administration in the war has been concerned, it cannot be ascribed to the quality of the nurses. Both army surgeons and nurses were skilled and competent enough, but were wholly inadequate in point of numbers, and hopelessly handicapped by want of the necessary special supplies, to say nothing of an orderly service that has not yet emerged creditably from the ordeal of inquiry. Princess Christian has certainly smoothed the way for an incompetent War Office in the organisation of a system of army nursing.

The Prevention of Vomiting after Anæsthetisation.

THE distressing nausea and vomiting which so often follow the induction of anæsthesia are due, it is believed, to the elimination of the drug through the gastric mucous membrane, and the late Dr. Hess, of New York, pointed out that they can be averted, or at any rate minimised, in ether administration, by giving the patient water to drink before commencing the administration, water being a solvent of ether. It is also of importance to reduce as far as possible the amount of the drug employed, quantity being a powerful factor in determining subsequent nausea. It has elsewhere been noted that the employment of a regulating inhaler which necessitates the use of but a fraction of the usual quanti-

ties has a very beneficial influence in respect of the tendency to the production of vomiting.

PERSONAL.

THE Duke of Westminster has given £500 to the Belgrave Hospital for Children, Pimlico, for which institution a new hospital is now being built on a site at Kennington.

MR. ROBERT IRVINE, of Royston, whose death took place last Thursday, has bequeathed to Edinburgh University, to found a professorship of bacteriology, a sum which it is understood will amount to £30,000.

PROFESSOR VIRCHOW is at last able to walk forth, and his first visit was to his Pathological Museum, where he received an enthusiastic reception from the assembled professors and students. The eminent pathologist is reported to be rather lame, but is in other respects in excellent health.

WE regret to learn that Dr. Alexander, of Liverpool, met with an accident when cycling on the London coach road, beyond the Valley, near Holyhead. He was pitched over the handle bar of his machine and alighted on his head. We are glad to know that his injuries are not serious.

DR. D. F. D. TURNER, F.R.C.P. Ed., has been appointed Examiner in Experimental Physics to the University of Edinburgh, this being the first occasion on which the importance of having an examiner who has received a medical training to examine medical students in physics has been officially recognised.

THE trustees of the late Miss Olivia Atherton, of Everton, Liverpool, who died a year ago, have just allocated the residue of her estate, amounting to £20,250, to Liverpool charities. Among these the Royal Infirmary, David Lewis's Northern Hospital, the Southern Hospital, and Liverpool Country Hospital for Chronic Diseases each gets £1,000.

Scotland.

[FROM OUR OWN CORRESPONDENTS.]

BACTERIOLOGICAL EXAMINATION OF MORBID SPECIMENS IN EDINBURGH.

ALLUSION has been already made in this column to the proposal which has been before the municipal authorities as to the transference of the reporting on tuberculous sputa, &c., from the laboratory of the College of Physicians to the Usher Institute of Public Health. When the change was mooted a meeting of the medical practitioners of Edinburgh was convened by the Presidents of the two Royal Colleges, and this meeting without a dissentient voice, expressed their confidence in the present system, and the hope that the town would continue, as heretofore, to have these examinations made in the laboratory of the College of Physicians. The Public Health Committee of the Town Council, a body which is naturally in closer touch with the medical profession than is the general body of the Council, considered the rival claims of the two institutions, and decided to recommend that no change be made, but that the town continue to pay a fee of from 2s. 6d. to 3s. for each specimen reported on by the College of Physicians. When the recommendation came before the Council, however, the City Fathers, by a considerable majority, decided that the claims of the

Usher Institute were paramount, and that this body should in future do the town's reporting at a cost of about £360 per annum for 1,000 specimens examined. The committee of the Usher Institute propose to set apart three rooms for the city's work, and to appoint a qualified assistant to undertake the reporting under the supervision of the Professor of Public Health, who is to be responsible to the city for its proper performance. The work is to include bacteriological examinations required by the medical officer of health in ordinary cases of infectious disease, including reporting on specimens from cases of tuberculous diphtheria and typhoid, and also similar examinations as required by the sanitary inspector, such as the examination of water, milk, foods, &c. It appears that certain of the councillors were ill-informed as to the exact state of matters, because the statement was made, and allowed to pass unchallenged, that the proposed change had the unanimous support of the doctors in Edinburgh, which is assuredly not the case. The council appear to have been greatly influenced in coming to a decision by the expressed wish of the donor, Sir John Usher, that the Institute which bears his name should provide accommodation for carrying out scientific work in connection with the Municipal Public Health department; and secondly, by the undoubted fact that the Usher institute would undertake the bacteriological examination of food stuffs, &c., which the College of Physicians laboratory does not at present make. As a consequence of the decision come to by the Town Council a second meeting of medical practitioners was held under the auspices of the local branch of the British Medical Association, at which practically the same resolutions were passed as previously, and a deputation, consisting of Drs. G. A. Gibson, Norman Walker, Miller, Ritchie, Mackenzie Johnston, Dewar and Kennedy, was appointed to lay the views of the meeting before the Council when the time came for confirmation of the minutes. The deputation repeated the arguments which are familiar to everyone interested in the matter—that the work is at present being done efficiently and cheaply, and to the complete satisfaction of the medical men in town, and that the Usher Institute is primarily a teaching institution, and not adapted for routine reporting work. The disapproval of the minute was moved by the convener of the Public Health Committee, who incidentally mentioned that there had never been any definite proposal to start a municipal laboratory (which would obviously be a satisfactory solution of the difficulty), but the former decision of the Council was adhered to, this time, however, by a majority of only three votes—very considerably less than previously. The question will come up for final decision at a future meeting, when there is reason to hope that the majority will be reversed. It is a matter for regret rather than for surprise that a certain amount of personality should have been introduced into the discussion which followed upon the reception of the deputation. Whether the medical men of the city are right or wrong there is not the slightest doubt that they are agreed on preferring that the present arrangement, which commands their confidence, should be continued, and to compare the meeting to that of the three tailors of Tooley Street was simply a rather fatuous attempt at the *argumentum ad hominem*. An ex-Lord Provost, too, was foolish enough to imagine (*why*, he did not explain) that there was a "lot of trades unionism" in the matter. "The pen trade, the tea trade, or even the tailor trade," he is reported to have said, "is not in it." Why this gentleman should have selected the pen and tea trades as those to which the opprobrium of trades unionism should specially attach, it is difficult to say; of the tailors he is qualified to speak with authority. If the majority carry their point, no doubt the Colleges will feel the snub, but they will always have the satisfaction which pioneers must feel, since they, and they alone, instituted this work in Edinburgh, and did it ungrudgingly and gratuitously for many years.

BACTERIOLOGICAL CHAIR FOR THE UNIVERSITY OF EDINBURGH.

The late Mr. Robert Irvine, Granton, Edinburgh, has

left instructions to his trustees to set apart a portion of his estate for the foundation of such a chair. It is understood that the portion in question consists of shares in a concern with which Mr. Irvine was intimately connected, and it is his wish that his trustees should accumulate the annual interest on the stock till it reaches £30,000, and then hand this sum over to the University authorities for the purpose indicated.

Manchester.

[FROM OUR OWN CORRESPONDENT.]

THE BRANCH ASSOCIATION DISPUTE.

A SPECIAL meeting of the Lancashire and Cheshire Branch of the British Medical Association was called for Wednesday, March 26th, in order that consideration might be given to a pamphlet, written by three members of the branch, and said to contain matter derogatory to the honour and repute of that institution. The issue of the notices calling this meeting was followed by some speculation among members of the branch as to the nature and origin of the document in question. The interest was heightened a few days later by the issue of an open letter addressed to the President of the branch by Drs. Sinclair, Scott and Stallard. This letter stated that the writers presumed that the "pamphlet" referred to in the notice of meeting was a report written by themselves as medical officers of the Southern Hospital, Manchester, to their Hospital Committee. Copies of this report had been sent to the members of the Council of the British Medical Association. The writers held that it contained nothing beyond fair and reasonable criticism of the policy adopted by the Lancashire and Cheshire branch, and that, as consideration of the matter had already been postponed by the Council of the Association, there was no reason why the branch should, at this juncture, express any opinion. They therefore declined, for the present, to take any part in the discussion of their report.

Over a hundred members attended the meeting, thirty or forty of these being gentlemen who are not in the habit of gracing the gatherings of the branch with their presence. A member rose and read, with comments, several extracts from the report under consideration. The quotations read indicated that, in the opinion of Drs. Sinclair, Scott, and Stallard, certain persons have for several years back used the local branch of the British Medical Association as a weapon with which to persecute the authorities of the Southern Hospital. This persecution had been maintained because the Hospital trains midwives, gives them certificates, and advertises its lectures to midwives in the daily Press. They advised the Hospital Committee that it was unnecessary to take much notice of the annoyance brought upon them by the performance of what they rightly or wrongly considered to be their duty. Moreover, they suggested that the persons referred to, who had lately been directing the policy of the branch, were not truly representative either of the branch as a whole, nor of the medical profession at large. The speaker then moved a vote of censure on the writers of the report, and his resolution was seconded in due form. Dr. Woodcock moved as an amendment, that the consideration of the matter be postponed, and Mr. Whitehead seconded him. Resolution and amendment were supported by a number of speakers. Those present seemed to agree that in virtue of its *abandon* and *emprossement* the effort of Dr. Brassey Brierley bore off the oratorical palm. No one apparently had seen a copy of the report in question, but shouts of "vote" rose as each speaker resumed his seat. Indeed, the speeches might just as well have been omitted, for all the effect they had on the voting. The amendment was lost, and the vote of censure was carried. A large number of those present did not vote, and many had left the room before the amendment was put to the meeting. As the assembly was dispersing something was said about a committee to write a full and complete counterblast to the defamatory report, so more informatior may shortly be forthcoming on the matter.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

"NATALITY IN GREAT BRITAIN."

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The subject touched upon so briefly in your editorial note of to-day, March 26th, is of intense interest to the physiologist, the statesman and the sociologist. In referring to this—the population—question, I notice that you usually express (although not on this occasion) a doubt whether a medical paper is really the proper or the best place for its discussion. To me it seems that there exists no other proper place for free examination of all the topics which the broad question involves. I fancy, further, that you may not be quite aware of the extent to which THE MEDICAL PRESS AND CIRCULAR among medical papers is read by the class of men of science who are not members of the medical profession; and I think that this large class would be glad to see, and perhaps take part in, discussions of the kind if opportunity were afforded.

Upon solution of the population question depends the progress of Western civilisation. If the Anglo-Saxon peoples, the peoples of the British Isles and the Colonies, are going to follow the example of France, the millions of square miles of fertile lands now waiting for inhabitants in Canada, Africa, and Australasia will remain sparsely populated, and in the, historically, not far distant future will be over-run by the rapidly increasing yellow and black races.

It cannot be denied that the example of the French is being copied more and more largely by the British people, not only in these islands but in the Colonies; and the expansion of the population is becoming more and more checked by the designed and voluntary action of parents. The egoism which prompts parents to shirk the trouble and responsibility of producing and rearing offspring seems in itself a serious symptom of decadence; whilst an effective system of checking artificially the natural increase of population must act in many ways to the detriment of the nation's physical and moral standard. The French are carrying on what is really a gigantic system of artificial selection, and by ensuring to a great extent the survival of the least fit are producing a race in every way stunted and inferior. The parents need to make no effort further than necessary to provide for one or two children. Unless a girl be a hopeless cripple she is, however inferior as a potential mother, certain to have a husband found for her if her fortune is in accordance with her rank in life. The sons in like way are protected from the struggle of life; they stay at home, where the parents find an easy place for them, and they are brought up in a way which ensures a lack of all the manly qualities indispensable in an "Imperial race," qualities which, as a rule, can only be developed in those who have to fight their own way in life. For those whose motto it is, "Let us eat and drink, for to-morrow we die"; for those who ask: "What has posterity done for us?" the population question may possess no interest; it will not affect their children, it will only begin to affect seriously their grandchildren; but to thoughtful men the problems involved seem of surpassing interest. If these few not very closely reasoned sentences serve to start an instructive correspondence in your columns, the purpose with which they have been penned will be accomplished.

I am, sir, yours very truly,

A STUDENT OF SOCIOLOGY.

March 26th, 1902.

THE X-RAYS IN MEDICAL DIAGNOSIS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Professor Haughton's article on the medical aspects of the X-rays is admirable in many respects. The only objection that could possibly be raised by the most captious critic is that the matter, although obviously true, is not absolutely and altogether new. A glance at Walsh's well-known book, the "Röntgen Rays in Medical

Work," will show that much good work had been done in the direction of medical diagnosis at the time of the publication of the first edition. The first photograph taken from the front of the chest was one of an emphysematous lung shown by Dr. Walsh at the Röntgen Society, and in the museum at the Edinburgh meeting of the British Medical Association. The second edition of the book mentioned registered a great advance in the application of the Röntgen methods to physical diagnosis. A similar remark applies to the third edition. Professor Haughton, however, is exceedingly sparing of references in his excellent article, but must be familiar with the above work.

I am, Sir, yours truly,

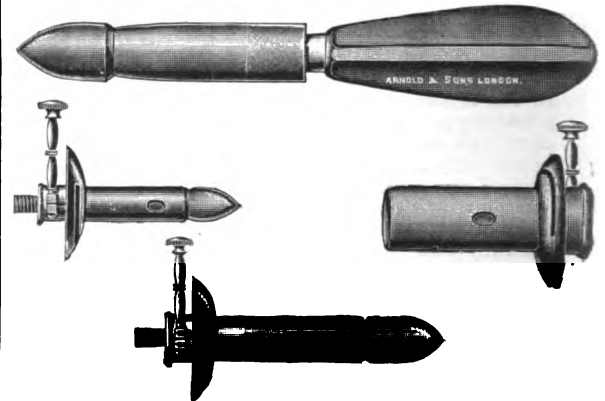
Newcastle, March 30th, 1902.

ELECTRICIAN.

NEW TROCARS AND CANNULÆ FOR EMPYEMA.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Messrs. Arnold and Sons, London, have made for me a set of special trocars and cannulæ for use in certain cases of empyema. They are flattened from side to side and not circular as usual in other trocars, to enable them to pass through an intercostal space with greater ease. The cannulæ are made of silver, and can be left *in situ* for ten days if necessary. The trocars are of very hard steel, and in consequence of their shape the end and the cutting edge project further than in the ordinary form. To minimise the danger to deep parts when the instrument is used, each cannula is fitted with a moveable shield, being fixed at any depth by a screw as in Durham's tracheotomy tube. The shape of the shield is similar to that of a bi-valve tracheotomy tube, but is perforated by two long slots placed in such a manner that whatever be the inclination of the ribs, the tube can be kept in position by tapes threaded through



these slots and passed straight round the chest. The set consists of three, with one handle which screws into all the trocars. The sizes are as follows:—

1. Small, $\frac{1}{8}$ in. by $\frac{1}{8}$ in. and $1\frac{1}{8}$ in. long. 2. Medium, $\frac{1}{4}$ in. by $\frac{1}{8}$ in. and $1\frac{1}{8}$ in. long. 3. Large, $\frac{1}{2}$ in. by $\frac{1}{4}$ in. and $1\frac{1}{8}$ in. long. The size of the cannulæ are inside measurements; the length is the effective length, viz., from the shield to the end of the cannula.

The chief use I have put this instrument to, and have found it act extremely well, is to drain an empyema after incision of the skin under eucaïne administered hypodermically, in those cases where the administration of a general anæsthetic is especially dangerous on account of the condition of the patient.

I am, sir, yours truly,

WILLIAM TURNER, F.R.C.S.,
Senior Assistant Surgeon, Westminster Hospital.

Medical Press Congress.

THE European Medical Press Congress will be held at Monaco from April 7th to 9th, when all European nationalities will be represented. Our Nice Correspondent says there will be an elaborate scheme of receptions and *fêtes* under the personal direction of Prince Albert of Monaco, who has signified his acceptance of the position of honorary President of the Congress.

Medical News.

The Medical Graduates' College and Polyclinic.

THE annual general meeting of the Medical Graduates' College and Polyclinic was held on the 25th ult. at the College, Chenies Street, Sir William Broadbent, the President, in the chair. The report bore witness to a steadily persistent increase in all departments of the College work, the register now including forty-one life members, 127 members, 638 subscribers, and nineteen temporary subscribers, making a total of 825, as compared with 615 in 1899, and 674 in 1900.

The Chairman, in moving the adoption of the report, said that from a practical point of view the College work of the past year had been very satisfactory. The special courses, which formed a very important part of that work, had been in greater demand, and the courses, consisting of consultations and lectures, undoubtedly filled an acknowledged want on the part of members of the medical profession, inasmuch as they were thus enabled to keep up with the progress which was so rapidly taking place in every department of medical science and practice. The Council had to acknowledge that they could give this aid only imperfectly, as they all felt the need of a large clinical hospital, with in-patient and out-patient departments, laboratories, and every organisation necessary for clinical and pathological research. Such facilities were afforded by the Governments of Continental countries, and in America by the munificence of private donors. They had themselves, therefore, to be content with a modest programme, which was governed by the means at their disposal. He expressed regret that it was necessary for the Polyclinic to appeal to the public, in order that they might replace the money expended in the foundation of the College and in part the outlay on its maintenance, but in existing circumstances they had no alternative, and hence the necessity for their annual dinner, at which Mr. Balfour made such a successful appeal last year. Mr. Jonathan Hutchinson, in seconding the motion, said the institution had a very great and legitimate claim upon the non-professional public. They were not engaged in any money-making scheme, but simply in an attempt to develop and diffuse medical knowledge for the good of the public, and for the good of the poor particularly. He urged this claim specially with relation to the special Permanent Committees of Investigation, which were practically open to the whole profession. The Committees devoted their attention to particular subjects of great importance. He believed they had already got to the bottom of one such subject, and they had recently organised two new classes—one on vaccination, the other on cancer—and he assured the benevolent public that any money given to encourage such research would be most advantageously employed (applause). The report was adopted, and the usual formal business followed.

The Cholera in Arabia.

A BULLETIN which has just been issued shows that between the 16th and 24th ult. there were 11 deaths from cholera at Medina, while between the 18th and 24th ult. 523 deaths from the disease occurred at Mecca and 17 at Jiddah. The total number of deaths since the outbreak of the epidemic is 1,129.

The 14th International Congress at Madrid.

ATTENTION is called to the fact that the present rate of exchange makes it worth while for all those who propose to attend the Madrid meeting of the International Medical Congress in April, 1903, to pay their subscriptions at once, as the value of the peseta varies from time to time, and it is now low. The necessary forms of application for membership can be obtained from the honorary secretaries of the National Committee for Great Britain and Ireland, viz., Mr. D'Aroy Power, 10a, Chandos Street, Cavendish Square, London, W., and Dr. P. Horton-Smith, 15, Upper Brook Street, Grosvenor Square, who are prepared to transmit the subscriptions to Madrid and supply receipts and cards of membership as soon as they are issued for postal orders of £1 a member. Ladies, if they accompany members, pay

6s. 8d. for their tickets, which is said to entitle them to reductions of fare on the Spanish railways (probably a useless concession for English travellers), and gives admission to the various fetes held during the congress.

National Association for the Prevention of Tuberculosis.

A MEETING of the Executive Committee of the Dublin Branch was held on Tuesday last to consider a proposition brought before it by the President of the Royal College of Physicians in reference to the establishment of a sanatorium for the treatment of consumption for the destitute poor of Dublin and its suburbs. Sir Christopher Nixon mentioned that the Sisters of Mercy had recently acquired the house and demesne of Beaumont, embracing some 110 acres, for the purpose of providing a Convalescent Home for the patients of the Mater Misericordiae Hospital, and it occurred to him to suggest that the site might be availed of to establish a sanatorium for the reception and treatment of cases of consumption among the destitute poor, who could not be treated with any hope of beneficial results in a general hospital. He further said that the Sisters undertook to take charge of the institution and nurse the patients on the following conditions:—(1) That the Sanatorium be built and fully furnished; (2) That the expenses be defrayed for the maintenance of the patients and the proper working of the Institution. Sir Christopher Nixon considered that before taking any steps in furtherance of the movement it was his duty to submit the proposal of establishing a sanatorium for consumptive patients to the Executive Committee of the Dublin branch of the National Association for the Prevention of Tuberculosis, with a view to obtaining their approval and support. The following resolutions relative to the project were passed unanimously:—“Resolved—That the Council of the Dublin Branch of the National Association for the Prevention of Tuberculosis have heard with deep interest and sympathy of the probability of the establishment of a sanatorium in the vicinity of Dublin, in which the destitute poor of the city and suburbs afflicted with pulmonary consumption may be satisfactorily treated in the early and remediable stages of that complaint.” “Resolved—That the Council are of opinion that the advantages likely to accrue to the public health from the establishment of the proposed sanatorium are of a twofold kind:—First, far-reaching benefit to the patients themselves; secondly, a widespread influence for good from an educational standpoint, patients and their families being taught how to prevent the spread of the infection of tuberculosis.”

Vaccination in Parliament.

THE domestic employed at the Houses of Parliament have recently been vaccinated “by order,” the services of the public vaccinator being requisitioned for the purpose. A “voluntary” request to the police employed there having been responded to only by about twenty constables a compulsory order was issued, in virtue of which the whole force have been revaccinated. Similar pressure has been brought to bear at most of the London clubs, restaurants, &c.

Sudden Death of a Whitworth Practitioner.

DR. JOHN K. H. SMITH, of Whitworth, near Rochdale, died suddenly last week during a professional visit. The deceased gentleman was only twenty-eight years of age.

Death under Chloroform.

A MAN, aged 50, died last week at the Oswestry Cottage Hospital while chloroform was being administered. No details are forthcoming as to the mode of administration, and the stereotyped verdict was returned.

The Mortality in Foreign Cities.

ACCORDING to official returns supplied to the Registrar-General, the death-rate of the various populations per thousand for the latest week to hand was: In Calcutta 38, Bombay 115, Madras 51, Paris 23, Brussels 18, Amsterdam 18, Copenhagen 18, Stockholm 14, Christiania 15, St. Petersburg 24, Moscow 27, Hamburg 16, Munich 18, Vienna 21, Prague 26, Buda-Pesth 19, Trieste 25, Rome 24, Venice 25, Cairo 31, Alexandria 26, New York 20, Philadelphia 23.

Notices to Correspondents, Short Letters, &c.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate, providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning corrected proofs.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

METAL.—There is no objection to the use of black pins in surgical dressings. On the contrary, they are preferable because they will not rust, and can be more readily seen when they are to be removed.

T. B.—Our correspondent had better apply direct to the Colonial Office.

Dr. B. (Manchester).—The best medicine for enemata is soft soap. Enemas are much less likely to follow the use of this than when the enema is prepared, for example, with yellow soap.

S. A. O.—We do not consider the fee for the operation excessive, having regard to the means of the patient and the mileage which had to be traversed.

WANTED—A GOOD GALVANIC BATTERY.

BATTERY writes:—"Will any of your readers kindly advise me as to the best galvanic battery for medical purposes, moderate in price and serviceable?"

TU QUOQUE.—We cannot publish our correspondent's communication; abuse is not argument.

EXEQUOUS.—The matter is too trivial, in our opinion, to call for serious notice.

GAMMA.—The latest book on "Hernia" is that by Mr. McAdam Eccles, published by Messrs. Baillière, Tindall, and Cox. A new edition—the second—has appeared within the past few days.

EXPERTO CREDE.—Our correspondent has apparently misread the clause in the bond. In our opinion he is bound to submit the matter to arbitration. In any case however, we think that he had better take legal advice before acting further.

X. R.—It is open to question whether the yew is really the source of the "juice of cursed hebenon," but the poisonous character of the leaves and fruit of the tree has been well recognised for centuries. They are occasionally employed in rural districts for abortifacient purposes with varying success.

Meetings of the Societies, College Lectures, &c.

LONDON.

WEDNESDAY, APRIL 2ND.

OBSTETRICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8 p.m. Specimens will be shown by Drs. Fairbairn, Williamson, Berkeley, Munro Kerr, and Amand Routh. Paper—Dr. Lewers: A case of Primary Tuberculosis of the Cervix Simulating Cancer, Treated by Vaginal Hysterectomy.

THURSDAY, APRIL 3RD.

ROENTGEN SOCIETY (20, Hanover Square, W.).—8.30 p.m. Dr. Ch. Leonard, of Philadelphia: X-ray Diagnosis of Renal Calculus (forwarded).

FRIDAY, APRIL 4TH.

BRITISH ELECTRO-THERAPEUTIC SOCIETY (11, Chandos Street, Cavendish Square, W.).—8.30 p.m. Dr. Hugh Walsham: On the Diagnosis of Thoracic Aneurysm by the X Rays illustrated by the lantern. Dr. Sequeira: On the Finest Treatment of Lupus, Rodent Ulcer, &c.; illustrative cases will be in attendance at 8.15.

WEST KENT MEDICO-CHIRURGICAL SOCIETY (Royal Kent Dispensary, Greenwich Road, S.E.).—8.45 p.m. Discussion on Anæsthetics, to be introduced by Dr. Bellamy Gardiner.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—8.30 p.m. Dr. J. Allan will read a paper on "The Treatment of Malignant Disease by Currents of High Potential and Frequency," with Notes of Cases. Dr. A. Whitfield: "A Case of Peculiar Intolerance of the External Application of Mercury." Dr. J. D. Mortimer: "Notes on 1,000 Anæsthesiations."

Appointments.

ALLAN, HECTOR, M.B., C.M.Aberd., Medical Officer of Health to the Whalley Bridge Urban District Council.

BARNES, ARTHUR STANLEY, M.D., M.R.C.P.Lond., B.Sc., Senior House Physician to the National Hospital for the Paralyzed and Epileptic.

BEHRENDT, M. R. J., L.R.C.P., L.R.C.S.Edin., Medical Officer of Health to the Scunthorpe and to the Brumby and Frodingham Urban District Councils.

BRETTON, LANCELOT M., M.R.C.S., L.R.C.P.Lond., Medical Officer and Public Vaccinator to No. 3 District of the South Stotham Union.

BULLMORE, CHARLES CECIL, L.R.C.P., L.R.C.S.Edin., L.F.P.S. Glasg., Medical Officer for the Falmouth and Truro Port Sanitary Authority.

FORBES, R., M.D.Glasg., Medical Officer of Health to the Eastwood Urban District Council.

HAMILTON, JOHN, M.D.Durh., F.R.O.S.Edin., Medical Officer of Health to the Swadlincote Urban District Council.

PARSONS, FRANCIS JOHN CRANE, L.R.C.P.Lond., M.R.C.S., L.S.A., J.P., Medical Officer of Health for the Bridgwater Urban District.

PHILLIPS, G. G., M.R.C.S., L.S.A., Medical Officer of Health to the Tickhill Urban District Council.

STEWART, THOMAS GRAINGER, M.B., Ch.B.Edin., Junior House Physician to the National Hospital for the Paralyzed and Epileptic, Bloomsbury.

TURNER, DAWSON, B.A., M.D.Edin., Examiner in Experimental Physics to Edinburgh University.

WOLFE, JAMES FRANCIS, M.B., C.M.Edin., Medical Officer to the Heavitree (Exeter) Isolation Hospital.

Vacancies.

Bridgwater Infirmary.—House Surgeon. Salary £80 a year, with board and residence. Number of beds, 42. Immediate applications to Mr. John Coombs, Honorary Secretary, Bridgwater Infirmary, Bridgwater.

Chelsea Hospital for Women, Fulham.—Pathologist. A knowledge of Bacteriology will be a recommendation. Applications to Herbert H. Jennings, Secretary.

City of London Union Infirmary.—Assistant Medical Superintendent. Salary £150 per annum, together with furnished apartments. Applications immediately to Frederick W. Crane, Clerk to the Guardians, No. 61, Bartholomew Close.

Durham County Hospital.—House Surgeon and an Assistant House Surgeon. Salary of the Senior House Surgeon £100, of the Junior £65, with board and lodging in each case. Immediate applications to Wm. E. Wilson, Secretary, 684, Saddler Street, Durham.

Essex and Colchester General Hospital.—House Surgeon. Salary £100 a year, with board, washing, and residence in the hospital. Applications to C. L. Becher, Secretary.

Folkestone Victoria Hospital.—House Surgeon. Salary £160 per annum, with board, residence, and laundry. Applications immediately to the Secretary.

Guy's Hospital.—Demonstrator of Bacteriology and Bacteriologist to the Hospital. Salary about £180 per annum. Applications to the Treasurer, the Superintendent's Office, Guy's Hospital, London Bridge, S.E.

Hospital for the Insane, The Lawn, Lincoln.—Assistant Medical Officer. Salary £100 a year. Applications to Medical Superintendent, The Lawn, Lincoln.

Leicester Infirmary.—Assistant House Surgeon. Salary £80 per annum, with board, apartments, and washing. Applications to the Secretary, 24, Friar Lane, Leicester.

Nottingham General Dispensary.—Assistant Resident Surgeon. Salary £160 per annum; furnished apartments, attendance, light and fuel are found. Applications to Secretary, M. I. Preston, Journal Chambers, Nottingham.

Oldham Infirmary.—Senior House Surgeon. Salary £100 per annum, with board, residence, and washing. Applications to the Rev. Philip Lancashire, M.A., Honorary Secretary.

Royal University of Ireland.—Examiners in Surgery, Midwifery, Pathology, and Ophthalmology. Applications to the Secretaries not later than April 19th. (See Advt.)

Tottenham Hospital.—House Surgeon. Salary £50 per annum, with board, residence, and laundry. Applications to the Chairman of the Joint Committee, Tottenham Hospital, London, N.

University College, Sheffield.—Demonstrator in the Bacteriological Laboratory. Salary £150 per annum. Applications immediately.

Births.

BUNDEY.—On March 26th, at 1, Honor Oak Road, Forest Hill, the wife of H. Marchant Bunday, M.B., C.M., of a son.

EDELSTEIN.—On March 23rd, at 370, Brixton Road, London, S.W., the wife of Ernest A. Edelstein, M.B., M.A., of a son.

EVANS.—On March 23rd, at Upper Wimpole Street, London, the wife of Willmott Evans, M.D., F.R.C.S., of a son.

Marriage.

ADDISON-GRAY.—On March 25th, at Trinity Presbyterian Church, Kensington Park Road, London, Christopher Addison, M.D., F.R.C.S., youngest son of the late Robert Addison, of Stallingborough, Lincolnshire, to Isobel, youngest daughter of the late Archibald Gray, of 37, Holland Park, W., and of Mrs. Gray, St. Mary's Tower, Birnam, Perthshire.

Deaths.

BROWN.—On March 28th, at Newlands, Crawley Down, Sussex, Robert Brown, F.R.C.S., in his 82nd year.

CADDY.—On March 21st, John Turner Caddy, M.D., at Charterhouse, Lion Gate Gardens, Richmond, Surrey, aged 80.

MACKAY.—On March 29th, Easter Eve, at 2, Easton Villas, Pittville, Cheltenham, Hannah Mackay, aged 81, widow of the late Eric Mackay, M.D., of Birmingham.

PHILLIPS.—On March 19th, at Porchester Square, Francis Addison Phillips, M.R.C.S., L.R.C.P.Lond., aged 30.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXIV.

WEDNESDAY, APRIL 9, 1902.

No. 15.

Paris Clinical Lectures.

HERPES ZOSTER.

By PROF. DEBOVE,
Of the Faculty of Medicine of Paris.

I PROPOSE to discuss to-day an affection which has been the object of many different theories, having been ranked successively among cutaneous, nervous, and infectious maladies. I allude to zona. The patient, the subject of this lecture, is 45 years of age, a baker by trade, presenting no family antecedents of importance save one, viz., fifteen years ago he was the inmate of an asylum for three months for mental trouble, which, however, was probably caused by excessive drinking.

A few weeks ago he experienced pain over the back of the thorax, and two days later a number of rose-coloured patches appeared over the painful area, and these on the following day developed transparent vesicles. Thus the malady commenced by pain, the eruption following two days afterwards. It is not always that herpes zoster observes this sequence. Frequently the eruption appears without any prodroma, while in other cases malaise, shivering, fever or vomiting precede the characteristic cutaneous manifestation. Our patient suffered from nothing of the kind, and during his sojourn at the hospital he had no fever.

Ten days after the first eruption another crop of vesicles appeared, and as the pain was very great he decided to enter the hospital.

At our first examination we found that the eruption occupied the left half of the thorax, forming a zone of four fingers' breadth, commencing behind at the third or fourth lumbar vertebra and terminating midway between the umbilicus and the pubis. As usual, the eruption was unilateral, but did not correspond exactly to the course of any one nerve, an important point to which I shall revert later on: it followed the course and distribution of the lumbar and the intercostal nerves and, to some extent, the course of the large and small abdomino-genital nerves.

All the region occupied by the eruption was the seat of sharp pain, the character of which the patient was unable to define. We were unable to discover that the pain followed absolutely the course of the nerves. The pain was markedly increased by pressure, indeed, the patient could not lie on the left side, and had considerable difficulty in moving in bed.

Two days after his entry into the hospital the pain subsided, but for several days fresh vesicles continued to appear. However, after a fortnight, the patient was able to leave the hospital.

Neuralgic pain sometimes persists after the zona has disappeared, and may constitute a very serious complication. I remember having seen a patient

suffer fearfully from thoracic neuralgia following an attack of zona, and this during several years, without being able to obtain relief. I also was consulted by a lady who suffered in a similar way. These cases and others that I might mention to you prove that the prognosis of herpes is not always benign, on account of the intensity and possible persistence of the neuralgia.

Other complications may also be observed in the course of zona. A woman, *æt.* 50, was admitted to hospital for zona of the neck involving the superficial branches of the cervical plexus on the left side. The distribution of the vesicles corresponded to the branches of the superficial cervical, auricular and external occipital nerves. The patient had been six days in the hospital when facial paralysis of the left side was noticed to exist, that is to say of the region corresponding to the distribution of the zona. This paralysis had all the characters of peripheral paralysis affecting the superior branch of the facial nerve. At the end of a fortnight the woman left the hospital cured of the zona, and the facial paralysis had disappeared, but the pain corresponding to the seat of the eruption was still very severe.

Paralysis has been observed in a certain number of cases of zona. Brissaud has recorded three cases of ophthalmic zona followed by hemiplegia on the opposite side, and Raymond has also published a certain number of cases of facial paralysis.

These different cases of paralysis presented the following characters: the paralysis appeared during the first few days following the appearance of the vesicles; it was generally situated on the side corresponding to the eruption, and it was recovered from without leaving any trace.

There is no absolutely necessary connection between the seat of the eruption and the distribution of the paralysis, a fact which is exemplified in the case before us, in which the facial nerve was paralysed, while the zona appeared to be due to an affection of the superficial cervical plexus.

It is rather difficult to formulate a theory which shall explain the occurrence of this paralysis. Those who consider zona as an infective disease regard the paralysis simply as another manifestation of the infection. This leads us to discuss some of the theories which have been put forward as to the nature of herpes zoster. It has been attributed by some to an affection of the peripheral nerves, by others to an affection of the cord, and by others again to infection.

The view according to which zona is only a special form of neuralgia cannot be maintained either from an anatomical or a clinical point of view. Anatomical researches undertaken for the purpose of discovering the existence of peripheral neuritis gave negative results in the immense majority of the cases, and we may conclude that this neuritis is at any rate not invariably present.

The character of the pain is not that usually attributed to neuralgia, and it does not follow exactly the course of the nerve. For instance, the pain experienced by our patient corresponded to the zone of distribution of several nerves without observing specially the course of any one of them. We shall see farther on by what theory it is possible to explain the want of concordance between the distribution of the nerves and that of the eruption.

There are many cases of zona consecutive to traumatic lesions, but that does not prove the existence of a primary peripheral disturbance of innervation, for every nerve is composed of centripetal and centrifugal fibres; the traumatism may have acted on the former, producing an irritation of the nervous centres, which revealed itself afterwards by peripheral manifestations, viz., painful eruptions.

Zona is not due to affection of the spinal cord, but it is not improbably due to functional disturbance thereof; this hypothesis is the only one which can account for the phenomena observed more particularly as regards the distribution of the eruptive elements. For instance, the centrifugal fibres which arise in a certain region of the cord do not follow exactly the course of the same nerve, but some of these pass by certain nerve trunks and others by neighbouring trunks. Consequently, a source of irritation at any one point of the cord does not produce an eruption in the course of any one single nerve, but an eruption which is scattered over several.

Is zona due to an infection? This opinion has been sustained by my friend Landouzy, who considers zona to be an infective malady. The partisans of this theory give as their reasons the existence of concomitant general phenomena and the absence of relapses, a first attack conferring immunity just as we observe in many infective diseases.

I may remark however, that these general phenomena are far from being constant, since in many instances, as in that which is the subject of our lecture, the zona is unaccompanied by fever or any malaise beyond the pain. Further, I have met with two cases of recurrent zona.

In my opinion zona is a syndrome which may be met with under very different conditions. It may be observed after certain traumatisms, after infective diseases, such as influenza and pneumonia, also in poisoning by arsenic, lead, iodides, &c., and even in the course of uræmia, an affection of which the principal symptoms appear to be those of auto-intoxication. M. Talmon has recently insisted on a special variety—pneumonic zona, which he regards as closely related to the herpes so frequently met with in the course of that affection.

Three days after his entry into the hospital we extracted from our patient by lumbar puncture ten grammes of clear cerebro-spinal fluid, containing no cellular elements in suspension. These results are in contradiction with those recently obtained by other observers, but these divergences are easily explained if we admit that zona is not, properly speaking, a malady but a symptom observed under many different circumstances.

What is the best treatment to advise for patients suffering from zona? To relieve pain must obviously be our first object, and this we may attain by giving opium either by the mouth or by hypodermic injections of morphine.

Of late injections of cocaine into the arachnoid cavity have been advised for various painful affections, among others for sciatica and gastric pain. I confess I am not a very enthusiastic advocate of this treatment. I have treated in this way some cases of obstinate neuralgia, but I only obtained temporary relief. Lastly, the eruption must be protected against secondary infection by the application of

antiseptic powders and absorbents such as oxide of zinc bismuth, orthoform, &c.

Original Communications.

A CASE OF LITHOTRIPSY PERFORMED ON A BOY.

By DR. ALAPY HENRIK,
Professor at the University of Budapest.

IN regard to urinary calculi in adults there is no longer any question whether lithotripsy or lithotomy is the more reasonable procedure. This question is indeed already settled in such wise that every urinary calculus is, if possible, crushed, and lithotomy is performed only when, for any reason, crushing is contra-indicated. We may add that surgeons discover fewer contra-indications in proportion to their dexterity and skilfulness in performing lithotripsy.

With regard to urinary calculi in children, however, this statement does not hold good, at any rate for the present. On the contrary, childhood is regarded as the main contra-indication of litholapaxy on account of the undeveloped state of the urethra rather than by reason of its anatomical and physiological relations.

These latter differences are the following: the high position of the bladder, the absence of the prostate, and the unusual contractility of the bladder, all factors which materially enhance the difficulty of lithotripsy. It must be granted, however, that they only increase the difficulty, and do not absolutely prohibit or prevent the operation. If the calibre of the urethra of children were really as small as it is generally supposed to be, then lithotripsy could not even be attempted.

But this supposition is erroneous. The urethra of children is wider than is generally believed, and, as a rule, it is sufficiently wide to allow a free entrance for the instruments. This is proved by hundreds of performed lithotripsies published by Keegan, Freyer, Alexandrow, Denny, Barling, Guyon, Harrison, &c.

I wish to direct the attention of my colleagues particularly to one point, viz., that the average number stated by Otis regarding the connection between the circumference of the penis and the calibre of the urethra—holds true also for children, a fact of which I convinced myself by experimental researches executed both on living children and on the dead. The calibre of the urethra of children is never smaller than the size corresponding to comparative number deduced from the circumference (57 mm. circumference corresponding to 24 Charrière, 51 to 22 and so on). We may even assert that sometimes it is with from 1 to 3 numbers wider. This is a very important fact because the measurement of the penile circumference enables us (without the formerly performed violent widening of the orifice) to ascertain whether the crushing operation is practicable or not.

Various surgeons have laid down different ages for the minimum limit of lithotripsy (2 to 15). But this limitation cannot be justified, because our guide must be the state of development of the penis and urethra, and not merely the age of the child.

For instance, during the year 1899 I discovered a urinary calculus in a boy, æt. 22 months. The circumference of the penis was 4 cm. (which corresponds to 18 Charrière), and the smallest lithotrite (Collin 00) at its widest point does not exceed 15 Charrière. After dilating the meatus of the urethra I measured the urethra with bougies and found that the calibre was of No. 20 Charrière gauge. I crushed the calculus with this instrument with the greatest

case, and I obtained an excellent result. Keegan succeeded in crushing a calculus also in a child, *æt.* 18 months. Russian surgeons, again, have also successfully performed the operation on infants at the breast.

We must not conclude from these instances that in every case lithotripsy can be performed. By no means. We must always take into consideration the diameter of the urethra, the size of the calculus, and it is only when these conditions are favourable that we can successfully undertake lithotripsy. A large and hard stone cannot be crushed with a small instrument. But such stones are seldom met with in children, and therefore if the lithotrite can be passed through the urethra, the stone can be crushed.

The lad in question complained of urinary incontinence and pain on micturition. These symptoms in children are very suggestive of the presence of calculus. They are more suggestive than the sudden stoppage of the flow ("as if cut through with scissors") on which stress is laid in so many treatises. This symptom is not due to calculus but to urethro-spasm. The urine was of alkaline reaction, and with the metallic sound I felt a small calculus. Diagnosis: urinary calculus with associated cystitis. The circumference of the penis was 45 mm., accordingly the calibre of the urethra was 20 Charrière, which circumstance seemed to justify the view that lithotripsy was practicable.

After a few days litholapaxy was performed on the boy under chloroform-narcosis in the Trendelenburg posture. This posture and narcosis are indispensable to the operation in children. On washing out the bladder it became evident that the bladder contracted even after the injection of from seventy to fifty cubic centimetres of fluid. As this has to be avoided at all cost, I began the crushing in seventy cubic cms. fluid, and finished it in about thirty cubic cms. The instrument I used was Collin No. 0 lithotrite, which at its widest point does not exceed No. 20 Charrière. The calculus was two cms. in diameter. In spite of the small quantity of the washing fluid, the crushing injured the bladder so slightly that the water emptied by the after-washing showed no trace of blood. When the Guyon aspirator revealed the absence of any more gravel I again introduced the lithotrite, but I failed to find any fragments of stone.

As I had to deal with an inflamed bladder, I tied into the urethra a catheter *à demeure*. After removing this the patient was able to leave his bed on the third day.

The calculus being examined was found to consist of phosphates. With such small stones after-examination is superfluous.

The question yet remains undecided whether we are to perform the lithotripsy in every case of urinary calculus in children, or whether we ought also in some cases to perform lithotomy. This much can be stated, that the urinary calculi of children are easily removed with the lithotrite, as shown by experience.

We all know how particularly good the results of lithotomy are in children. It must be granted, too, that with the old methods we obtained excellent results with a very slight mortality. Then the question arises, why should we have recourse to the newer method of lithotripsy?

The answer is, simply, that the better is the enemy of the good. The death-rate, it is true, by both methods is small. When ascending renal infection has set in, the patient is just as likely to die after lithotomy as after lithotripsy.

Although I think that the danger of the latter is probably less than of the former, apart from unexpected complications after a skillfully performed operation no cases in children ought to have a fatal

end. In this respect there is hardly any difference between the two methods.

But there is a great difference in other respects. After lithotomy it is tolerably common for the sutured wound to fail to heal by primary union. In presence of an inflamed bladder no surgeon attempts suturing, with the result that the patient is confined to bed for weeks with persistent incontinence of urine, the tendency of which to provoke eczema is very difficult to overcome. After lithotripsy, on the other hand, the child, when conveyed from the operating table into his bed, is practically already cured. On the following day, or at most on the second day, he leaves his bed and is in a state to leave the hospital.

It is also said that lithotomy is more certain than crushing because the latter is often followed with recurrence. Working as we do in the dark, we may leave behind gravel, which form the foci of fresh concretions.

Those who assert this are probably not aware what excellent service a good aspirator can render, aided by the cystoscope, in the hands of a dexterous surgeon. This formerly-justified objection has become groundless. Lithotripsy, which compares well in regard to recurrence and death-rate, cures the patient just as certainly as lithotomy, but with less pain and in a much shorter time.

A CASE OF PLASTIC BRONCHITIS

IN A CHILD EIGHT YEARS OLD,
By HENRI DARDENNE, M.D., Edin., M.R.C.P.
London,

Physician to the French Hospital.]

In the *Lancet* of September, 1900, I published a case of "Plastic Bronchitis in a Male Adult." My excuse for publishing the present one is because it is considered by every one of us as one of the rarest affections and is still more so in children, for, in the whole of the literature, so far as I could ascertain, only four authenticated cases have been published.

Before actually relating the present case, I may perhaps be permitted to state the views held on the pathology of that disease tracing it step by step from those of the ancient authorities to those that are generally current at the present time. Nearly all the cases that have been published have been in England, Scotland and Germany.

The French physicians afterwards devoted much of their time and labour to the study of its exact pathology. Hippocrates, so far as I can ascertain, does not seem to have mentioned it in his classical works. Galen is perhaps the first one who noticed that one of his patients used to expectorate what he thought to be a branch of the pulmonary vein. Judging from his description this would appear to be nothing else than fibrinous casts.

Tulpius and Paaw, his master, and a professor of anatomy at the University of Amsterdam, were also of opinion that these casts were some branches of the pulmonary vessels. Bartholini was also of the same opinion. They were amazed at the thought, that some of their patients at times recovered, and they all looked upon it as a miracle.

It was only a considerable time afterwards that another step was made in the right direction which threw some light on the nature, the seat of their origin, and the mode of formation of these casts.

The first somewhat accurate description which attracted the notice of the medical profession was that of a man named Clarke. His letter was addressed to Dr. Sifter, and is contained in the "Philosophical Transactions," vol. 19, 1697, p. 779. The case is briefly this. A man, a tailor by occupa-

tion, had for three or four years been expectorating a large amount of semi-solid masses, which had the appearance of little worms. He used to cough a whole day, and the fit was instantly stopped after he had expectorated one.

Dr. Sifter wrote back that the little masses which appeared to Mr. Clarke as worms, were nothing else than the viscous secretions of the small bronchial glands, moulded to the bronchial ramifications, and gave them the name of bronchial polypi.

Dr. Bussiere relates also in the "Philosophical Transactions of the Year 1700-1," vol. 2, p. 545, a case of considerable importance. At the post-mortem examination he found the pulmonary vessels normal. The casts, according to him, consisted of the secretions from the tracheal glands. The secretions having been reduced to a jelly by the dryness of the outside air, had incrustated the trachea and the bronchial tubes. In that case he found a cast which extended from the larynx to the finest bronchial ramifications. He does not say whether it was in one or both lungs. From that time only they were no longer considered in this country as portions of the pulmonary vessels.

Dr. Samber, in the "Phil. Transactions" of the year 1727, p. 262, gives the description of a case, and also a very fine drawing of the casts. He is the first to mention that, by the help of his blowpipe, he succeeded in inflating the fibrinous casts.

Dr. Nichol, in a letter addressed to the President of the Royal Society ("Phil. Transactions," year 1731-2, vol. 18, p. 123), mentions the case of Nicholas Tulp (2nd Book, 7th observation). He also relates a case of his own. He compares the cast, when being floated in water, to a vein, and having, as the latter, the same tough consistency. His patient expectorated them for seven years. Some were white, others were deeply tinged with blood. He was also of opinion that they were due to the viscid secretions of the tracheal glands.

In 1802, Dr. Breeman related in the *London Medical and Physical Journal*, p. 360, the case of a sailor.

Dr. Acharin's case is also related at full length in the same journal and in the same year. The priority rests with Dr. Clarke.

Cheyne, of Edinburgh, in the *Edinburgh Medical and Surgical Journal* of the year 1808, vol. vi., p. 441, contributed a good deal to further the knowledge of this rare affection. He divided the disease into two groups: (1) pure white bronchial polypi; (2) spurious or hæmorrhagic bronchial casts.

The pure white ones were, according to him, manifestations of a very rare and curious affection. They were symptomatic of a pure chronic disease, usually preceded by catarrhal symptoms. He was of opinion that they were formed of condensed bronchial epithelium. Further knowledge in this subject has disproved his theory.

Dr. Baillie was of opinion that inflammation of the bronchial mucous membrane was not invariably present. Cheyne thought the contrary and, at the present day, Cheyne's views are the most prevalent ones.

John Hunter, in his treatise on the blood (1828) gives a very good drawing of a fibrinous cast expectorated by one of his patients.

John North (1838 *London Medical Gazette*) gives a full description of two cases.

Other cases have been published by Fuller, Salter, and more recently by Hilton Fagge ("Pathol. Trans." Vol. 21). My own case, published in the *Lancet*, of September 15th, 1900, is the most recent one, and in it I gave a full record of the post-mortem appearances.

According to the views held at the present time the casts are made up of mucus and not of fibrin.

The process is considered to be analogous to mucous colitis, and this is perhaps the correct pathology.

I will now proceed to relate briefly the history of the case: On August 25th, 1901, I was summoned by Mr. B. H. to see his child, a boy, æt. 8, who had suffered from catarrhal bronchitis for the last three days. He had previously been soaked through with rain. He was the only child, and there was nothing particular in the family history. His previous health had always been good and his surroundings excellent. On my arrival half an hour after I had been summoned by the father, I found the child suffering from intense dyspnoea, and he seemed to be on the verge of suffocation. His face was livid and covered with a cold perspiration. His eyes were bloodshot, the muscles of forced inspiration were acting powerfully, and I noticed that both hypochondriacal regions receded on inspiration. He had an incessant and most harassing cough, and this would at times be relieved by the patient's expectorating a thick mucosanguinolent fluid. His voice could scarcely be heard, and he complained of pain and of a sense of pressure in the epigastrium. His breathing was about 70 per minute, his temperature 99, and his pulse 120. On examining his chest I found the vocal fremitus and resonance deficient. On percussion the left base behind was slightly dull. Sibilant and sonorous rales were present both in front and behind. The respiratory murmur was much impaired at the left base behind, and the vocal fremitus here was slightly impaired.

All at once his face became perfectly livid, and the child gasped for breath. His whole body was shaken with a terrible fit of coughing. With considerable effort, painful to witness, he expectorated a dark mass the size of a small marble, followed immediately by about an ounce of dark semi-clotted blood. He felt at once relieved.

I had no hesitation, remembering my previous case, to diagnose it as a case of plastic bronchitis. For the next three or four days he spat some mucosanguinolent fluid. He was, however, better in every respect. The child apart from this was healthy, and there was nothing of mark to note in the other systems. The urine was free from any abnormal ingredient, and in quantity was normal.

The respiratory murmur was more distinct at the left base. On the following day the temperature was normal. Eight days afterwards he had another slight attack, again preceded by pains in the epigastrium and between the shoulder blades behind; the dyspnoea was very much less, the casts much smaller, softer and more friable. He was perfectly well three weeks afterwards, and all the catarrhal symptoms had disappeared.

NATURE OF THE CASTS.

They were either by themselves or rolled up in the form of a little cherry-stone, coated with mucosanguinolent fluid. In colour they were yellowish-brown; their ends were slightly bulbous. There were irregular bulgings on their surfaces. In consistency they were slightly compact and somewhat elastic. I could not, with the blowpipe, succeed in inflating any of them. On cross-section concentric layers of a lamellated fibrillar structure were noticed, enclosing in their fine meshes leucocytes, pus corpuscles and some cylindrical epithelium, with a few red blood corpuscles. Crystals of Charcot in this case again were not detected.

The casts were insoluble in water, but were so in lime water to a very great extent. I am now more inclined to be of the opinion that they are made up of mucus than of fibrin.

TREATMENT.

I have no hesitation to state that the atomised lime water which I gave to the patient prevented the

casts from forming again, and thus causing another paroxysm. This treatment was followed up for three weeks.

Iodide of potassium was also given during all this time added to an ordinary cough mixture.

Ruchenmeister is, I think, the first one who employed lime water in such cases, based on his personal observation of the solubility of all diphtheritic membranes in that liquid. In conclusion I may be permitted to say that plastic bronchitis is perhaps more prevalent in children than is usually thought of and more than one of the so-called cases of infectious croup which is cured by the sero-therapeutic treatment would perhaps, on careful examination, turn out to be one of plastic bronchitis. The child has, I am glad to say, never suffered from another attack, though he has continued to live in London.

RESISTANCE OF PROTOPLASM TO EXTREMES OF HEAT AND COLD. (a)

By HENRY H. DIXON, ScD.,

Assistant to the Professor of Botany, Trinity College, Dublin.

If the temperature of an amoeba is gradually raised the protoplasm composing it first passes through a stage of stimulation, when its movements are comparatively accelerated and vigorous. At a temperature of about 40° to 45° C. it falls into a state of quiescence. If it be maintained only a short time at this temperature and then cooled the normal phenomena of life reappear and it begins to creep about once more. This quiescence is a *temporary heat rigor* only. But if the amoeba is kept a considerable time at, say, 44° , or raised for a short time to 45° or higher, coagulation sets in. The protoplasm becomes somewhat opaque and rigid. From this condition it will not become reanimated on the return of a favourable temperature, but death has supervened. It is believed that coagulation is the cause of death, and at least it is very closely simultaneous with it. Of course, this is not always the case, for there are many marine animals and plants to which temperatures even below 30° are fatal. The lowest coagulation point for proteids is 40° , viz., that of *myosin*. Egg albumen coagulates first at about 50° .

Little seems to be known as to what coagulation is. Hardy, who has recently done much experimental work on colloids, regards their coagulation as a precipitation. The fact that the coagulation of protoplasm is irreversible, i.e., the restoration of previous conditions does not restore the previous state, is what is of immediate importance in these considerations.

The lower limit of temperature which protoplasm can stand without suffering death is much less clearly defined. So many factors besides the low temperature enter into all the experiments made up to the present.

For instance the rate at which normal temperatures return influences the result of exposure to low temperatures in a very marked manner. Thus a cell subjected to -10° , if it is thawed quickly, will almost certainly die, while if the rise in temperature is gradual it may revive.

To obtain comparable results other factors, too, should be considered, e.g., the amount of water in the protoplasm experimented upon. Its previous conditions must also be taken into account, for sudden changes are always more trying than gradual.

Some interesting information is, however, available regarding the lower temperature limits of protoplasm.

Many plant cells are not killed by -14° . Larval insects may resist -15° to -28° . Pictet found that a centipede which survived -50° was killed by exposure to -90° . He also found that a snail actually survived a temperature of -120° for several days.

The change undergone by protoplasm killed with cold seems to be similar to coagulation. It is thrown out of solution, or precipitated in an insoluble form.

The phenomena attending the freezing of cells are peculiar. One of the simplest things to experiment with is an ordinary potato. A freezing-point thermometer is inserted into the substance of a potato, and the whole is surrounded with a freezing mixture. The thermometer gradually falls to 0° , and then slowly goes lower till it registers a temperature of about -4 to -5° . A sudden rise now intervenes, and the mercury comes to stand opposite to -1° . At this moment the potato becomes frozen hard. Cooling now proceeds till the temperature of the freezing mixture is attained.

The peculiar behaviour of the thermometer is explained by *supercooling*. The water in the protoplasm is a solution of salts, and its freezing-point is considerably below 0° . At -4° , or so, a dilute solution, whose freezing-point is -1° is forcibly separated from the rest and congeals. The remainder has a very much lower freezing-point. It seems quite probable that it is this violent and sudden withdrawal of water and concentration of salts which is responsible for the death of the cells in a frozen potato.

Cells once frozen hard, it is believed, never survive unless they are almost completely free from water at the time of exposure.

Both the upper and lower temperature-limits may be considerably extended by acclimatisation. It is well known that sudden changes of temperature are much more injurious to an individual than gradual alterations. The same holds true for the race.

Davenport showed that by keeping the developing eggs of frogs at a high temperature the tadpoles produced can resist a higher temperature than those developed under normal conditions.

Dallinger states that by very gradually raising the temperature during successive generations he succeeded in developing from protozoa, which at first succumbed to a temperature of 23° , a race which could resist a temperature of 70° .

The acclimatisation to extremes of temperature also occurs in Nature. Organisms are found living in hot springs at a temperature of from 50° to 60° , whose near relations occurring in more normal situations would be immediately killed by such temperatures. Other less authenticated cases are on record of plants which grow in springs at 90° to 98° !

In the same way organisms may be acclimatised to low temperatures. But in this direction there are not so many experimental data to hand.

So far, however, it is known that protozoa taken in summer and subjected to low temperatures are easily killed by sudden cold which they would resist in winter.

Several theories might be advanced to account for the phenomena of acclimatisation:—

1. It might be supposed that the organism acquires a power of maintaining, by means of its metabolism, a temperature within itself which departs but inappreciably from its normal temperature, or

2. It may gradually cease to produce within its substance proteids which are injured by the extremes to which it can be acclimatised.

3. The gradual concentration of the solutions in the vacuoles of the protoplasm may be the method adopted for acclimatisation to cold.

This last theory might be easily tested by gradually increasing the concentration of the solution in

which an organism lives, and then determining if it possessed greater resistance to low temperatures.

However resistance to temperature-extremes is attained in these cases of acclimatisation, certain it is that protoplasm of many species can pass into a state which is little affected over wide limits of temperature. A well-known example of this is furnished by bacteria. Species which are killed generally by a temperature of 75° form spores which resist over 105° ; and it has been found that these spores were not injured by -180° . It is also known that seeds will often germinate after being long exposed to extremes of heat and cold which would quickly prove fatal to the plants which produced them.

This immunity to extremes can be greatly increased by desiccation. Spores which when moist are killed by 60° will, when quite dry, resist a temperature of 120° . There are actually organisms as highly developed as worms and arachnids, which if carefully desiccated will come through heat amounting to 120° without suffering injury, while if their tissues contain any appreciable amount of water 50° is fatal.

The raising of the upper extreme by desiccation is paralleled by the behaviour of desiccated egg albumen. The coagulation temperature of albumen depends upon the amount of water in it. Some idea of this may be obtained from the following figures:—

An aqueous solution of albumen coagulates at	58° C.
Albumen with 25% of water coagulates at	74° - 80°
Albumen " 18% " "	80° - 90°
Albumen " 6% " "	145°
Albumen " 0% " "	160° - 170°

Judging from the high resistance of desiccated protoplasm to extremes of temperature we might be tempted to assume that acclimatisation consisted solely in the elimination of water from it. Although, as previously explained, this process may be partially responsible for acclimatisation to low temperatures, it will not explain both forms; for if acclimatisation to both high and low temperatures were attained in this way it would follow that an organism acclimatised to cold would at the same time extend its heat limit. But what has gone before shows that the converse is the case in reality.

Last spring I made some experiments in the Botanical Laboratory, Trinity College, on various kinds of seeds to ascertain how far the upper temperature-limit might be extended. I found that plants which are killed by a temperature of 45° produce seeds which in no case suffer harm from a dry heat of 100° , while in many cases a temperature of 115° or even 121° is innocuous.

The curious fact was observed in the course of these experiments, that the higher the temperature to which the seeds had been subjected, the longer was the time needed for germination. To illustrate what I mean I will quote one example: lettuce seed sown under normal conditions will germinate in two days; if exposed to 105° it still germinates in two days. But if samples of seeds are exposed to 107° , 110° , 112° , 114° they will take respectively six, eight, twelve and eighteen days to germinate. From this it appears that though the protoplasm was not killed by these temperatures, yet it had undergone some change, and it is conceivable that if the seeds had been maintained for a much longer time at the high temperatures, this change might have progressed until ultimately the seedlings might have succumbed. Another indication of a change set up in the protoplasm by these extremely high temperatures was shown by the fact that the young seedlings grown from these seeds had to some extent lost their gravitational sense, so that they frequently grew with their roots standing up in the air, while the tops of their tiny stems turned downwards.

The state in which the protoplasm of spores and seeds is evidently, from the experiments quoted, quite different from that of ordinary protoplasm. This is evinced not only by its resistance to high temperatures but also by the suspension, or at least great diminution, of vital processes. In fact, many physiologists now regard the protoplasm in these bodies as in a state of *suspended animation*. In desiccated seeds the vital processes such as respiration and excretion are reduced to such a low minimum that they have eluded all efforts up to the present for their detection. Seeds will germinate after being kept for years in *vacuo*, or surrounded by inert gases, such as nitrogen and O_2 . Neither can delicate weighing detect any loss in their substance. In such instances of course continued respiration is impossible. Many seeds will germinate even if kept for long periods (months or years) under absolute alcohol. In this case the alcohol surrounding the seeds must prevent any appreciable interchange of gases between the protoplasm and the atmosphere. But this experiment must not be quoted, as has been done, to show that dormant protoplasm—protoplasm in a state of suspended animation—is not coagulated by alcohol. As a matter of fact the alcohol does not, even in sixteen years, penetrate the seed coat, so impervious does it become when thoroughly dried. This may be simply shown by puncturing the seed-coat with a needle before immersion in alcohol. None of the punctured and alcoholised seeds will germinate.

If the protoplasm of spores and seeds is to be regarded as really living, I think we will have to modify our ideas of life somewhat. Most of us have regarded life as a succession of changes destructive and constructive—the vital processes or metabolism. Without these changes we have been taught that life is impossible, and when once they cease in a given mass of protoplasm, it has to be worked up over again by other living protoplasm before these processes can recommence. According to these precepts the protoplasm of spores and seeds is not living. But, as subsequent tests show, it has the power of automatic reanimation, and so it differs from killed protoplasm.

That protoplasm in which all vital processes have been completely suspended, and is accordingly regarded by some as dead, can become automatically reanimated, has been conclusively proved during the last few years. Several experimenters have succeeded in raising healthy growing plants from desiccated seeds which have been kept for a considerable time at the temperatures of liquid air and liquid hydrogen. It is known that at these temperatures all chemical actions are suspended, and that consequently the chemical processes of metabolism must have ceased. Here it is not allowable to assume that some tiny spark of life was kept alight by vanishingly small, if not observable, quantities of energy, and so preserved unbroken the chain of changes called life from parent to offspring. When exposed to this low temperature all change in the protoplasm is precluded; and so, whether we like it or no, we must admit that for a time at least active life passed into dormant life to be re-awakened by the return of heat and moisture.

The Mortality in Foreign Cities.

ACCORDING to official returns supplied to the Registrar-General, the death-rate of the various populations per thousand for the latest week to hand was: In Calcutta 35, Bombay 119, Madras 48, Paris 23, Brussels 17, Amsterdam 16, Copenhagen 16, Stockholm 15, Christiania 11, St. Petersburg 26, Moscow 29, Hamburg 17, Vienna 23, Prague 24, Budapest 18, Trieste 31, Rome 21, Venice 21, Cairo 33, Alexandria 33, New York 19, Philadelphia 20.

Clinical Records.

TOTTENHAM HOSPITAL.

Case of Secondary Syphilis in a Man Affected with Psoriasis. (a)

By G. NORMAN MEACHEN, M.B., B.S. Lond.,
M.R.C.P. Edin.,

Physician to the Skin Department, Tottenham Hospital.

THE patient, a man, æt. 40, married, presented himself at the out-patients' department of the Tottenham Hospital in July, 1901, with an eruption of typical psoriasis involving chiefly the extensor surface of the limbs, the body being only very slightly affected. It was his first attack, and it began about a month ago. He had suffered from no other illnesses. The treatment consisted of creolin baths and tar ointment externally combined with the internal administration of an aperient iron mixture. His attendance at the hospital was somewhat irregular and his progress towards recovery was correspondingly slow. When seen at the end of December, 1901, his skin presented a distinctly unusual appearance. He was covered practically all over with a deep red, papular eruption, which he stated he had noticed for a week. Some of the papules, which were infiltrated to the touch, were actually superposed upon the psoriasis patches which had not yet faded, and which, besides being more scaly, were of quite a different tint to the dull red of the more recent eruption. The coincidence and superposition of the two rashes was best marked upon the extensor surfaces of the legs. The fauces were intensely congested, and mucous patches were seen upon the buccal mucous membrane. The patient acknowledged having been exposed to infection six weeks previously, and evidence of the primary lesion was not wanting. Almost as if in corroboration of the diagnosis, his wife came up to the hospital a fortnight afterwards with a typical secondary specific eruption. Both patients were at once put upon anti-syphilitic remedies with good results. In the case of the man, local anti-psoriatic treatment was still continued.

This case affords a good example of the manner in which two entirely different cutaneous diseases, varying as much in their clinical manifestations as in their pathology, may co-exist, and run their courses quite independently of each other. The association of psoriasis and syphilis does not appear to be very frequently observed in this country, but the French dermatologists state that the co-existence of the two diseases is far from rare. The localisation of papular syphilides upon psoriasis patches has been noted by Dornig and Neumann, and Nielsen, of Copenhagen, observed two cases where ulcerative syphilides appeared upon the margin of patches of psoriasis. Pye-Smith states that a patient affected with psoriasis may acquire syphilis as he may scabies. Each disease "ignores" the presence of the other, and is cured by its own appropriate treatment.

UNIQUE CASE OF FRACTURE OF BOTH BONES OF THE FOREARM ABOVE THE EPIPHYSES. (b)

By E. H. BENNETT, M.D., F.R.C.S.,
Professor of Surgery, Dublin University.

IN presenting the specimen before the Royal Academy of Medicine the author remarked that the case was a unique one, nothing even resembling it being recorded. On December 8th, 1900, he met the individual who furnished this very unusual specimen—a fracture of both bones of the forearm immediately above the epiphyses. She was a most peculiar girl, about 15 years of age, plump and well-nourished. She was densely ignorant, and strongly objected to being educated, stating that "nothing or nobody could make her know anything." A lady who knew her sent her to a training school for servants in Dublin. Whilst

in the school she fell down some steps or stairs and produced the fracture. The accident happened on December 8th, 1900, and Professor Bennett saw her that day. The deformity somewhat resembled that of a Colles' fracture, or an epiphyseal separation of the lower end of the radius. He reduced it as well as he could, but he did not do it to his satisfaction, and put it up in splints. She came the following day to his study and he found the splints all right, and she now told him that at the time of the accident she distinctly heard the bone break. After six weeks, he took off the splints and found the bones united. Be it noted that this occurred in a well-nourished, good-coloured country girl, who had not complained of any illness, and had no sign of physical weakness, except an unduly large abdomen, and, what he learned afterwards, a distaste, indeed a positive dislike to all food except dry bread, refusing to eat meat, butter, or even sweet cakes. The only occupation she could be got to fill was the folding of tablecloths into lengths for mangling. On February 10th, 1901, he was asked to examine the wrist, and to his surprise he found that the deformity had returned. He sent her to Sir Patrick Dun's Hospital and had the wrist skiagraphed. A transverse fracture of both bones, just above the epiphyseal line, was plainly marked; a cast (which was exhibited) was taken of the limb at the site of the deformity, and it had some considerable resemblance to Colles' fracture. The fracture was easily reduced and the patient left hospital on May 5th, 1901. She returned to the school, where she continued to be engaged at light work. Up to this, no other trouble than the broken wrist had been complained of. She, however, still persisted in refusing meat and all other forms of food except dry bread. She was next seen on January 1st, 1902, when Professor Bennett was shocked to find her so much changed for the worse; she was profoundly pallid, of a deeper pallor than that of chlorosis, the spleen was greatly enlarged, and there was a certain amount of ascites, and the deformity of the wrist had greatly increased. He asked Dr. Finny to take her under his charge. On February 8th she died. From the time she left Sir P. Dun's Hospital in May, 1901, the deformity of the wrist-joint had gradually, but steadily, increased. The autopsy revealed no rickety condition; there was no trace of osteomalacia, nothing telling of bone-softening. All the characteristics of pernicious anæmia were present, and, as may be seen from the specimen here exhibited, the fracture is well marked and the posterior inferior extremity of the radius ends in a convexity, which is well marked and extends to its inferior articular surface. A diligent search on the subject of fractures fails to find a similar case. The most recent books are as silent on the subject as the oldest. In scurvy, as we know, fractures do not unite, and old ones come apart; but this patient's deformity returned when she was apparently in good health.

Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

MEETING HELD WEDNESDAY, APRIL 2ND, 1902.

PETER HORROCKS, M.D., President, in the Chair.

TUBERCULOSIS OF THE UTERUS.

SPECIMENS of tuberculosis of the uterus were shown by Dr. H. R. Andrews, Dr. H. Williamson, Mr. J. H. Targett, Mr. E. O. Croft (Leeds), and the President, after which Dr. A. H. N. LEWERS read a paper on

A CASE OF PRIMARY TUBERCULOSIS OF THE CERVIX SIMULATING CANCER, AND TREATED BY VAGINAL HYSTERECTOMY.

The patient was a married woman, æt. 36, who had never been pregnant. For nine months before she came under observation there had been a vaginal discharge, which was blood-stained and slightly offensive. Bleeding had been noticed after coitus, and also after using a vaginal syringe. She had had slight pain in the left iliac region for about five months

(a) Exhibited before the North-East London Clinical Society, February 6th, 1902.

(b) Specimen shown and Notes read before the Royal Academy of Medicine, March 31st, 1901.

This did not appear to have been at all severe. The catamenia had been regular, lasting three or four days only, and not attended by any special pain. The patient's general health had been good up till twelve months before she came under observation. Then she found herself beginning to get weak and disinclined for exertion, and to suffer from the local symptoms above mentioned. She did not think she had lost flesh. One of her aunts died of consumption, but otherwise the family history was unimportant. On vaginal examination the condition of the vaginal portion of the cervix seemed identical with what is found in many cases of cancer. The vaginal portion appeared to be the seat of "a growth," which was friable, and bled readily on examination. The uterus was freely movable. Believing that the case was one of cancer of the cervix amenable for radical operation, the author performed vaginal hysterectomy on January 30th, 1896. The patient made a good recovery. The author had seen her several times since, and had a letter from her on November 20th, 1901, in which she said that she "enjoys fairly good health, and has had no return of the bleeding." While she was in the hospital there was no evidence of any disease in other organs. When portions of the supposed malignant growth were sent to the Clinical Research Association for examination, the report came back that there was no evidence of cancer, but that the structure was tuberculous. The author referred briefly to the writings of Pozzi, Cullen, and Whitridge Williams, from which it appeared that primary tuberculosis of the cervix was an exceedingly rare condition.

Dr. HANDFIELD JONES said that he had seen a case somewhat resembling that of Dr. Lewers. The patient suffered chiefly from hemorrhage and discharge. She had previously had recurring attacks of tuberculous arthritis in her fingers, which had led to amputations by various surgeons, so that on one hand she had only a finger and a thumb and on the other hand three fingers left. On vaginal examination there was an excavation of the cervix extending down to the vagina; tubercle bacilli were said to be present in the discharge. The patient declined a radical operation, and he therefore scraped the surface of the ulcer thoroughly, under an anæsthetic, and cauterised it with Paquelin's cautery. The patient had remained well as far as her pelvic symptoms were concerned, and her doctor had told him that no trace of the growth could be felt; but she had developed pulmonary phthisis. He asked Dr. Lewers whether in the light of this case he would consider scraping sufficiently effective.

Mr. TARGETT remarked that tuberculosis was very rare in the uterus, but much more common in the tubes; in fact, 10 or 15 per cent. of cases of tubal disease were tuberculous. He suggested, therefore, that in most cases of uterine tuberculosis the disease had developed there by extension from the tubes. This view was supported by the fact that in nearly all cases in which the uterus was affected the growth was found also in the tubes, and in a stage older than the uterine growth. Moreover, in the uterus itself the body was more often affected than the cervix. It seemed to him that this explanation was much more probable than the one which supposed that uterine tuberculosis was communicated by coitus; indeed, the latter was one of the most ridiculous theories he had ever come across, for it presupposed either that tubercle bacilli were found in the spermatozoa, or that the transmission arose from tuberculosis of the penis, which was itself a very rare condition. As regards the question of surgical intervention, it was important to remember that tuberculosis of the uterus was nearly always associated with perimetritis, leading to firm and extensive adhesions; this made the removal of the uterus a very difficult procedure. But he was doubtful if any operation such as curetting would do any good.

The PRESIDENT observed that the diagnosis of tuberculosis was often a very difficult matter without the assistance of a microscopic examination, and even the microscopic appearances were not always decisive. There was, however, a difference between tuberculosis and cancer, which was exemplified in both the cases of uterine tubercle that had come under his notice, namely,

that the growth affected the whole of the interior of the uterus, body and cervix alike; this was hardly ever seen in cases of cancer.

Mr. E. O. CROFT, commenting on the diagnosis of tuberculosis, pointed out that in Dr. Lewers' case the clinical symptoms were much more suggestive of cancer. In a case that he had lately seen the patient, who was a young married woman, thought that she was pregnant because she had had amenorrhœa for several months. There was hemorrhage, however, on making a vaginal examination. He noticed that the growth did not feel gritty and friable like cancer, but was soft and velvety; at first he was greatly puzzled by the case. But between the time of seeing her and her admission for operation he came across an account of tuberculosis in the *Journal of Obstetrics and Gynecology of the British Empire*, which led him to look into the matter, and the case then became clear. The diagnosis was confirmed by the report of the Clinical Research Association on the microscopic appearances of the growth.

Dr. MUNRO KERR (Glasgow) suggested that the growth in Dr. Lewers' case might be secondary to pulmonary tuberculosis.

Dr. LEWERS replied.

SPECIMENS.

OVARIAN CYST CONTAINING SOLID NECROTIC MASSES.

Dr. J. S. FAIRBAIRN showed a unilocular ovarian cyst containing large solid masses which had undergone necrosis although the cyst was sessile, and there was no evidence of any twisting of its pedicle. The solid mass involved about a quarter of the cyst wall, and measured 5 by 4 by 1½ inches; from it there projected into the interior several large bosses, some of which were of a deep purple colour. On section these masses were solid, though some cystic change had taken place in some of them, and they were for the most part full of blood, and necrotic. The fluid which could be squeezed from them was watery and not mucoid. Microscopically the growth was adenomatous, with a distinctly papilliferous structure. The necrosis was so advanced that the greater portion of it did not take up any nuclear stain. The tissues were engorged with blood, and contained large spaces filled with blood cells. In the parts round the necrotic portion the epithelium had proliferated and collected in rounded masses in the centre of the glandular spaces. The cyst was removed by Dr. Fenton from a widow, æt. 65, in the Chelsea Hospital for Women. It had raised up the broad ligament from beneath which it was enucleated, and though no pedicle was found, some adhesions in the lower part of the pelvis required ligature. Ten pints of dark fluid were aspirated from it before removal. There was some calcification about its base. The patient made a good recovery, and is now quite well eighteen months after operation. The cause of the necrosis may possibly have been due to the calcification at its base interfering with the blood supply.

Dr. MUNRO KERR showed (1) A uterus removed for a malignant growth of the body, which appeared to be sarcomatous degeneration of a uterine myoma; (2) A fibroma in the anterior wall of the uterus.

Dr. AMAND BOUTH showed a gravid tube with a double rupture.

Dr. F. J. McCANN showed a tubal mole removed by posterior colpotomy, with an ovarian cyst of the same side. A hydrosalpinx of the opposite side was removed at the same time. The stump of the latter was secured by ligature; but for the gravid tube he used a large Spencer Wells forceps, which was left on for twenty-four hours. He considered that a ligature in such a case involved risk of hemorrhage, from slipping or loosening of the knot; but the forceps made the procedure absolutely safe.

Dr. CULLINGWORTH doubted the accuracy of the statement that the forceps was "absolutely safe," especially when applied for only twenty-four hours.

Dr. ANDREWS and Dr. LEWERS quoted cases in which the application of forceps had been followed by hemorrhage on their removal.

The PRESIDENT said that he much preferred the abdominal route for cases of this kind.

Dr. McCANN also showed a specimen of carcinoma of the cervix where there was extensive infiltration without ulceration.

Dr. ANDREWS showed a case of congenital prolapse of the uterus in a new-born infant.

Dr. WILLIAMSON showed an umbilical cord with an unusual arrangement of blood vessels, viz., four arteries and one vein.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF PATHOLOGY.

MEETING HELD AT THE ROYAL COLLEGE OF SURGEONS ON FRIDAY, MARCH 21st, 1902.

PROFESSOR BENNETT in the Chair.

GENITO-URINARY TUBERCULOSIS.

Dr. T. PERCY KIRKPATRICK exhibited a specimen of genito-urinary tuberculosis in a male patient, *æt.* 44, descriptive notes of which appeared in our last impression, page 350. In the discussion that followed,

Mr. H. G. CROLY's opinion was that X-rays are useful in detecting renal calculi, but they do not assist in the recognition of tubercle. He prefers the lumbar incision in all cases, it gives enough room to remove the largest kidney, and allows of a manual examination of the gland, and the free drainage of any pus that may be present. Of the many kidney operations he has been called on to perform, he never had occasion to adopt the abdominal route.

Dr. L. SYMES would like to know if there was tuberculous deposit in any organs other than in those named.

Professor BENNETT thought we had still a good deal to learn about the X-rays. Of his own knowledge, they failed to detect fracture of the clavicle, ribs, sternum, and pelvis. But this was from no fault in the X-ray—the fault was in themselves; it was due to their want of knowledge.

Dr. KIRKPATRICK, in reply, said the X-rays were used to examine for renal calculi, and showed no stone. In this they were confirmed by the autopsy. A careful examination of the organs other than those named revealed no tuberculous deposit.

Dr. J. B. COLEMAN exhibited a tumour of the spinal cord, which he had diagnosed and located during life. It grew from the inner spinal membranes at the level of the eleventh and twelfth dorsal segments of the cord on its right dorso-lateral aspect. It was about the size and shape of a sweet almond. A microscopic section showed it to be a myxo-sarcoma. He also exhibited a horseshoe-shaped kidney, the bond of union being at the lower end of the organs.

CASE OF FRACTURE OF BOTH BONES OF THE FOREARM.

Mr. H. G. CROLY having taken the chair,

Professor BENNETT exhibited a unique specimen of a fracture of both bones of the forearm immediately above the epiphyses, a report of which will be found under the heading of "Clinical Records," page 377.

In discussing the case,

Dr. KNOTT thought that in the return of the deformity and the separation of the fragments, the case had some resemblance to that recorded by Anson during the severe outbreak of scurvy in his command during his memorable second voyage. He could not find any cause for the non-union other than malnutrition.

Dr. KIRKPATRICK looked on the case as one of great rarity, though he thought quite different from scurvy; if due to anæmia it should be more common, nor could he ascribe it to malnutrition. In many cases, bones are soft, but such a peculiarity as the re-opening of the point of union must, he thought, be due to marked peculiarity.

Dr. L. SYMES considered scurvy as much more common to-day than we imagine, especially among the children of the wealthy. One of his last cases, that of a child in good circumstances, had hæmorrhages, swelling of the joints, limbs, and the peculiar distaste to all food other than dry bread.

Mr. H. G. CROLY said that on first looking at the cast showing the deformity in this case he felt inclined to call it an epiphyseal separation of the wrist-joint. And

again, it somewhat recalled Colles' fracture, from which however, the deep sulcus on its anterior surface differentiated it. The six weeks' time Professor Bennett allowed for healing was ample. He confessed never having met with such a case. He would just remark that it had a medico-legal aspect. If a case is set properly and osseous union has taken place, and from some cause or other the fractured extremities are again made free, the surgeon who set the fracture might find himself called on to defend an action for malpractice.

Professor BENNETT, speaking on the frequency of scurvy, said that he might just remind them that in 1669 Sir Charles Hawkins stated that he lost 6,000 sailors from scurvy during his twenty years at sea. That anæmia was not the cause of the separation of the fragments is beyond question, for it occurred when the patient was not suffering from anæmia, during her stay in a school where the feeding was good. He put forward no theory, but sought information on this obscure and unique case.

COLLES' FRACTURE.

Professor BENNETT having taken the chair,

Dr. KNOTT exhibited a specimen of Colles' fracture, in which the displacement was to the opposite side to that which usually takes place. Commencing with the early monograph of Pouteau, he traced the different theories that had been put forward up to the present.

Professor BENNETT said it was an interesting fact that Mr. R. W. Smith, from the study of specimens of Colles' fracture, completely changed his views, consequently his published views were the exact opposite of those he held at the time of his death.

Mr. CROLY said they were all much indebted to Dr. KNOTT for the elaborate paper he had just read, though when referring to the work done in Dublin on the subject he would have liked some mention of Mr. E. Adams's work on the subject.

The meeting then terminated.

NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

MEETING HELD AT SHEFFIELD, MARCH 21st, 1902.

S. BUCKLEY, M.D., Lond., F.R.C.S., &c., President, in the Chair.

FIBROMA OF THE OVARY.—Dr. J. W. MARTIN (Sheffield) showed a specimen of a true fibroma of the left ovary removed by abdominal section from a married woman, *æt.* 34, the mother of three children, the last born seven months before operation. The symptoms had been pain in the left ovarian region, dysmenorrhœa and dysuria. There was no ascites, and the right ovary was healthy and not therefore removed. The tumour was hard and nodulated and microscopical sections showed nothing but fine fibrous tissue.

Dr. MARTIN also showed a large cystic fibromyoma of the uterus from a patient, *æt.* 24, nullipara. The growth was the size of a full term pregnancy and being partly cystic, caused much difficulty in diagnosis. The periods had always been scanty, and for the previous few months had been almost absent. The uterine cavity was not enlarged, and ovarian tumour was suspected. On opening the abdomen numerous adhesions required separating, and the growth was then found to spring directly from the whole breadth of the fundus uteri. The tumour was amputated by flaps before and behind, the vessels tied, and the stump sutured. The uterus proper and the ovaries and tubes were left behind. The patient made a good recovery. The structure was that of a fibromyoma. The occurrence of a growth of this nature at such an age is rare.

The specimens were discussed by Dr. Lloyd Roberts, Dr. Nathan Raw, the President (Dr. Buckley), and Dr. W. Walter. Dr. MARTIN replied.

MULTIPLE SUBMUCOUS FIBROMYOMATA.

Dr. E. O. CROFT (Leeds) showed a uterus about the size of a cocoon which he had removed by supra-vaginal hysterectomy from a single woman, *æt.* 39, by

reason of a gradually increasing menorrhagia and the resulting anæmia. The outline of the uterus was fairly symmetrical, but its cavity was found on examination to be very irregular. The specimen showed the unusual condition of a large number of fibromyomata of sizes varying from that of a hen's egg downwards, and all of them being practically of the submucous variety. One growth was becoming polypoid, but the os uteri was closed below it. The patient made a good recovery.

Dr. WALTER remarked that it would have been impossible to have completely removed the growth apart from the uterus even by incision of the uterine wall, and that the operation performed undoubtedly gave the patient the best chance of recovery.

Dr. CROFT also showed a large fibromyoma blocking the pelvis. The whole mass equalled the size of an eight months' pregnant uterus. The abdominal portion consisted of a spherical subserous growth, about nine inches in diameter, arising from the upper and anterior uterine wall. The pelvic portion grew from the posterior uterine wall downwards into the pelvis, which it practically filled. The uterine cavity lay more or less horizontally at the level of the pelvic brim, and was not much enlarged. The general mass presented a groove corresponding to the brim of the pelvis, and a depression posteriorly, corresponding to the sacral promontory. As the lower growth was subserous it was found possible to raise it from the pelvis, and the whole tumour was amputated just above the cervix. The stump was sutured, and the peritoneum stitched across the pelvis. The patient has completely recovered. Pressure symptoms have been only slight, but owing to the conditions present a very slight increase in the size of the growth from any cause would have caused immediate and serious impaction.

Remarks were made by Dr. Lloyd Roberts and Dr. W. Walter, and Dr. CROFT replied.

ADENO-CARCINOMA OF THE BODY OF THE UTERUS.

Dr. WALTER (Manchester) showed a uterus removed from a patient, æt. 59. The menopause was passed fourteen years previously, and during the last two years there had been severe hemorrhages. The cervix was short and patulous, but the uterus was considerably enlarged and a fungating mass could be felt growing from the fundus and body. The uterus was removed by vaginal hysterectomy. Histological examination proved the growth to be an adeno-carcinoma and a microscopic section was shown.

SARCOMA OF THE CERVIX UTERI.

Dr. WALTER also showed sections of a polypus removed from the cervix of a multipara, æt. 37. The microscopic appearance was that of a round and spindle-celled sarcoma. He therefore advised the patient to submit to hysterectomy, which was done a few days later. When the uterus was examined a small nodulated mass was found involving the mucosa and muscular wall just above the inner os. It had a slightly uneven surface, and was of a greyish pink colour. The microscopic appearance of the nodule was similar to that of the polypus.

Dr. NATHAN RAW (Liverpool) read a paper on

CÆSAREAN SECTION

twice, and embryotomy once in the same patient, with remarks on the question of sterilisation under such circumstances. The patient was unmarried.

A discussion followed in which Dr. Lloyd Roberts, Dr. W. Walter, Dr. J. W. Martin, Dr. J. H. Keeling, and the President (Dr. S. Buckley) took part, and Dr. NATHAN RAW replied.

Conviction of an Army Surgeon.

THOMAS WILSON, *alias* William Hill, described as a surgeon, late of the Army Medical Service, was sentenced to a term of imprisonment at Worcester last week for obtaining money by false pretences.

Death rather than Vaccination.

A LAD, 20 years of age, employed by a firm of printers in London, committed suicide last week rather than submit to vaccination as required by his employers, this being his way of declaring himself a conscientious objector.

Special Article.

"WHITE SCOUR" AND "LUNG DISEASE."

THROUGH the courtesy of the Right Hon. Horace Plunkett we have received one of the bulletins issued by the Department of Agriculture and Technical Instruction for Ireland. It contains reports by Professor Nocard and Principal Mettam on an investigation which they undertook at the request of the Department into the excessive mortality among calves in Munster. The causes of this high annual death-rate are known locally as "white scour" and "lung disease," and the object of the investigation was to determine what the precise nature of these diseases was, and to devise some rational method for their prevention. Professor Nocard devoted his attention to the bacteriological aspects of the diseases while Principal Mettam conducted a careful inquiry into the pathological histology of the lesions.

White scour generally attacks the calves within a few days after birth. It is characterised by violent diarrhoea and the white dejecta consist of faeces mixed with frothy mucus which is not uncommonly streaked with blood. In the severer forms of white scour death almost invariably takes place, but the milder cases often recover to succumb some weeks later to arthritis or to a caseating broncho-pneumonia, which is the pathological manifestation of "lung disease." The post-mortem appearances vary with the duration of the illness. In the most virulent cases the lesions are those of an acute septicæmia. In the acute cases of white scour there is in the umbilical vessels a soft puriform thrombus, and the mucous membrane of the intestinal tract is engorged, swollen and often ulcerated. The mesenteric glands are greatly enlarged, and the urine is albuminous. In the subacute cases there is less œdema and congestion of the gastro-intestinal tract and of the mesenteric glands, but pulmonary lesions are generally present, and there is occasionally an inflammatory effusion in one or more of the joints. If the animal survives the attack of white scour, but dies six or eight weeks subsequently from lung disease the autopsy discloses an advanced degree of caseating and suppurating pneumonia. The frequent sequence of lung disease to white scour suggested an *a priori* probability that there was an intimate connection between these two diseases.

Professor Nocard's attempts to unravel the mysteries of white scour and lung disease were at first disappointing. By culture methods it was easy to determine that the umbilical blood clot, the heart blood, and the pulp of the abdominal organs were rich in micro-organisms. *Bacillus coli communis*, para-colon, and para-typhoid bacilli, staphylococci, &c., were identified. None of these seemed to stand in a causative relation to the diseases, and inoculations were negative. After a week's discouraging work Professor Nocard received the stifle-joint of an animal which had died with an evident arthritis. Bacteriological examination of the exudate revealed the presence of some of the above-mentioned organisms, and also a very small bacterium, which stained with difficulty, and closely resembled the group of microbes described as *Pasteurella*. Inoculation of a guinea pig with a pure culture of this germ demonstrated that it was possessed of extreme virulence. The animal died with an acute septicæmia, and from its blood and viscera this special *Pasteurella* was easily isolated, provided the nutritive media were inoculated immediately after death. If, however, some hours elapsed before the inoculations of the media were made it was found that the microbic flora was almost as rich as in white scour, owing to the rapidity with which the intestinal and pulmonary germs invaded the neighbouring tissues, and thus rendered the recognition of the specific *Pasteurella* much more difficult. After Professor Nocard had made himself thoroughly familiar with the appearance of this *Pasteurella* he was able, notwithstanding the numerous secondary infections, to recognise its presence in seven out of nine calves which had succumbed to white scour.

To prove that this *Pasteurella* was not a mere ep infection but that it was the active agent in the production of white scour it was necessary to determine the

effect of its inoculation. For this purpose two calves were selected. One of these, No. 1, was obtained from a farm where white scour had never broken out. While calf No. 2 was believed to have recovered from an attack of that disease. No. 1 received in its jugular vein 3 c.c.s. of a pure culture, and No. 2 received 10 c.c.s. Calf No. 1 developed fever and violent diarrhoea, and died within thirty-one hours, while calf No. 2, in spite of its large dose, was quite lively and eagerly took its food. The post-mortem appearances in No. 1 were similar to those found in white scour. From the viscera the specific *Pasteurella* was obtained, and although the autopsy was made immediately after death it was found that secondary infections had already commenced. It would therefore seem that this *Pasteurella* has the power of so diminishing the natural resistance of the tissues to bacterial invasion that even before death secondary infections may take place. The recovery of calf No. 2 suggests that one attack of white scour produces a certain amount of immunity and opens up the question of the value of serum therapeutics in the prevention or the treatment of this disease. The subject is, however, chiefly of theoretical interest, as white scour generally runs such a rapid course that there is no opportunity given either for vaccination against the disease or for testing the value of serum from an immunised animal in its treatment.

Having established the etiological connection of this form of *Pasteurella* with white scour, it became necessary to determine by what route infection occurred. Professor Nocard rejects for sufficient reasons the suggestions that separated milk or improper feeding has anything to do with causing white scour. The constancy of umbilical lesions and the presence of the specific growth in the umbilical vessels suggest that this is the commonest route, and in Professor Nocard's opinion infection takes place after birth by the calf, in its attempt to stand, dragging the ruptured cord over the contaminated stable floor.

Of four of the prophylactic measures suggested by Professor Nocard we entirely approve. These may be briefly summarised as a clean bed, disinfection of the external genitalia, the early ligation of the cord, and the application of an antiseptic dressing to it. We cannot however agree with him when he suggests the desirability of *ante-partum* vaginal douching. At the commencement of labour the vagina of a healthy cow as of a healthy woman doubtless contains a large number of saprophytic germs which not only are not pathological, but may, by generating lactic acid, prove a bar to the entrance of pathological bacteria. The introduction into the vagina of a syringe by an attendant who can have no accurate knowledge of antiseptics is, in our opinion, likely to infect the vagina and to carry into it the very germ for the removal of which prophylactic irrigation is recommended. So far as we can gather from the report Professor Nocard has not found the specific *Pasteurella* in the vaginal secretion of a healthy cow, and the case he describes in support of his hypothesis that infection of the cord may take place during its passage through the vagina is explicable on grounds which seem to us, at all events, more probable.

During Professor Nocard's first visit to Ireland he devoted his attention chiefly to the study of white scour. Most of the calves are born in April, and it is not till June or July that lung disease becomes prevalent. On the occasion of his second visit he had several opportunities of investigating lung disease. In the lungs of all the cases which came under his observation he recognised the presence of an organism with which he was already familiar. He had previously identified it as the cause of ulcerative lymphangitis in the horse. Preisz had found the same germ in purulent foci in a sheep's kidney, and Sivioli had demonstrated it in patches of caseous pneumonia among Argentine sheep. This organism is a short thick polymorphous bacillus, and is easily stained by Gram's method. Its relation to lung disease is extremely interesting. A healthy calf may be forced to inhale a pure culture of it in the form of a spray, or may be subjected to intra-tracheal, venous, or pulmonary

injections of it without developing any symptoms of disease. If, however, the normal resistance of the tissues be first impaired by the intra-abdominal injection of a pure culture of *Pasteurella*, which has been raised to such a temperature that it contains only the dead bodies of the bacilli and their toxins, the animal when infected in any of the foregoing methods with the Preisz-Nocard bacillus develops a caseating and suppurating pneumonia. The Preisz-Nocard bacillus is a common saprophyte, and occurs in mud and manure scrapings. It is powerless to produce mischief in healthy calves, but rapidly acquires pathogenic properties in those whose resistance has been lowered by a previous infection of *Pasteurella*.

The summary in the prefatory note of Professor Nocard's researches is brief, but not accurate. The Professor does not state "that 'white scour' and 'lung disease' in calves, in spite of the difference in the seat and symptoms of these maladies, are one and the same disease." He says that he has been able to establish a close connection between "white scour" and "lung disease," and subsequently that both these diseases proceed from one and the same infection, of a "*Pasteurella*" nature. He immediately proceeds to explain this latter statement by pointing out that the specific *Pasteurella* may kill the subject in the course of a few hours with symptoms of acute septicæmia. If the animal survives the original infection, the resistance power of its tissue is so impaired that the way is opened for secondary infections, chiefly of intestinal origin, and symptoms of white scour appear. Finally, if it resist the intestinal infection and recover from white scour, it may yet fall a victim to the pulmonary infection, in which the most active agent is the Preisz-Nocard bacillus, and die with lung disease.

Furthermore, if we have read Professor Nocard's report correctly, paragraph 2 in the Summary is entirely wrong. The *Pasteurella* is not the microbe which produces pseudo-farcinous ulcerative lymphangitis in the horse, and adenitis and caseous broncho-pneumonia in the sheep. These lesions are caused by the Preisz Nocard bacillus, which is non-pathogenic for calves till their resistance has been impaired by *Pasteurella* infection.

In conclusion, we wish to express our admiration of the excellent work done by Professor Nocard and Principal Mettam, and we hope that the day is not far distant when our veterinary colleges will contain a department for original research in some way comparable to that at the National Veterinary School of Alfort.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, April 5th, 1902.

At the Society fur Innere Medezin, Hr. Plien communicated a note on

THE DEVELOPMENT OF A CARCINOMA ON THE BASE OF A TUBERCULOUS ULCER.

In a woman in the Gitchinin Hospital suffering from pulmonary phthisis tubercle bacilli were found in the fæces, and tuberculous ulcers of the intestines were therefore assumed to be present. The patient died fourteen days after admission, and the autopsy revealed numerous tuberculous ulcers in the colon, and at the site of one of these a carcinoma had developed.

Hr. v. Leyden observed that carcinoma frequently formed on the site of tuberculous affections, but such a growth developing on a tuberculous ulcer of the intestines had never been reported before.

Hr. Kuhn said that Zenku had reported three cases in which carcinoma had developed on the site of tuberculous ulcers of the œsophagus.

Hr. Litten then gave an address on

ENDOCARDITIS.

He had been led to write a paper on the subject by one

read in Wiesbaden by Lenhartz two years before. These two years he had made use of in verifying the correctness of the views then expressed. This subject, and the allied one of acute rheumatism, were at present in a state of ferment, as the view had been expressed that both diseases were due to a pyæmic process dependent on pus cocci. If this view were correct, the subject of endocarditis would be more simple than the speaker held it to be. Up to now two forms had always been distinguished—the granulation and the ulcerous. This distinction was insufficient, as it was an anatomical one only, and the differences between them were only gradual, and the etiological and clinical conditions were ignored. In 1881 he had proposed that these names should be dropped, and instead of them to use the term rheumatic and septic, dividing the latter cases into a rheumatoid and septic group, into the first of which all cases of malignant endocarditis would fall which were caused by articular or other rheumatic affections where the latter group would include septico-pyæmia. Since that time he had arrived at another terminology, viz.: benign and malignant endocarditis, according to the danger to the life of the patient, the latter group being again divided into a purulent and non-purulent group. The best known form, endocarditis benigna, especially associated with articular rheumatism and leading to valvular mischief, was benign as regarded the life of the patient. The affected valvular tissue had no further tendency to morbid change. The sclerosis led to a harmless roughening with thickening and shortening of the valves. The changes were met with exclusively in the left heart. The thrombi forms of fibrin, leucocytes and bacteria crumbled off and were carried by the blood stream, forming thrombi in the vessels, these being always confined to the arterial circulation, the brain, extremities, kidneys and spleen. They acted only mechanically. If infarcts were found in the lungs they came never from the left but from the right heart or from the veins. The endocarditis was not necessarily immediately associated with the basic disease; indeed, a considerable time, even years, might intervene between the two. Not a few cases ran their course without symptoms, whilst as a rule there were fever, pain in the cardiac region, palpitation, and dyspnoea. Complete recovery was possible; as a rule, however, the disease was chronic, and it led to contraction of the valves. Frequently there was myocarditis.

As regarded etiology the chief cause was rheumatic affection. For five or six years he had made methodical investigation into the percentage of the different causes of the disease. Out of about 30,000 patients 4 to 500 had heart mischief, which in from 30 to 35 per cent. was due to acute articular rheumatism, about 30 per cent. to other rheumatic affections, whilst in the remaining 35 per cent. no cause could be ascertained. This agreed with statistics published from the Moscow hospital.

He had met with the purulent form in grave puerperal fever; in the uterine veins thrombi with purulent material leading to multiple purulent joint inflammation, pericarditis, hæmorrhagic nephritis, metastatic ophthalmia, pemphigus, extensive cutaneous phlegmons and death. At the autopsy he found the vein that led from the diseased site filled with pus and decomposing material with purulent metatasis in all the organs, in the joints, lungs, intestines, &c., and in both right and left

heart, a slight deposit of granular excrecences, or destruction of the valves, as for example the semilunar valves separated, the mitral destroyed, or the papillary muscles separated and the tendons torn. In spite of all this the heart was not the *punctum saliens*; it did not determine the prognosis. He had notes of thirty-five cases, the course of which was uniform, whether endocarditis was present or not. The clinical course was distinguished by the violent onset, the high temperature without remissions, the erratic rigors, the quick course of eight to fourteen days, and the bad prognosis. Exceptionally a month's course was observed. All the cases had a fatal termination. Eighty per cent. of the cases related to women in puerperia; ten of them had purulent panophthalmitis, but the complication was not on the whole very frequent.

Endocarditis maligna non purulenta was caused by the same basic diseases as benign endocarditis. The characteristic was the absence of the pyæmic character. If there was clotting in the veins it was benign, effusion into joints was not purulent, but serous or cloudy serous. But the disease was not by any means harmless, although not as malignant as the preceding group. The larger percentage of the cases died, but recovery might take place. The disease lasted longer, one of nine months even had been observed. The disease of the heart did not play such a subordinate role, but was prominent and showed itself as the chief clinical feature. At autopsies sometimes only slight deposits were found on the valves, sometimes destruction of them.

Bacteriology had shown that every endocarditis, with the exception of the atheromatous kind, was of bacterial origin, and that it was a complication of some basic disease. As regarded the benign form the exciting cause varied. Up to the present, in spite of recent observations, no constant factor had been discovered. The cause of the malignant form had been found. In eighteen cases of the non-purulent form he had obtained a positive result six times, among them two rheumatic cases in which a streptococcus gracilis was found. In the other cases staphylococci, streptococci, and pneumococci were found, but not in the non-purulent form. The biological properties of the organisms varied, however, so that it was not possible in a pure cultivation to say whether they came from a purulent or non-purulent form. The gonococci was peculiar in this connection. This was known as the cause of gonorrhœal endocarditis, so that there could be no doubt about it. A large number of grave cases of gonorrhœal endocarditis were known, but there were no pure collections. The gonococci had not set up a purulent inflammation. For the rest it must be confessed that the bacteriological knowledge of to-day did not suffice to mark off the boundaries of the purulent and non-purulent malignant forms of the disease.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, April 5th, 1902.

THE EFFECTS OF ELECTRIC DISCHARGE ON THE NERVE CENTRES.

At the "Gesellschaft der Aerzte" Jellinek recorded a number of experiments he had performed on dogs, frogs, mice, &c., with the electric current; both continuous and intermittent, with different quantities and intensi-

ties. The turtle and frog could not be killed with high tensions of electricity, but mice were easily killed with twenty or thirty volts of a continuous current. He next related the effects on man and gave the example of a finisher in Vienna, who received 1,000 volts and lingered for the space of fourteen days after. The post-mortem revealed degeneration of the centres. He demonstrated similar conditions in dogs and guinea pigs by means of the microscope after hardening and staining portions of the ganglia. This degeneration was prominent in the posterior part of the spinal cord as well as the periphery nerves. There was also hæmorrhage in the white and grey substance of the nerve substance as well as the motor ganglion themselves.

Benedict protested against any suggestions for executing murderers by means of electricity. Why, he asked, should it be a duty of the medical profession to discover an easy method of getting rascals into eternity who ought never to have been born, while many others for small offences have had to suffer punishment for long periods which we never think of diminishing for the sake of the offender.

Pauli said the difference in the continuous and intermittent currents was that the one was electrolytic, while the other was thermal and mechanical in its operation. The constant went deeper owing to the great quantity of electricity directly from the cataphore, and may therefore be termed cataphoric and electrolytic, while the intermittent represents a thermic and mechanical condition.

Richter agreed with Jellinek's observation of hæmorrhage in the spine, as he had also had cases where this symmetrical or ecchymosed on both sides of the spinal cord, although it is affirmed that no such observation has yet been made by the forensic department of the Vienna University.

The use of electricity as a means of execution had no humanitarian purpose to serve, nor could he see any special advantage over hanging, as the closure of the carotid by the latter method produced unconsciousness as easily and speedily as electricity, in most cases with more accuracy.

Sternberg doubted the accuracy of hæmorrhage into the ganglionic cell as this component part of the organism had no blood vessels, its nutrition being supplied by absorption.

Topolanski remarked that great caution must be observed in deciding hæmorrhage as a constant symptom among the injuries due to electric discharges. In the case of injuries to the eyes from lightning too much care cannot be exercised.

Beck thought the immunity of the turtle was due to the hard covering of the animal, as it may conduct it off rapidly.

Freund said the results of Jellinek accorded with his own, which he had recorded before the Society on a former occasion under the title of Electricity under Chloroform. The narcotised animals were acted on by a Ruhmkorff induction coil for the intermitting current. This produced paralysis of the animal, dogs particularly, varying in time of recovery to the intensity of the shock. The degenerative changes in the nerve system as well as the inflammation and hæmorrhage of the skin at the point of application are in perfect accord with those of Jellinek.

DERMATOLOGY.

We learn with satisfaction that Docent Dr. K. Kreibich has been entrusted with the University instruction in dermatology in the room of the late Prof. Kaposi, who was Hebra's successor in this office. It may also be added that Kreibich was Kaposi's assistant for many years, and is entirely familiar with the duties of the office.

DEATH OF PROFESSOR ALOF PARISH.

Another of Austria's illustrious dermatologists has passed away in the person of Professor Jarish, of Graz. He was born in Vienna, 1850, studied here and qualified in 1873, and was shortly after this appointed assistant to Professor Hebra, the Austrian authority on skin disease at that time. In 1888 he was appointed professor of dermatology at Innsbruck, where he remained till his appointment to the same office at Graz in 1892, where he died on March 26th. He was an extensive writer, and has left a large amount of valuable research for the benefit of his successors. The pigment of the skin absorbed his special attention, on which he has written several monographs. His latest appeared in 1900 on skin diseases in general.

Hungary.

[FROM OUR OWN CORRESPONDENT.]

BUDAPEST, April 5th, 1902.

At the recent meeting of the Royal Society of Physicians of Budapest Dr. Egmont Baumgarten exhibited a case of an affection of the accessory sinus of the nose associated with

PARALYSIS OF OCULAR MUSCLES.

He pointed out that chronic diseases of the sphenoidal sinus are usually accompanied by severe symptoms, and on account of its close neighbourhood to the eye it might entail various diseases of that organ. In the patient shown a year ago he complained of much headache. Soon after he became unable to open the eyelid. Two months ago diplopia developed. Diseases of the antrum of Highmore and of the frontal and ethmoidal sinuses having been excluded, the headache and other severe symptoms led him to seek for the seat of the disease in the sphenoidal sinus, and he therefore made an opening into the sinus through its anterior lower wall.

The ptosis and the protrusion disappeared on the following day, and the patient could move his eye better. Two days later, after the removal of the anterior part of the middle turbinal, he scraped out the granulations lodged in the sphenoidal sinus. The patient felt very faint under this treatment, otherwise he felt himself quite well. The eye now moves inwards to the middle line, upwards only a little, downwards tolerably well. The posterior wall of the eye was intact. The patient denied having had syphilis, nor had he previously had any infective disease. This made it very difficult to assign the real cause of the affection. That the eye-muscle paralysis is dependent upon the sphenoidal disease appears likely, and this view is confirmed by anatomical considerations; it is confirmed, moreover, by the result obtained.

Dr. Gross Gyula exhibited an unusual case of

BARLOW'S DISEASE,

which had not previously been observed in Hungary, at least it is not mentioned in medical literature.

The child, aged 15 months, was fed from birth to the age of 12 months simply on boiled milk, and later on she was given a mixed diet (soup, eggs, and meat). On this régime the child, it is stated, developed very well. Her first tooth came in her tenth month, and she began to walk in her twelfth month. About six weeks previously her limbs began to be the seat of pain and to become swollen. On the two following days she had bleeding from her mouth and bloody stools. At the end of January her head suddenly became swollen, as did also the eyelids. It was in this condition that she was brought to the surgical section of the hospital, where the case was kept under observation until February 12th. The diagnosis was *hematoma capitis*. The swelling diminished visibly after the application of wet compresses, so that at the time of her discharge from the hospital no tumour could be felt. On February 25th the child was again brought to the hospital. She looked delicate, and was very under-developed, and showed the characteristic signs of rickets. The shafts of the left thigh bone and the left tibia were enlarged, and on palpation hard, irregular swellings could be felt. Both parietal regions of the skull were covered with a swelling, through which, on deep pressure, one could feel the sparsely-covered bone. Both upper and lower eyelids as a whole were of a bluish-red colour. From these symptoms the diagnosis was established, viz., Barlow's disease. Especially characteristic were the following symptoms: Rapid development, pains in limbs, subperiosteal hæmorrhages over the long bones and the skull bones, in addition to hæmorrhages from the mouth and bowel. Barlow's disease would appear to be an affection—*sui generis*—the etiology of which is still obscure.

Afterwards Dr. Klug Nandor read a paper on

TUBERCULOSIS AND THE ORGAN OF HEARING.

Tuberculosis of the hearing organs usually occurs as middle-ear suppuration. The process is mostly secondary, or it accompanies bone and lung tuberculosis, especially in children. Tuberculous ear discharges form 0·7 per cent. of all ear diseases. The path of infection may be either from the mouth through the Eustachian tube, or through an already present perforation of the tympanum from the external auditory meatus, and, finally, *via* the blood. The demonstration of the presence of the tubercle bacillus is often difficult, in some cases it is indeed impossible. The clinical picture is variable. A most characteristic sign is the absence of a reaction and pain. The discharge is copious, thin and foul-smelling. The process extends to the petrous bone, to the labyrinth, and ultimately carries of the petrous bone and impairment of the hearing result. It leads to facial paralysis, and to erosion of the blood vessels. Severe complications such as meningitis, thrombophlebitis, cerebral and cerebellar abscesses may follow tuberculous affections. Milder cases are met with, especially in children. The prognosis is always unfavourable. Even when it heals, defects of the tympanum and impairment of hearing remain behind. The deeper the carries of the petrous bone extends, the graver is the prognosis, nevertheless by operation some relief can be afforded. The treatment must be local and general. For such patients good air and good nourishment are advisable in addition to the local treatment. By conservative measures we must

provide for the free drainage of the pus so that retention may not occur, and apply antiseptics. The best result, however, is to be obtained by operative measures, when we transform all the middle ear cavities into one cavity, and remove all carious bone. The operation is indicated in every case of middle-ear tuberculosis, in which the lung tuberculosis has not yet made much progress.

The Operating Theatres.

CENTRAL LONDON THROAT AND EAR HOSPITAL.

THYROTOMY.—Dr. PERCY JAKINS operated on a man, æt. 25, who had been admitted for loss of voice and a sense of suffocation, arising from a papillomatous growth below the right vocal cord; the tumour was plainly seen on laryngoscopic examination. Both cords were freely movable. The patient had already submitted to three attempts at removal *per vias naturales* whilst in the country, but these had not been successful. On admission, which was a month after his first having attended as an out-patient, the aphasia was worse, the sense of suffocation had increased, and the patient could not lie down comfortably. Laryngoscopic examination revealed slight fixation of the right vocal cord, and inflammatory mischief caused the growth. There was no history of syphilis or of tubercle. It was decided to remove the growth by splitting open the thyroid cartilage, and this was done as follows:—The patient was anaesthetised with chloroform, the head was thrown well back, and an incision about four inches in length made in the median line from the hyoid bone to two inches below the cricoid. The superficial fascia and the sterno-thyroids were next divided, also the deep cervical fascia; the trachea was now exposed and a sharp hook was inserted into the second tracheal ring, the isthmus of the thyroid being drawn down by retractors. The third, second and first tracheal rings were then divided, and a Hahn's tampon cannula which had been previously dipped in a solution of perchloride of mercury (1 in 1,000) was inserted. The anaesthetist now administered the chloroform through a tube which fitted into the Hahn's cannula. Twenty minutes were allowed to elapse in order to allow the compressed sponge around the tube to expand and so prevent any blood running down into the lungs. The thyroid cartilage was then exactly divided in the median line, and the two also held apart by retractors; the internal surface was brushed out with adrenaline (1 in 1,000) in order to arrest the capillary oozing. The growth was easily seen, and was found to extend from below the right vocal cord to the lower part of the cricoid; it was removed with scissors curved on the flat and forceps. The internal surface of the larynx was swabbed out with a solution of chloride of zinc (30 gr. to 3j); two wire sutures were placed through the thyroid cartilage, the Hahn's tube removed and the external wound sewn up, a piece of double cyanide gauze being placed in the lower part for drainage. Dr. Jakins said that he quite understood the three failures to remove this growth *per vias naturales*, as it extended such a distance downwards; the instrument or instruments used could only pull away a small portion of the upper part of the tumour, which was no good to the patient, for these procedures only caused it to become

more inflamed, and might have set up in a simple growth a malignant action, for this reason he had considered it advisable to perform thyrotomy, as thereby he could see the growth and how far it had extended, and remove it easily if its size rendered this possible, and, on the other hand, if the disease were found to be very extensive, he could at once perform excision of the larynx. The patient made an uninterrupted recovery, and left the hospital at the end of ten days feeling much better, his voice was rapidly returning, and the sense of suffocation on lying down completely gone.

The growth was examined by the pathologist to the hospital (Dr. Wyatt Wingrave) and found to be a simple papilloma with active cell proliferation, showing, as pointed out by Dr. Jakins at the operation, that if many more attempts at extraction *per vias naturales* had been made the tumour would undoubtedly have become malignant.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 9, 1902.

HOSPITALS AND PAYING PATIENTS.

SOME recent correspondence in *The Times* brings forward once again the vexed question of paying wards in general hospitals. The system is advocated on the one hand as a means of preventing hospital abuse by affording those who are able to pay something short of the usual fees the advantages of hospital treatment, while it is combated on the other hand on the ground that it is merely another device for depriving practitioners of an opportunity of gaining a livelihood, an argument which, though in the main true, is not likely to weigh with the lay governors of our medical charities unless more cogent reasons can be advanced for restricting further moves in this direction. Sir Henry Burdett stands forth as the advocate of the present system of pay-wards, which he would apparently like to see generalised, although, in deference to the feelings of the profession and to the class prejudices of the patients, he is prepared to advocate a stricter line of

demarcation between paying and non-paying patients, at any rate in respect of the buildings assigned to the two classes of patients. This is mere trifling, for it does nothing to attenuate the injustice done to medical practitioners by the allocation of funds belonging to charitable institutions to the treatment though not to the maintenance, of a totally different class of persons. What is a paying ward after all? It is merely a portion of the hospital buildings set apart for the reception of patients who are able and willing to defray all or part of the cost of maintenance. As for the medical attendance this is furnished gratuitously by the medical staff of the particular hospital so that even if we allow that a payment of two or three guineas a week covers the cost of nursing and maintenance, which, judging from the scale of charges in nursing homes cannot be the case, these patients, all the same receive the best possible medical attendance for nothing. The so-called safeguards suggested by Sir Henry Burdett are absolutely illusory, and do not justify this description. This fact is evidently realised by the Honble. Sydney Holland, who, while he admits the necessity of providing for the needs of patients who are not in a position to cover the heavy expenses incidental to a prolonged illness, nursing, &c., proclaims the undesirability of making such provision in connection with the general hospitals. What is wanted, he urges, is a building specially adapted for the purpose, separate, and distinct from any hospital properly so called, in fact, a sort of cheap nursing home, in which the payments would comprise medical or surgical attendance by a resident medical officer, leaving the patients to make their own arrangements with their ordinary medical advisers. It must be admitted that the cost of a first-class nursing home, *plus* fees for medical attendance, are prohibitive to many persons who would however be only too glad to compound on terms within their reach. We quite believe that such an institution would pay its way and even give a fair return on its capital cost, and it would obviate in great part the objections felt and expressed by practitioners to any extension of the pauperising influence of our large general hospitals as at present administered. Perhaps Mr. Holland, who is indefatigable, would be willing to elaborate such a scheme in order that it may be duly considered in its double aspect, from the point of view of the hypothetical inmate as well as from that of the medical practitioner. The main point to be borne in mind is that medical attendance is a thing worth paying for just as much as maintenance, which is only another way of affirming the principle that the medical labourer is as worthy of his hire as labourers in other departments.

AN ANTI-VACCINATIONIST HOSPITAL.

THE Hospital of St. Francis, New Kent Road, London, was established in the year 1898, and has a country branch at Loughton, in Essex. In the advertisement pages of *The Medical Directory* it is

announced that "by the foundation of the hospital vivisection may never be practised in it, nor will flesh foods be used excepting under special circumstances." The position of this charity as opposed to vivisection and as supporting vegetarianism is thus clearly defined, and may be accepted with equanimity, although it may be pointed out that vivisection experiments, so far as we know, are never under any conceivable circumstances practised in hospitals. There are other facts connected with the Hospital of St. Francis, which, in our opinion, deserve the careful attention of the medical profession. The fourth annual court of the governors of the institution was held on the 25th ult., with Mr. Arnold F. Hills, a well-known vegetarian, in the chair. The Chairman, in moving the adoption of the report, stated the principles upon which the work of the hospital was based. So far as vegetarianism is concerned there can be no possible objection to its adoption or rejection either by any individual or by any collection of individuals. It is a very different thing, however, when the Chairman claims that "by a natural rational diet they could overcome the diseases to which the human system was liable." That extravagant claim the Chairman backed up by saying that their statistics bore out the truth of this belief. What does that statement mean? It infers that the whole range of disease, medical and surgical, can be cured by attention to diet. If that be not the Chairman's meaning, what particular diseases does he claim to have cured at the Hospital of St. Francis by dietary? The enormous importance of diet in the treatment of stomacachic derangements, gout, and many conditions of debility and so on is undoubted, but that is a totally different matter from the assertion that diseases of all kinds, say cancer, softening of the brain and acute rheumatism can be positively and actually cured by a choice of food alone. If the belief of the hospital authorities be that arrived at by the Chairman, then the position of the medical staff must be more or less seriously compromised. But if the alleged powers of vegetarianism do not afford sufficient ground of anxiety to the medical gentlemen in question, other declarations of the Chairman at the same meeting with regard to vaccination, in our opinion, demand the attention of all who are jealous of the traditions that govern the medical profession in the United Kingdom. Speaking of vaccination the Chairman is reported to have said that St. Francis Hospital had a lesson to teach. "They regarded disease as a process of eliminating matter from the system, and they thought the best way to cleanse the system was to put it upon a wholesome diet. Vaccination was one of the fads of the medical profession, who believed it was necessary to inoculate the system with a mild form of disease in order to prevent the more serious one from being taken. He thought St. Francis Hospital would show that it was possible to cleanse the system by the natural methods of life." After such an attack upon the methods and beliefs of

orthodox medicine it is difficult to see how any self-respecting medical man can retain his connection with the institution. In any case we think the attention of the General Medical Council should be drawn to the fact that qualified medical men are attached to a medical charity of which the avowed beliefs and curative methods are of so extraordinary a character. On referring to the advertisement pages of *The Medical Directory* for 1901, we find that it is described as a general hospital, with special departments, of which one is reserved for the "Diseases of Digestion," a subdivision that even in these days of multiplied specialism has not, to our knowledge, been hitherto considered necessary. The same authority gives the name of Dr. J. Oldfield as physician, and of Dr. D. G. Halsted as assistant-physician; Mr. F. J. Willey, M.B., as surgeon and Mr. J. W. McVine, M.B., as assistant-surgeon. Mr. M. Agar is aural surgeon, Dr. F. J. Fielder, ophthalmic surgeon; and Mr. P. J. Spencer casualty medical officer. We shall await with some interest any disclaimer those gentlemen may have to make regarding the unorthodox views advanced by the Chairman in the name of the Hospital of St. Francis. Meanwhile we conceive it our duty to lay the facts before the medical profession, the members whereof cannot be too careful about the nature of the institutions with which they allow their names to be associated. We shall be prepared to hear that each of the above-mentioned members of the staff has heard with astonishment the declaration that it is the mission of the Hospital of St. Francis to supplant vaccination with a restricted diet in the fight against small-pox, and to advance vegetarianism as a "cure-all" in disease. It would be interesting to learn what drugs, if any, are used in the treatment of patients at this institution.

OSSEOUS COMPLICATIONS IN TYPHOID FEVER IN CHILDREN.

TYPHOID fever, though not uncommon in childhood, always brings with it the element of surprise. We do not look upon it as a disease of infancy, and we are consequently liable to fail to recognise it when it does occur. This is all the more likely when the disease is attended with complications and does not run the course which in the adult is normal. In the young, growth and development all modify the action of the poison, and as long recognised the marrow cells and the elements of the growing bone tissue profoundly affect the toxin. In the child the onset of typhoid is frequently sudden—headache, vomiting, and often convulsions, simulating pneumonia, particularly in the high temperature, which often reaches 104° in the first twenty-four hours and oscillates like the pyrexia of a case of blood poisoning. In a few days the little patient complains of pain in its limbs, which may be mistaken at first for sharp growing pains, or if the child has been exercising more than usual may be looked on as muscular pains. This error is all the more likely to occur from the relief that warm woollen bandaging

gives. After a little—a few days—the glands of the inguinal region swell and become painful, and pressure on the long bones both of the upper and lower extremities causes the child to complain of a deep-seated pain. If left quiet it will be noticed that the patient flexes the thighs on the belly, adducts them, rotates them inwards, and whines with pain on any passive movement of the hip-joint. All the larger joints suffer a form of peri-arthritis, and become painful; the patient cannot move them and cries out if passive movement is made. Effusion occurs in the hip, knee, ankle, wrist. A high temperature, often a copious perspiration, with its attendant sudaminous rash are present, and little, if any, enlargement of the spleen. The recognition of typhoid under such conditions is not an easy task, and a diagnosis of articular rheumatism would be likely unless great care was taken, and that the physician kept well in mind that in typhoid fever in children inflammation of the long bones and of the larger articulations not infrequently resulted in severe cases. In the less severe osseous complications, as in the more severe, the physician must be on his guard, for ankylosis in some cases and luxation in others have been known to follow. In the young these joint troubles sometimes appear at the very beginning of the disease. Bouillaud's case died on the third day after admission to hospital. There was suppurative arthritis of the tibio-tarsal articulation, and the Peyer's patches were characteristically affected. Such cases M. Marfan designated as *arthrites suppurées pyohémiques*, and he considered them as the result of a secondary infection. This view did not meet with general acceptance. M. Robin believed in a form of arthritic typhoid, and in the case of M. G. See's patient, whose complaint was of articular pains in the shoulder and knee, believed his theory found support. In Straus' case the bacillus of Eberth was found in the effused liquid of the joints. Many other cases have been reported in which the bacilli were found. The period of time that elapses from the attack of the fever to the beginning of the joint troubles seems to bear some relation to the severity of the attack. Where the interval is long the attack usually ends favourably, and if the interval is short the case usually ends fatally. When the symptoms of the joint trouble are deferred until the fever had almost run its course, the case usually terminates without any permanent injury to the patient, though the joint pains may have been severe, as in M. Bordier's case and that of M. Grancher. In the former, a child of thirteen years, the inflammation not only attacked the large joints but also the temporo maxillary articulations. Vidal considers that these articular and osseous troubles are not found in patients over twenty years of age, and he holds that in young subjects the bacillus of Erberth has a predilection for osseous tissue. We have, however, said enough to draw the attention of our readers to a complication of typhoid fever in the young which is dangerous to the life of the patient, and

even if he should survive is liable to occasion deformity and seriously lessen the movements of the limbs. Unfortunately, our British and American text-books make little mention of this interesting and dangerous complication, and the reader who seeks further information on this subject should consult French authors. We wish we could add that our French brethren had been as successful in the therapathy of the inflammation as they are in its clinical description; but we regret that so far no remedy seems to do any good, and in rest and careful dietary lie our only hope.

Notes on Current Topics.

The Prevalence of Actinomycosis.

WE are not in possession of any trustworthy data concerning the actual prevalence of actinomycosis in human beings although the subject is one of the greatest importance if only to enable us to ascertain whether or not the disease is more frequently met with than of yore. It is highly probable that in many instances the disease remains a purely local manifestation and escapes diagnosis, indeed, it is not less probable that even in more extensive invasions it still escapes recognition, owing to the fact that the diagnosis can only be made by the aid of the microscope. Dr. Poncet, of Lyons, has collected notes of twenty-one cases since 1900 in France. Of this number eighteen occurred in the cervico-facial region, a distribution which is explained on the assumption that the infection usually gains entrance into the organism *viâ* the mouth. Of the three other cases one involved the thorax, another the uterine adnexa, and the third affected the anus and rectum. The relative proportion of cervico-facial localisations observed in this series does not, however, hold good with regard to the total statistics for France. Up to the present some 146 cases of actinomycosis have been recorded, and of these only seventy-nine involved the cervico-facial region, the others being cases of visceral actinomycosis. Statistics based on the investigation of the ultimate course of 257 French and foreign cases seem to show that while the mortality does not exceed 2 or 3 per cent. in the cutaneous cases, it rises to 10 per cent. when the disease attacks the superficial structures of the cervico-facial region, and 30 per cent. when the deeper structures are attacked. When the intestine is the seat of the mischief the mortality attains a proportion of 65 per cent., 85 per cent. when the lungs are affected, and 100 per cent. when the disease involves the liver or nervous system. The gravity of the visceral cases is attributed to the pernicious influence of the secondary infections, which almost invariably complicate these forms of the disease. Curiously enough the author says nothing in reference to the effects of the medical treatment of the affection, though the greatest benefit has attended the administration of iodide of potassium in large doses. The failure of this drug to relieve in the

graver cases is no doubt due to the secondary infections just alluded to, which are not amenable to the iodic treatment.

Ideal Road Cleansing.

By slow degrees the art of cleansing the streets is approaching perfection. The principle is now fairly established that washing is needed as well as sweeping in order to approach a cleanliness of the kind provided by bountiful Nature in her rain-clouds. The sluicing of pavings necessitates the previous laying of smooth and impermeable roadways. The plan adopted in the United Kingdom has hitherto been to fix hydrants at intervals along the street mains, and by means of detachable hose to bring abundant streams of water to play upon the surfaces to be cleansed. In Berlin the local authorities have gone one better, for they have introduced a sort of compound water-cart and sweeper which sluices the paving, sweeps up the mud, and collects the refuse, all in one operation. The new contrivance is reported to work well in practice, and if so, there should be nothing in the way of its wide adoption in our own country. The important bearing of clean and well-kept roadways upon the health of towns has been recognised at its true value only during recent years. One of the most important observations of recent times in connection with this point was the probable relation of summer diarrhoea to the microbes of the horse-dung with which our streets is so freely contaminated. It is an ill wind, however, that blows nobody good, and, curiously enough, the old muddy streets brought grist to the mill of the shoeblacks in a way that has now become one of the golden myths of that unassuming craft. It is a matter of sober statistical fact that the earnings of boys belonging to the Metropolitan Shoeblacks Association have been considerably reduced under modern sanitary administration.

A Vendor of Leadless Glaze Ware.

Of all the death tolls levied among the industrial population of the United Kingdom none is more disastrous than that of lead-poisoning due to the use of lead-glazes in the making of earthen and china-ware. For a long time medicine has unravelled with patient accuracy the long list of maladies, such as anæmia, epilepsy, Bright's disease, and various palsies connected with this dangerous trade. With no less unerring precision preventive medicine has shown how the whole of the terrible group of results described generally under the name of "plumbism" may be entirely and altogether avoided. The simple expedient of leaving lead out of the glaze goes straight to the root of the matter, and saves straightway a vast mass of unnecessary human misery and loss of life. The leadless glaze is now a perfectly satisfactory trade result and the only bar to its general adoption is the opposition of the manufacturers, who find it easier or more economical to stick to their old poisonous processes. Under these circumstances it is gratifying to learn that at least one retail firm sells no article that is made with

a lead glaze. It is well to do honour to practical humanity of that kind and we have much pleasure in stating that Messrs. Franks and Co., of 59, Eastcheap, London, have been enterprising enough to stock leadless glaze ware only. The next thing is for all customers to insist that the ware they buy shall be made with the harmless glaze. In that way, as we long ago pointed out, it is in the power of the community to stretch out a saving hand to the potters.

Accidental Death in a Hospital.

AN unfortunate death through misadventure has been recently the subject of a coroner's inquiry in London. The facts are briefly as follows: a child of ten underwent a simple operation, which was performed by an assistant house-surgeon at St. George's Hospital. During the operation the child was placed upon a hot-water pillow, which was protected by a towel soaked in carbolic lotion. In some way or other, however, the pillow must have been allowed to come into contact with the body of the child, who died subsequently from the resulting burn. Our sympathies are with everyone concerned—with the operator, with the sister in charge, with the hospital authorities, and last, but not least, with the friends of the unfortunate child. There can be no doubt whatever that this unhappy event falls within the limits of preventable accidents. On the other hand, it is equally certain that in the best-regulated institutions in the world there must be a small margin of error so long as human nature is constituted as it is. Indeed, the very rarity of such unhappy occurrences points to the extreme and unceasing care which is exercised and maintained amid all the rush and hurry of busy hospital work. The only wonder is that serious mishaps are not more often heard of when the energies of the nursing and the medical staff are often overtaxed day by day and month after month. The accident itself arose from a comparatively recent and commendable practice of supplying artificial warmth to patients undergoing operation. This incident is not likely to be forgotten at the hospital where it occurred, and its moral will be noted in similar institutions all over the world.

Measles on a "P. and O." Steamer.

AN incident which has been recently recorded in *The Times* on unimpeachable authority points to considerable laxity with regard to infectious diseases in quarters where stringent supervision would naturally be expected. The writer, a well-known London citizen, states that the P. and O. steamship *China* arrived at Colombo from Sydney on February 25th last. On arrival at Colombo the agent allowed a lady and her child suffering from measles to be transferred from another vessel to the *China*. Twelve cases of measles soon broke out on the mail ship. The writer and his servant landed at Marseilles and travelled overland to London. On the journey the servant sickened and developed measles shortly after reaching his destination. The indignation

expressed by the writer is natural, and it is to be hoped that the Peninsular and Oriental Steamship Company will take steps to prevent the recurrence of any similar recklessness in the future. If such a thing can be permitted by that service with regard to one disease, it is not unreasonable to assume that other infectious diseases may be taken aboard with equal nonchalance. The medical officer of the ship from whence the patient came, the agent on shore, the Medical Officer of Health for the port of Colombo, the surgeon of the *Ohina*, and the captain of the latter vessel must all presumably have been aware of the true state of affairs. Who is to answer for this gross oversight? It is no excuse to say that the wisdom of British legislators has failed to place measles on the list of compulsorily notifiable diseases.

Small-pox in London.

THE returns show the usual slight increase in the epidemic of small-pox in the Metropolis. On Wednesday last there were fifty-seven fresh cases; and on Thursday, the 3rd inst., forty-nine fresh cases, making a total of 1,543 under treatment in the Asylums Board hospitals. Since the commencement of the outbreak there have been 958 deaths, and Stepney heads the list with 193 fatalities as against 83 in St. Pancras, which takes second place; 72 in Holborn, 65 in Shoreditch, 59 in Poplar, 53 in Southwark, 50 in Westminster, and so on, down to 7 in Kensington, 4 in Hampstead, and 2 in Chelsea. The disease has broken out in Wandsworth Prison, three cases having been reported to the district medical officer of health. A typical illustration of the way small-pox spreads was shown last week in Upper Clapton. The Medical Officer of Health was called to see the body of a child whom he found to have died from small-pox. The mother and five other children developed the disease, which quickly involved about thirty other persons in the neighbourhood. Not one of the adults attacked had been re-vaccinated. A delirious patient broke out of a special ward on board the *Castalia* in the middle of the night and plunged into the Thames, where he was in all probability drowned. It has been announced that Dr. E. Klein has been requested to undertake an inquiry into hæmorrhagic small-pox on behalf of the Local Government Board.

Mr. Rhodes' Will and the University of Oxford.

THE part of Mr. Rhodes' will which is of most interest to us is naturally that in which he adjures the University of Oxford to place its medical school on a footing "at least equal to that of the University of Edinburgh." As the suggestion is backed by munificent donations and a wholly magnificent scheme for attracting students to this famed and ancient university, it may be that the authorities will take the suggestion into serious consideration. It has long been a matter of surprise and regret that this department of study should have been left, so to speak, under a cloud at this unrivalled seat of learning, but hitherto quasi-medieval influences

have starved it in favour of more "classic" lines of study. When the provisions of Mr. Rhodes' will come into working order a new element, or, rather, several new elements, will be introduced into university life at Oxford, and it is quite conceivable that the changes may have far-reaching effects. Some regret will no doubt be felt that Mr. Rhodes did not see his way to endowing one or some of the other universities which happen to be in greater need of financial assistance than Oxford, notably, the new University of London, which can never attain its proper rank until private munificence has provided the means. No doubt much can be urged in favour of Mr. Rhodes's preference for the residential system, but for obvious reasons the benefits of this system must be reserved for the comparatively few. The nation will hold Mr. Rhodes's memory in grateful esteem, not only because he has greatly contributed to the advancement of study by liberal endowments, but also, and not least, because his benefactions are imbued with a sterling, high-minded patriotism, a patriotism which is not limited by our shores.

Rabelais as a Medical Writer.

THE public have so intimately associated the name of François Rabelais with his satirical writings that his work as a physician and medical writer is almost unknown. He played an important part in the controversy of the sixteenth century that ended in the re-establishment of the Greek medical writers. And it was largely due to his influence that Aldus produced his edition of the works of Hippocrates. It was in Lyons in 1552, then, as now, the seat of a great medical school, that Rabelais commenced his medical literary labours by editing the "Epistles" of Giovanni Manardi, which was followed by his edition of the "Aphorisms" of Hippocrates and the "Ars Parva" of Galen. A little later he published (1565) his "Cinq Lievres de la vie, faicts et dictz Heroïques de Gargantua et de son fils Pantagruel." This edition is recognised by not having the name of the printer on the title-page. It has, however, become very scarce, and at a sale in Paris in the January of this year a copy brought, after keen competition, 2,970 francs. The year after the publication of this work the authorities of the Lyons Hospital suspended Rabelais from his office as physician for having twice absented himself from his duties without leave of absence. The effect of this degradation was to cause him to leave Lyons. Too late they discovered their mistake, but Rabelais could not be induced to return, and some months later Pierre de Castel was elected to the office, in which his complaisant mediocrity made him a favourite.

It has been decided to inaugurate a post-graduate course of Clinical Demonstrations at Westminster Hospital during the coming summer session. The demonstrations will be held on Tuesdays at 4.30 p.m., commencing on May 13th. Particulars thereof will be found in our advertisement columns.

War Office Sweating of Civilian Surgeons.

THE history of the present campaign in South Africa has not been remarkable for anything like a spirit of general parsimony in the expenditure of the War Office. It seems not unlikely, indeed, that the present Boer War will be the costliest that the world has ever known. Money has certainly not been stinted in the matter of Austrian horses or one or two favoured meat contracting companies. When we come to the medical branch of the Service, however, it seems that hardly any economy can be too mean and petty for the authorities of Whitehall. The gross scandals of the hospital and the refugee camps in the South African War have been mainly due to undermanning and to bad organisation of the Army Medical Service. At home the military hospitals by the withdrawal of every available Army surgeon to the seat of war, left gaps that have been filled up by civil surgeons. The latter have been paid at the miserable rate of £270 per annum less the £100 gratuity given to all other branches of the Service. They have also been hopelessly overworked, as there are not enough of them to discharge adequately the duties required of them. At Aldershot the civil surgeons in the military hospitals are being "sweated" with little pay and excessive work in a manner that is discreditable to the nation and likely to be harmful to the patients. A more liberal scale of pay, say £365 per annum, would quickly draw enough competent medical men for temporary service. The miserable rate of pay and the excessive amount of duty demanded in return are not likely to secure the best men available. A few of the many millions that the War Office has handed over to swindling contractors for the purchase of horses and of preserved meat would have put the Army Medical Service on a sound footing both at home and at the seat of war.

Medico-Legal Examinations.

A CASE which has just been tried at Riom, in the Court of Appeal, raises, or rather settles, the question of the right of a defendant in an action for damages by reason of injury to have the plaintiff examined by a medical man deputed for that purpose. The circumstances under which the case came before the Court appear in the *jugement motivé*, in which it is set forth "That Dr. X. accepted the mission to examine the injured plaintiff without any legal authority for so doing and without arranging for the presence of the plaintiff's ordinary medical attendant to be present; that Dr. X. delivered a certificate setting forth the result of his examination in spite of the obligations imposed by professional etiquette as to secrecy, being fully aware that the certificate in question would be made public use of; that Dr. X. violated the domicile of the plaintiff, uncovering her and examining her at his leisure, knowing that she was a married woman, yet without obtaining the authority of her husband so to do . . . all these acts being absolutely deserving of censure not only from a professional but also from a legal point of view."

Poisoning in Antiquity.

THE dexterous administration of poisons for political and social purposes looms large in the history of the Middle Ages and even at periods long anterior thereto. The general public knew little or nothing of the physiological properties of lethal substances however familiar to them the substances themselves might be, and we find accordingly that imagination ran riot and ascribed to them powers and properties which we are unable to reconcile with our present accurate knowledge of the incriminated substances. We dare not scoff too unreservedly at their credulity because even present-day journalists and novelists frequently "give themselves away" when they introduce poison incidents into their writings. Only to mention chloroform it is usually assumed that it is sufficient to sprinkle a few drops of the drug on a handkerchief and hold the same before the intended victim to determine immediate unconsciousness, without further formality, an experience which is strangely at variance with that of the everyday anaesthetist who requires several minutes to achieve his object under the most favourable circumstances. It may be urged of course that the professional poisoners of former times were acquainted with substances the secret of which perished with them, but it is highly improbable that their knowledge included substances unknown to the modern pharmacologist and chemist, and we must dismiss as fables many of the stories which have come down to us from the dark and sinful past in spite of the fact that murder was then considered a fine art.

A Proposed Legislative Fad.

THE United States is the happy hunting ground of the legislative faddist, and if we are sometimes tempted to envy the rigour which the prohibition of certain anti-hygienic practices is enforced, there are occasions on which a doubt suggests itself as to the comfort of living under a perpetual menace of the passage of "crank" bills into law. A New York legislator recently introduced a Bill requiring that in any operation on a woman in hospital three of her nearest relatives must be present and must remain in attendance until all is over. No doubt some other crank will propose an amendment providing for the presence of the relatives at all autopsies on women in order to comply with the inexorable demands of logic. From a medical point of view the proposal does not seem to call for comment, for the inconvenience will fall upon the relatives, few of whom, we imagine, would care to undergo the ordeal of eye-witnessing either operations or autopsies. Should they by some freak of imagination feel impelled thereto they would probably, even now, meet with little opposition, provided, of course, that their behaviour was not such as to disturb the harmony of the proceedings. We doubt, however, whether even the legislature of New York is likely to adopt such an uncalled-for proposal, the object of which it is difficult to conceive.

The Mental Aspects of Lost Property.

Is absent-mindedness a symptom of brain failure? The answer to that question is clearly that it may or may not point to some more or less serious underlying degeneration of the brain tissues, and that in each individual case it must be left to the sufferer to settle the matter with the help of his physician. If the mere leaving behind personal belongings in railway carriages or in cabs and other vehicles, to say nothing of the hundreds of thousands of persons who post letters without stamps, and enclose valuables in letters which they forget to address, were in all cases the result of mental failure then the outlook for the United Kingdom might well be called alarming. To take a portion of one of those groups, namely, the finds for one year in London cabs and omnibuses, as officially reported: this curious list includes 850 sticks, 19,000 umbrellas, 267 rugs, 742 opera glasses, 926 articles of jewellery, 180 watches, 3,239 purses, several dogs, birds, bank-notes and cats. It seems inexplicable how any person could take out a watch in order to leave it lying on the seat of a cab, and no less incredible that a cat should be left behind in a hackney coach. As to the lapse of attention and memory involved in such oversights, they may be due on the one hand to a passing mental pre-occupation or temporary ill-health, or on the other hand they may point to more serious conditions of brain-fag or of failure of nutrition in the brain cells that is of serious import. Any individual who finds that he is acquiring the habit of frequently leaving things behind him in cabs and railway carriages had better go off and consult some physician of experience of disease in its broader aspects. A visit to a brain specialist under such conditions would be apt to be too alarming for the average man in the street.

A Medical Officer on Antitoxin.

COLCHESTER is unhappily divided upon the subject of the value of antitoxin. The city has suffered during the past two years from extensive outbreaks of diphtheria, and in the twelve months ending last December, 209 cases were treated at the Corporation Infectious Diseases Hospital. Dr. Brown, the Medical Officer of Health, is opposed to antitoxin, but has been induced to try that drug owing chiefly to a crusade in its favour instituted by Dr. Hunt and other medical men in the neighbourhood. Dr. Brown has now published in his annual report results of antitoxin in treatment which are distinctly unfavourable to that particular method. He states that the death-rate of patients treated in the hospital with antitoxin has been 15.9, while the death-rate of those treated without antitoxin has been 6.52. He claims for his own treatment of the disease, which consists in clearing off the exudation and false membrane by medicine and local treatment, is safe in action, speedy in its results, and pleasant in its action. This experience is so contrary to the accepted views of most accepted authorities on the subject that it invites serious consideration. If Dr.

Brown be right then Dr. Washbourn and the London Fever Hospital statistics are wrong. If Dr. Brown be arguing from fallacious premises then he is likely to do an almost incalculable amount of mischief to Colchester. In view of the urgent practical bearing of the dispute we suggest that the Local Government Board would do well to institute a searching inquiry into the facts of the case. Such a step should be welcome alike to Dr. Brown and to Dr. Hunt, who can only wish to get at the truth, and would greatly relieve the vexed souls of the Colchester Corporation.

Light Cures.

THE therapeutic effects of light are still without the stamp of scientific approval, although there seems to be good ground for assuming the probability or the possibility of the existence of such results. The single instance where success seems to have been attained is Finsen's phototherapy in lupus, but even that method is open to fallacies, and it cannot yet be regarded as established on an absolutely safe footing. Meanwhile, light is being pressed into the service of the charlatan, who is making a rich harvest by exploiting the virtues of light baths, which are sold to the credulous public at high prices. The light bath as at present made is a hot air bath, and any good result therefrom may be reasonably attributed to the high temperature of the bath, quite apart from the light, to which, however, the therapeutic effect is ascribed. Why do not the vendors of the light bath show that light alone apart from heat, will exert a curative action? Surely the burden of proof lies with them, for otherwise they have merely to add an electric lamp or two to the superheated air bath to get all the advantages of the latter system under the misleading title of a hot-air bath. These appliances are being established wholesale throughout the kingdom for the treatment of disease without the intervention or supervision of medical men. In that way they are calculated to do an immense amount of mischief to the members of the medical profession. The proposed Bill to abolish the right of undertaking medical work by companies would be a great step in the right direction.

The Surgical Treatment of Chronic Bright's Disease.

THE proposal to operate on kidneys affected by Bright's disease for the purpose of relieving the symptoms, if not of curing the condition would have been ridiculed a comparatively few years ago. Though one is scarcely as yet justified in considering it an operation, the usefulness of which is beyond question, enough has been done to prove that it is a subject worthy of the most earnest attention and thought on the part of all medical men. Dr. Primrose has recently recorded (a) an extremely interesting and instructive case in which a boy, aged ten years, who had not reacted satisfactorily to medical treatment directed to the relief of chronic nephritis, was operated on with a satisfactory result up to the

(a) *Canadian Journal of Medicine and Surgery*, March.

time of writing; that is sixty-two days after the last operation. The two kidneys were operated on at different dates. The operation itself consisted in stripping the true capsule from the kidney substance. Full recognition is made of Mr. Reginald Harrison's work on this subject. The last note on the case is to the effect that sixty-two days after the second operation the boy is much stronger than he was, the anæmia has largely disappeared, and the albumin is now a mere trace. A few tube casts could still, however, be found in the urine, but there had been no return of the œdema or ascites.

The Edelmänn "Galton Pfeife."

IN an instructive contribution to the *Edinburgh Medical Journal*, Dr. Macnaughton-Jones describes Edelmann's modification of the Galton whistle, an ingenious contrivance for measuring the acuity of hearing which, in association with the tuning-fork, enables the aurist to distinguish between simple middle ear deafness and defects of hearing arising from an affection of the labyrinth or auditory nerve. Obviously an instrument which enables the aurist to obtain exact records of the hearing for the higher tones is an adjunct of the greatest importance, but it is indispensable first of all to ensure the absolute trustworthiness of the instrument, especially when the point of inaudibility in the highest tones is approximated. This problem was solved by Edelmann by the aid of Kundt's dust figures, a beautiful and tolerably familiar phenomenon, which enabled him to fix with precision the dimensions of the vibrations. This instrument shows that some persons can hear tones of 50,000 vibrations, and a very large number tones of between 37,000 and 40,000 vibrations. In his contribution, which has since been reprinted, Dr. Macnaughton-Jones relates several cases illustrating the application of this instrument to the diagnosis of affections of the organ of hearing which cannot but be of interest to those who make a specialty of this branch of medicine.

The Absence of the Frontal Sinus.

RESEARCHES with the X-rays, undertaken for the purpose of determining the limits of the frontal sinus, have demonstrated the curious fact that in some subjects the sinus is virtually non-existent or is undeveloped on one side. In 240 European skulls Logan Turner found one or both sinuses absent in forty-one (17 per cent.), and in eighteen of these (7.5 per cent.) both were wanting, the proportion of subjects in whom the sinus is totally absent being still higher in the crania of Australian aborigines. It is hardly necessary to point out the grave errors of diagnosis to which these anomalies might give rise if the possibility of their existence were lost sight of. An interesting article on the subject is published in the *Journal* of the American Medical Association for March 22nd, in which the author insists upon the risk of an attempt being made to open a non-existent cavity, entailing the almost inevitable danger of

wounding the dura mater or injuring the brain. We have heard of a case in which this catastrophe actually occurred, and according to the data before us it is feasible in an appreciable percentage of instances.

Mr. Bernard Shaw and Vaccination.

MR. BERNARD SHAW continues to make himself ridiculous in the columns of *The Times* on the subject of vaccination, winding up his last long and incoherent epistle with the observation that "he did not know what to think." It would perhaps have been better if Mr. Shaw had stopped to think before penning his mischievous divagations, for he might then have been able to tell us why we are not to accept evidence as to the protection afforded by vaccination which would be considered conclusive on any other subject. "A Microbe," commenting on his lucubrations, suggests that Mr. Shaw seems to have met with the unhappy fate of the centipede who :—

"Was happy quite,

Until a toad in fun

Said, 'Pray which leg moves after which?'

This raised his doubts to such a pitch

He lay exhausted in a ditch

Not knowing how to run."

A New Application of the Radiograph.

CERTAIN criminals possess great flexibility of their facial muscles, and so modify their expression when being involuntarily photographed in prison that the portrait can hardly be recognised as that of the prisoner when the latter assumes his ordinary appearance. Peace was one of those criminals. At times his face expressed benignity, indifference, shrewdness, and even hatred, just as he wished. To get rid of this trouble the French authorities now require that a radiograph be taken of each prisoner. Whatever power he may have of modifying his facial expression, the criminal has no chance with the radiograph; his bones are not amenable to the influence of his will momentarily exerted during his exposure to this, the latest resource of civilisation for combatting crime.

DR. BARWISE, of Derby, volunteers to subscribe £5 and to collect £100 towards a scheme for a non-vaccination hospital for unvaccinated victims of small-pox. If carried out the scheme would afford interesting data for comparison, and we wish him joy of his project.

THE death is announced of Surgeon-General James Champion Penny, formerly of the Indian Medical Service, at the age of 72. He took part in the relief of both Lucknow and Cawnpore.

PERSONAL.

LORD LISTER celebrated his seventy-fifth birthday on the 5th inst.

DR. JANE BOYES has been appointed parish medical officer for the Island of Coll, Argyllshire, being, we believe, the first lady to be appointed to such a post.

DR. WILLIAM DALE JAMES has resigned the post of medical officer to Sheffield, a post which he has held for the last twenty-two years, in consequence of ill-health.

DR. ALFRED GREENWOOD, of Crewe, has been appointed medical officer for Blackburn, at a salary of £550 a year, in succession to Dr. Wheatley, who has accepted the post of county medical officer of Shropshire.

THE Royal Society of Sciences of Denmark has conferred the membership of that distinguished body on Sir J. S. Burdon Sanderson, M.D., F.R.S., Regius Professor of Medicine in the University of Oxford.

DR. LIEBERMANN LEO, formerly Public Analyst and Medical Officer of Health for Budapest, has been appointed to the Professorship of Public Health in the University of Budapest, rendered vacant by the death of Prof. Josef Tordor.

DR. ARTHUR S. WOHLMAN, of Bath, has received an appointment under the New Zealand Government to advise them in the development of hot mineral springs which they desire to adapt for the benefit of humanity in that distant portion of the globe, on the European model.

DR. NITCH SMITH, of London, had a nasty accident in Victoria Street a day or two since. His horse slipped on the wet asphalt, throwing him heavily to the ground, where he narrowly escaped being run over by a dray. Dr. Smith escaped with a severe shaking and a bruised knee.

MR. H. G. HOWSE, acting president of the Royal College of Surgeons of England, is stated to have accepted the nomination to represent the Council of the College on the Court of Governors of the University of Birmingham. Mr. Howse will only serve for the remainder of the term for which Sir William McCormac was originally elected.

Scotland.

[FROM OUR OWN CORRESPONDENTS.]

THE BACTERIOLOGICAL CHAIR BEQUEST TO EDINBURGH UNIVERSITY.

THE trust disposition and settlement of the late Robert Irvine, Fellow of the Chemical Society, was made public last week. The testator directs that certain properties shall be retained or invested until their cash value shall accumulate to the sum of £25,000, or, in the discretion of his trustees, and if they shall think fit, and of which they shall be the sole judges, to the sum of £30,000, and which, exclusive of legacy duty and expenses, they shall then pay over to the Association for the Better Endowment of the University of Edinburgh, or such authorities in connection with the University of Edinburgh as his trustees shall deem expedient, for the purpose of founding a Professorship of Bacteriology in said University, and the equipment of a class-room and laboratory for the teaching of the same and for conducting original investigation in connection with the said subject in which he, the testator, had for many years taken a personal interest; in founding the said Chair he suggested that the University authorities should make such rules and regulations in connection therewith as may promote the study of said science, and for this purpose that nominal fees only be charged for attending the lectures and laboratories in connection with the subject. After providing for the payment of certain legacies, Mr. Irvine directs his trustees to pay the residue as follows:—(1) One-third share to the

Royal Infirmary of Edinburgh; (2) one-third share to the Royal Association for Incurables, Edinburgh; and (3) one-third share to the Dunlop Cancer Fund, Edinburgh.

SMALL-POX IN GLASGOW.

This city, which a year ago was visited with a serious epidemic of small-pox, is again threatened with a return of the scourge, although from the extensive resort to vaccination they had, no fear is entertained that the present outbreak will have a far-reaching effect. Less than two hundred cases have been under treatment, and these were gradually being reduced and fresh cases were fewer at the time of going to press than in the previous weeks. Another case was reported a day or two since at Dundee, but the disease appears not to have taken any hold of this populous centre.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

THE MANIPULATION OF MILK.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—May I draw your attention and remark upon the condition of milk supplied to children in your English towns, and how really dangerous such food must be to infants, invalids, and persons of feeble constitution and digestion, when it has to be drugged or late-refrigerated or infused with gases in order to suppress and conceal the state of ferment and decomposition it has lapsed into during the interval of its career from the cow in the country to the consumer in the town.

My experience of milk, its nature, composition and handling is very considerable, and not confined to Belgium, where, however, drugs are strictly prohibited as preservatives. During my recent visit to London I was amazed to read in a copy of your Government Blue Book about an official inquiry upon this subject, and the startling revelations of such an unnecessary, wrong and scandalous practice prevailing in London, to the published estimated extent of 50 per cent. of the milk consumed. No wonder your infant mortality is so great; and this accounts for such sights in your omnibuses and trams of helpless babes suffering untold stomachic troubles from the supply of much fermented milk in bottles forced upon them by their mothers and nurses, ignorant of its nature, as forsooth a method of alleviating their infantine tortures. What more pathetic picture can be imagined? It is a crying shame to send off milk from your country farms that has not been preserved by early-refrigeration down to the non-fermenting temperature of 50° Fahr. or lower, and not conveyed in refrigerated special milk vans, so chilled. The amazing part of the business is, that your meat—not nearly so susceptible to decomposition as milk—is thus refrigerated, conveyed and cold-stored, but not your farmer's milk supply; while to my horror I also learned from your journal, when in London, that your Dairy Farmers' Association were not ashamed of their ignorant habits, but even passed a resolution in support of drugging milk! It is most extraordinary, and discreditable to their intelligence and interests. I also gathered that some kind of scheme was about to be floated for the preservation of milk by infusion of gases (oxygen and carbonic acid gas) Whatever may be the advantages of such a method I am not prepared to state, but the idea of obliging the consumer to absorb milk thus treated is, to say the least, shocking. Why, in the name of common sense, do not your milk producers and distributors supply a pure fresh milk without "messing" it about in this scandalous way, when a proper organisation and the use of ice renders this ideal preservation quite easy? However, perhaps these reflections of a visitor may be of use to mothers or parents, for, in the interests of their children's health, they should demand the instant prohibition of drugs in milk, and also that it should be conveyed from the cow to them in a non-decomposing condition. The science of bacteriology has revealed the activity and breeding of micro-

organisms in milk is suppressed at 50° Fahr., or lower; therefore this should be immediately attended to at once on its being drawn from the cow; for a further fact is that at animal warmth rapid fermentation prevails. All this can be easily and simply accomplished. It is done in this country, and almost universally in America, and your authorities should insist upon a reform being carried out in connection with your milk traffic.

I am, Sir, yours truly,

L. J. SERIN,

A.E. State Agricultural Expert.

Montsur, Marchienne, Charleroi (Belgium),

April 2nd, 1902.

THE SWALLOWING OF A METALLIC DENTURE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The interesting description of "swallowing a metallic denture" and its successful transition along the entire alimentary canal, recorded by Dr. G. Jameson Johnston, in your issue of Wednesday last, recalls to my memory a similar accident which occurred to a patient of mine twenty years ago. The notes of this case, together with an accurate drawing of the vulcanite plate (made to scale), with two artificial teeth and a sharp gold hook attached, were published in the *Lancet* of December 10th, 1881. At that time it was considered from its size and inequality to be one of the most formidable foreign bodies which had safely accomplished such an inconvenient journey. In comparing the two representations which are now before me I think the measurements are almost identical; if anything, mine is a trifle the larger of the two, but the difference is so slight that it is hardly worth mentioning. A few days after the publication of my case the conservator of the Royal College of Surgeons (the late Sir William Flower) wrote to ask me to present the plate to the College museum, where it can now be seen.

The treatment I adopted on that occasion was chiefly expectant. I forbade all liquid food except a little bread and milk, kept the patient strictly at rest in bed, and told her to eat plentifully of suet pudding and boiled rice. On the second day following the accident I administered a small dose of castor oil as a gentle laxative. Within a few hours afterwards she passed a copious evacuation in which the plate was discovered enveloped in a mass of fecal matter completely protecting the structures from injury, and voided apparently without pain or inconvenience.

I am, Sir, yours truly,

FREDERICK S. PALMER, M.D.

7, Gordon Place, Gordon Square, London.

NATALITY IN GREAT BRITAIN.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—There are always two sides to a question, and my own experience leads me to hold views somewhat different from those so ably expressed by "A Student of Sociology" in your last issue. He assumes that a high birth-rate is indispensable to the success of nations, and, apparently, to the welfare of the individual. I venture to suggest, however, that both premises are founded on misconceptions. To the average individual an unrestricted output (of children) means a life of unremitting and often thankless labour, associated with endless worry and tribulation. The numerous members of such a family can receive but a minimum amount of education, primary, secondary or technical, and they have to "scratch round" as soon as they are capable of independent effort. The effect on the mother of repeated child-bearing at short intervals—a necessary consequence of the patriotic abandonment of control—is often disastrous, and she can devote but scant attention to the older children owing to the claims on her time and attention of the later arrivals. The limitation of families, on the other hand, establishes some sort of proportion between the parental sources and the demands upon them. The children are better

cared for, better educated, and obtain a better start in life.

The tendency to the limitation of offspring is not confined to any one country. It is manifested more or less in all civilised communities. Even in a new country like the United States the birth-rate is stated to be barely equal to the deaths. It appears to be a natural process incidental to the life-history of the globe, or at any rate to the evolution of civilisation. The subject undoubtedly is beginning to attract the close attention of the general public, and parents now arrogate to themselves the right to decide the conditions of their existence.

The columns of a medical journal are obviously the best place for a discussion of this kind on account of the physiological trend of many of the arguments.

I am, Sir, yours truly,

QUEERNS.

Obituary.

EDWARD LONG FOX, M.D. OXON., F.R.C.P.

WE regret to announce the death of Dr. Edward Long Fox, which took place on Friday, March 28th, at his residence, Clifton Park, after an illness extending over some months. Dr. Edward Long Fox was born at Brislington, near Bristol, in 1832, his father, Dr. Francis Ker Fox, being the head of the Brislington House Private Asylum. He was educated at Shrewsbury School, under the Rev. Benjamin Kennedy, D.D., who was afterwards Professor of Greek at Cambridge. He afterwards went to Balliol College, Oxford, and had Professor Jowett as tutor, where he obtained his first-class in natural science tripos. He pursued his medical education at St. George's Hospital, Great Ormond Street, and the Brompton Hospital for Consumption. He settled in Bristol in 1857, and was immediately appointed physician to the Royal Infirmary, a position which he held for twenty years, when he was promoted to the consulting physicianship. In 1892 he delivered the Bradshaw lecture at the Royal College of Physicians, having been elected a fellow in 1870. For some years he was lecturer on the Principles and Practice of Medicine, and for several years he acted as Examiner in Medicine at the University of Oxford, and he was lecturer on medicine and pathological anatomy at the Bristol Medical School. He was physician to Clifton College for many years during the head-mastership of Dr. Percival. He was a past president of the Bath and Bristol branch of the British Medical Association and the British Medico-Chirurgical Society. When the British Medical Association visited Bristol in 1894, Dr. Long Fox was its president.

Dr. Fox was also president of the National Temperance League in 1894, and for several years was actively engaged in temperance reform, personally working in the parish of St. Jude's. Though very enthusiastic in his advocacy of the temperance cause, his natural liberal-mindedness prevented his taking any narrow view of the problems to be solved.

His published works included "The Pathological Anatomy of the Nervous Centres," and "The Influence of the Sympathetic on Disease." He contributed a series of papers to the *Medical Times and Gazette* on "The Temperature in Acute Diseases," and also was the author of various articles in "Quain's Dictionary of Medicine," an article on "The Sympathetic" in the "Dictionary of Psychological Medicine," and many articles in the *British Medical Journal*, *Lancet*, &c. Dr. Fox married Miss Bradley, one of the daughters of the late Rev. Charles Bradley, of Clapham, sister of the present Dean of Westminster, and leaves one son and several daughters.

SURGEON-CAPT. GEORGE RAMSAY, I.M.S.

INTELLIGENCE has just come to hand of the death of Capt. G. Ramsay, of the Indian Medical Service, residency surgeon at Baghdad, from heart failure, after a severe attack of fever, at the early age of thirty-three. He was the eldest son of the late Mr. W. Ramsay, of the

Bombay Civil Service, retired, was born in October, 1868, was educated at King's College Hospital Medical School, and admitted a member of the Royal College of Surgeons and a licentiate of the Royal College of Physicians, London, in 1892, subsequently filling the post of house surgeon at King's College Hospital, and in 1894 entered the Indian Medical Service. He also served in the Chitral Expedition, for which he had the medal with clasp, and has recently been officiating as residency surgeon and *ex officio* assistant Political Resident at Baghdad.

New Article.

TOILET ARTICLES IN PAPER.

THE usefulness of paper for many toilet purposes, although generally recognised, has not, with one exception, been turned to much account. We are convinced, however, that a short experience of these substitutes for linen, &c., would establish their superiority in point of cleanliness, neatness and economy. We have received from The Toilet Novelties Co., Bristol, sundry samples of articles manufactured by them. Among these we find an assortment of "Toilet Pocket Books"; one kind, put up in a very compact and convenient form, is euphoniouly described as "lavatory paper," and it may fairly be described, in every respect save the price, which is moderate, as an "article de luxe." Both hygienically and æsthetically these pocket books are preferable to nondescript substitutes, and if they have not already been adopted by Royalty, they deserve to be.

Other pocket books, of larger size, contains leaves of "silky fibre" paper suitable for use as pocket handkerchiefs or to receive expectoration with a view to subsequent destruction by fire. They are beautifully soft, although possessed of considerable resistance.

The napkins, or serviettes, made of a specially soft English paper, of crêpe texture, commend themselves to the notice of economical and stylish housekeepers. Their very novelty is a recommendation, and by the time the novelty has worn off the more solid advantages attending their use will have been appreciated. Some of them are artistically figured with cambric-like designs, and are elegant in the extreme.

No travelling outfit can be regarded as complete which does not comprise an adequate supply of these eminently portable and cleanly conveniences.

Medical News.

School of Physic - Trinity College, Dublin.

A COURSE of ten lectures, illustrated by lantern slides, will be delivered in the Anatomical Theatre, Trinity College, commencing Monday, April 14th, 1902, at 4.30 p.m., and continued upon the following Wednesdays, Fridays, and Mondays, at the same hour, on "Diseases of the Rectum," by Charles B. Ball, Regius Professor of Surgery, University of Dublin. The course will be open free to qualified medical practitioners, upon production of their cards. A limited number of fifth year's students will also be admitted by ticket, which may be obtained on application to Professor Mackintosh, Trinity College; Professor Fraser, Royal College of Surgeons; or Professor Birmingham, Catholic University School.

Medical Sickness and Accident Society.

THE usual monthly meeting of the Executive Committee of the Medical Sickness Annuity and Life Assurance Society was held at 429, Strand, London, W.C., on the 26th ult. There were present: Dr. de Havilland Hall, in the chair; Dr. J. B. Ball, Mr. J. Brindley James, Mr. H. P. Symonds, Dr. M. Greenwood, Dr. F. R. Mutch, Mr. F. S. Edwards, Dr. F. S. Palmer, Dr. St. Clair B. Shadwell, and Dr. F. J. Allan. The Committee examined a long list of sickness claims, but they were for the most part of a light nature, and not likely to make any heavy demand on the ample resources

of the Society. A considerable number of new entrants was also reported, and it is gratifying that, notwithstanding the large number of members who necessarily drop out as the age of the Society increases the influx of new members more than fills up the gaps thus caused, and the total number of members grows year by year. As the Society spends no money in advertisement this growth is entirely due to the efforts of the members in bringing the advantages offered to the notice of their medical friends and, combined with the fact that an ever increasing number of members apply to have their sickness benefits increased to the limit allowed, £6 6s. per week, is good evidence that they appreciate the work the Society is doing. Prospectuses and all particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33 Chancery Lane, London, W.C.

A Risky Proceeding.

MR. ANDREW ROSTANT, a Tottenham practitioner, was summoned on the 3rd inst. to answer a charge of sending a man suffering from small pox with the certificate under the Notification of Infectious Diseases Act. The man was diagnosed to be suffering from small-pox, and Mr. Rostant handed him the certificate, telling him to leave it with the medical officer of health on his way home. He went there and sat down in the surgery with a number of other patients. It was elicited in evidence that he afterwards remained a fortnight at home owing to lack of hospital accommodation, a fact which does not say much for the way in which they administer the sanitary laws in the Tottenham district. Ultimately the Bench dismissed the charge, remarking, however, that it was a suitable case for an appeal.

Sudden Deaths.

DR. FRANK ILIFFE, of Derby, was found dead in his bed last week without any previous admonition of ill-health. Dr. Iliffe qualified in 1861. Dr. Bailey, one of the leading practitioners at Crewe, died suddenly in a patient's house last week, having been taken ill in the street. Dr. Bailey was medical officer of health, a town councillor, and a justice of the peace.

Dublin Death-rate.

THE deaths registered in the Dublin registration area for the week ending Saturday, March 29th, 1902, represent an annual rate of mortality of 29.0 in every 1,000 of the population; 53 deaths resulted from disease of the respiratory system; 20 from diseases of the circulatory system.

In 12 instances the cause of death was "uncertified," there having been no medical attendant during the last illness.

Forty-nine infants, 30 of whom were under one year old, died during the week.

Within the city proper the death-rate was as follows in the Clarence Street, Carte Street, and Grand Canal Street districts, 33.1, 39.6, and 35.9 respectively.

Pass Lists.

Society of Apothecaries of London.

THE following candidates passed the Primary Examination, Part I.—April 2nd and 3rd, 1902:—

Biology.—S. F. H. Everill, C. E. Pring.

Chemistry.—S. F. H. Everill, J. C. Fletcher.

Matéria Medica and Pharmacy.—M. S. Jevons, T. Lea, J. G. Lewis, E. H. Price, E. Sergeant.

The following passed the primary examination, part II.:—

Anatomy.—G. H. Almond, A. Bernfeld, E. P. J. Dawes, L. Doudney, A. G. C. Findlay, A. G. Gamble, H. S. Gettings, G. P. K. Grey, C. Homer, L. J. Paterson-Clavier, J. W. Peatt, J. O. Sergeant, F. A. K. Stuart, E. J. C. Thompson, J. A. R. Wells, P. B. Whittington.

Physiology.—A. Bernfeld, L. Doudney, F. C. M. Gabites, H. S. Gettings, J. C. Johnson, J. G. Lewis, G. B. Messenger, L. J. Paterson-Clavier, J. W. Peatt, E. J. C. Thompson, J. A. R. Wells, P. B. Whittington.

Notices to Correspondents, Short Letters, &c.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

A CERTAIN CURE AND PREVENTIVE OF SMALL-POX!

A CORRESPONDENT forwards us the following letter, which was sent to the manager of a large industrial undertaking in London:—

The Flour Mills, Hildersham, Cambs.

Sir,—I beg most respectfully to offer you a splendid recipe for the prevention of small-pox—that dreadful complaint for the sum of 21s., which sum I paid to an old lady in Gloucestershire, three years ago, and who died about two months ago at the old age of 106 years. She was a very clever old woman in such things. She told me it was a positive prevention, and in ninety-nine cases out of a hundred a cure for the same, and that it would prevent me or anyone from catching that dreadful complaint. I may add I am a perfectly honest man, and in good faith I offer you this, thinking that in your position it might be of some use to you. Trusting I shall not give offence in offering you this,

I remain, Sir, yours most respectfully,
J. KEMP.

BATHYBIUS.—In reply to this correspondent in our last issue, D.K. writes that he has a perfectly new galvanic battery by best maker, which he purchased a month ago, but has not used it and has now no need for it, with twenty four dry cells, reverser and regulator. This he is willing to dispose of to *Bathybius* at the reduced price of £1 10s. Particulars of which can be had by addressing D.K., care of publisher.

VARIETIES OF IPECACUANHA.—The following are some of the recent variations received in the popular orthography of this useful domestic remedy:—"Iipquance," "ekyoupekyuana," "impecunia," "epicaquany."—*Chemist and Druggist.*

DR. F. S. W. HOGG.—We regret that we are unable to give you the reference you ask beyond the fact that the article was based on a paragraph in one of our American exchanges.

LORD LISTER.—BORN APRIL 5, 1827.

THE *Daily Chronicle* publishes the following on our illustrious confrere's birthday:—

Whose knowledge claimeth at the helm to stand.—**BROWNING.**
This is the prince of leeches; fever, plague,
Cold rheum and hot podagra, do but look on him.
And quit their grasp upon the tortured sinews. **SCOTT.**
Batting with custom prejudice, disease
As once the son of Zeus with Death and Hell.—**W. E. HENLEY.**
There was none like him in the wide world's throng
To speak of physis and of surgery.—**CHAUCKER.**
The evil is half-cured whose cause we know. **CHURCHILL.**
To thee
Our gratulations flow in streams unbounded.—**HENRY CARR.**

Meetings of the Societies, College Lectures, &c.

LONDON.

WEDNESDAY, APRIL 9TH.

HUNTERIAN SOCIETY (London Institution, Finsbury Circus, E.C.).—8.30 p.m. Clinical Evening.

DERMATOLOGICAL SOCIETY OF LONDON (11, Chandos Street, Cavendish Square, W.).—5.15 p.m. Demonstration of Cases of Interest.

SANITARY INSTITUTE (Parkes Museum, Margaret Street, W.).—8 p.m. Discussion on the Prevention of Malaria. To be opened by Dr. Patrick Manson.

THURSDAY, APRIL 10TH.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, W.).—8.30 p.m. Papers Dr. R. Bowles: The Practical Treatment of Functional Vasomotor Disturbances.—Mr. Raymond Johnson: Some Points in the Treatment of Tuberculous Disease of the Knee.

BRITISH GYNECOLOGICAL SOCIETY (20, Hanover Square, W.).—8 p.m. Dr. H. Macnoughton-Jones: Specimens.—Dr J. Halliday Croome: On the Secondary Aspects of Decidua Malignum.

FRIDAY, APRIL 11TH.

INCORPORATED SOCIETY OF MEDICAL OFFICERS OF HEALTH (9, Adelphi Terrace, W.C.).—7.30 p.m. Discussion on the Tenure of Office of Medical Officers of Health.

LARYNGOLOGICAL SOCIETY OF LONDON (20, Hanover Square, W.).—5 p.m. Cases and Specimens will be shown by Dr. Wyatt Wingrave, Dr. W. H. Kelson, Dr. St. Clair Thomson, Mr. A. H. Cheate, Dr. Lack, and others.

CLINICAL SOCIETY OF LONDON (20, Hanover Square W.).—8.30 p.m. Mr. Thomas Cawardine: Cases illustrating the Mode of Origin of certain Cysts of the Neck.—Dr. J. W. Tyson: Case of Intestinal Obstruction due to Embolism of a Branch of the Superior Mesenteric Artery.—Mr. A. E. Barker: Cerebellar Abscess with Sudden Paralysis of the Respiratory Centres.—Mr. H. L. Barnard: The Simulation of Acute Peritonitis by Pleuro-Pneumonic Disease.

DUBLIN.

FRIDAY, APRIL 11TH.

ROYAL ACADEMY OF MEDICINE IN IRELAND.—Medical Section.—Exhibits: Dr. J. B. Coleman (a) Case of Sporadic Cretinism (b) Case of Bradycardia. Papers: 1. Mr. R. Fobin: Some Medical Aspects of Four consecutive Cases of Perforated Gastric Ulcer successfully operated on. 2. Dr. Parsons: A Case of Ascending Para-

lysis. 3. Dr. O'Carroll. (a) Two Cases of Ascending Paralysis (b) A Case of Cerebro-Spinal Meningitis. 4. Dr. J. B. Coleman: Notes on Some Cases of Nervous Diseases. Royal College of Physicians. 8.30 p.m.

MONDAY, APRIL 14TH.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.—Second Professional Examination.

Appointments.

BOYES, JANE, L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., Medical Officer for the Island of Coll, Argyllshire.

EVANS, ARTHUR, M.S. Lond., F.R.C.S. Eng., Assistant Surgeon to Westminster Hospital.

GREENWOOD, A., M.D. Vict., Medical Officer of Health of Blackburn.

HUNTER, MITCHELL, M.D. Miami Med. Col., L.S.A. Lond., Certifying Surgeon under the Factory Act for the Magherafelt District of the county of Londonderry.

LLOYD, F. S., M.B. Lond., Certifying Surgeon under the Factory Act for the Luton District of Bedfordshire.

MACVIE, A., M.D. Edin., Medical Officer of Health by the Baildon Urban District Council, Yorks.

MCLEAN, J. C., M.B., CM. Edin., Medical Officer of Health by the Doncaster Rural District Council.

MOSSOR, A. G., M.R.C.S., L.R.C.P., L.R.C.S. Irel., Medical Officer of Health by the Newhaven Port Sanitary Authority.

NETTLE, WILLIAM, M.R.C.S., L.S.A., J.P., Medical Officer of Health by the Liskeard Rural District Council.

NICHOLLS, JOHN MICHAEL, L.R.C.P. Lond., M.R.C.S., J.P., Medical Officer of Health, of St. Ives, Cornwall.

PALLETT, T. E., L.S.A. Lond., Certifying Surgeon under the Factory Act for the Earl's Colne District of Essex.

PEARSE, JAMES, M.D., CM. Edin., Medical Officer of Health of Trowbridge, Wilts.

SAUNDERS, LEONARD DOUGLAS, M.R.C.S. Eng., L.R.C.P. Lond., House Surgeon to the Hastings, St. Leonards, and East Sussex Hospital, Hastings.

SHAW, A. H. P., M.R.C.S., L.R.C.P. Lond., Medical Officer of Health of Fritenden.

THOMAS, J. TELFER, L.R.C.P. Lond., M.R.C.S., Medical Officer of Health for Camborne, Cornwall.

Vacancies.

Ballinasloe Union.—Medical Officer for Kiltormer Dispensary District Salary £120 per year, with registration and vaccination fees. Also, a Medical Officer of Health for the Ballinasloe No. 1 Rural District. Salary £15 per year. Immediate application to R. J. Gill, Clerk of Union. (See Advt.)

Newcastle-on-Tyne Dispensary.—Visiting Medical Assistant. Salary £160. Applications to the Honorary Secretary, Joseph Carr, 41, Mosley Street, Newcastle-on-Tyne.

Nottingham General Dispensary.—Assistant Resident Surgeon. Salary £160 per annum; furnished apartments, attendance, light and fuel are found. Applications to Secretary, M. I. Preston, Journal Chambers, Nottingham.

Portsmouth Borough Asylum.—Assistant Medical Officer. Salary £120 per annum, with board, lodging, &c. Applications immediately to the Medical Superintendent.

Rainhill County Asylum, near Liverpool.—Assistant Medical Officer. Salary £150 per annum, with furnished apartments, board, attendance, and washing. Applications to the Medical Superintendent.

Births.

BLYTH.—At Burnford House, Attercliffe Common, Sheffield, the wife of James Blyth, M.B., CM. Edin., of a daughter.

COLEMAN.—On April 3rd, the wife of J. G. B. Coleman, M.R.C.P. Eng., L.R.C.P. Lond., of a son at Sutton Bridge, Wisbech.

ETHERIDGE.—On April 3rd, at Tankerton, Whitstable, the wife of C. E. Etheridge, M.B. Lond., of a daughter.

HOLDEN.—On April 6th, at 168 Castle Hill, Reading, the wife of George Herbert Rose Holden, M.A., M.D. Cantab., of a son.

MACMILLAN.—On March 3rd, at Mossall Lodge, Prestwich, the wife of D. Macmillan, M.D., of a son.

SHAW.—On Easter Day, at 32, New Cavendish Street, Cavendish Square, London, the wife of John Shaw, M.D. Lond., M.R.C.P., of a daughter.

STORRS.—On April 5th at Springfield, Chelmsford, the wife of Kenneth S. Storrs, M.B. Camb., of a son.

Marriages.

COLLINSON-CLARKE.—On April 3rd, at St. Alkmund's Church, Derby. Frederick Wil iam Collinson, M.D., of Preston, to Clara, daughter of the late Thomas Clarke, of Derby.

WALTERS-BATTOCK.—On April 3rd, at Luke's Church, Maidenhead. James Hopkins Walter, M.R.C.S., L.S.A., of Reading, to Hyda Margaret Vowe, younger daughter of George Arthur Battcock, of Ambler House, Maidenhead, Berks.

Deaths.

CHILTON.—On April 2nd, at 14, Cambridge Park, Reginald Horace Chilton, M.R.C.S., L.R.C.P., third son of G. H. D. Chilton, Esq., Under-Sheriff of Bristol, aged 31.

FOX.—On April 2nd, at Brislington House, near Bristol, Esauville Bradley Fox, M.D., son of the late Francis Ker Fox, M.D., aged 49.

HUGHES.—On April 3rd, suddenly, at Dublin, Richard Hughes, M.R.C.S., L.R.C.P., M.D., of Albury, Guildford, late of Brighton, in his 68th year.

PENNY.—On April 3rd, at 6, Nevren Square, London, S.W., Surgeon-General James Champion Penny, M.D. Lond., aged 72.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXIV.

WEDNESDAY, APRIL 16, 1902.

No. 16.

Original Communications.

ON THE LIGATION OF THE EXTERNAL ILIAC ARTERY FOR ILIO- FEMORAL ANEURYSM AND OTHER TUMOURS. (a)

By H. G. CROLY, F.R.C.S.I.,

Surgeon to the Royal City of Dublin Hospital, Past-President of
the Royal College of Surgeons.

I WISH to bring under the notice of this Section of the Royal Academy of Medicine three cases of ligation of the external iliac artery, one performed recently for ilio-femoral aneurysm, the other two to facilitate the removal of malignant growths in the groin and to safeguard the patients from sudden and fatal hæmorrhage. Before detailing the cases, and in order to make the subject of my communication more interesting, instructive and practical, I shall refer as briefly as possible to the surgical anatomy of the external iliac artery with special reference to the relation of its accompanying vein, the surrounding sheath, the position in which the branches are given off, and, in my opinion, the proper site to select for the application of the ligature to the artery.

The external iliac artery takes an oblique course downwards, outwards and forwards, indicated by a line extending from the left of the umbilicus to the centre of Poupart's ligament—its length is from 3½ to 4 ins., it lies on the psoa-iliac aponeurosis, and psoas muscle. The peritoneum covers the artery completely above and on its inner side through the greater part of its course. The ureter, especially at the right side, dips into the pelvis internal to the artery close to its origin. The external iliac vein, at the crural arch, is internal to the artery, and nearly on the same level and separated from the artery by a septum—as the vein ascends it is internal and gradually becomes posterior to the artery, and lies on a plane internal to the pelvis, its outer edge looking somewhat upwards and outwards; still higher the vein gets posterior and lies in the interval between the bifurcation of the common iliac into external and internal iliac. The genito-crural nerve lies to the outer side of the artery, sometimes enveloped in the sheath, and at the lower part of the artery the genital branch passes in front of the artery.

The artery and vein are invested by a cellular membrane—fascia propria or subperitoneal fat, also called Abernethy's fascia—it is joined to the fascia iliaca at either side of the vessels, and I have

demonstrated a process of the sheath or fascia propria passing between the artery and the vein so that the artery can be ligatured without the vein appearing. One or more oblong lymphatic glands are situated close to, or anterior to, the external iliac artery near its termination and where it is crossed by the spermatic vessels, also by the circumflex iliac vein. The artery at the right side has the termination of the ileum and the cæcum in close relation. The external iliac artery gives off no branches of importance until within a quarter or half an inch of its termination. It then gives off from its outer side the anterior or circumflex iliac, and from its internal or anterior surface the deep epigastric artery. It is therefore quite obvious that the lower portion of the artery should never be selected for tying.

Case I.—ILIO-FEMORAL ANEURYSM.—P. K., æt. 42, residing near Dublin, driver of bread cart, served as gunner in the Mounted Train Battery, Royal Artillery, for eight years, during the Egyptian campaign, had syphilis twelve years ago. Cicatrix in left groin where bubo was opened, has been a moderately hard drinker. Except for the illness alluded to he enjoyed good health. Consulted me in April, 1901, for a swelling in his right foot, leg and thigh, which he attributed to jumping up and down off bread cart. He said the swelling commenced in his ankle and gradually went up his leg and thigh to his groin. On examination of the affected limb it was swollen not unlike phlegmasia alba dolens. There was no pitting on pressure. No glandular or other swelling in groin. There was an erysipelatous blush on the front of the leg. He was placed in one of the observation wards; limb elevated; warm boric stupes applied; the swelling gradually disappeared and he was sent to the Convalescent Home, where he remained a fortnight and then feeling quite well he returned home on May 17th, resumed his work on the bread cart, exactly one month from the day I first saw him. The day after he resumed his work he felt a stiffness in his right groin, and as he did not get relief from resting at home he came in to see me on June 3rd. I examined his groin and limb, and found nothing except a slight enlargement in the thigh. He was again admitted into the Convalescent Home, where he remained resting the limb for twelve days. June 17th he came in to consult me, when I at once detected an ilio-femoral aneurysm. At that time all other swelling had left his leg and thigh.

Treatment.—He was placed in a very comfortable bed. Tufnell's diet and iodide of potassium were prescribed and carried out. A flannel bandage was applied from the foot to the knee and an ice-bag was applied to the tumour. Perfect rest and instrumental and digital pressure got a full trial. The tumour, which occupied about the circumference of a small orange, gradually enlarged, pulsated strongly, and there was a very distinct *bruit de souffle* heard

(a) Paper read, and casts and photographs shown, before the Surgical Section of the Royal Academy of Medicine on April 4th, 1902.

over it. The patient carried out all instructions in a most praiseworthy way.

The patient was naturally anxious, as indeed I was, to give the treatment by rest, pressure, diet, and medicine every trial before resorting to operation. The tumour as seen by the cast extended from the pubic spine close to the crest of the ilium, and extended downwards below the origin of the profunda femoris; it could be felt dipping into the pelvis. I was out of town for a holiday during September, and on my return I was pleased to find the tumour much firmer at the circumference, and smaller. The patient's health was excellent. He did not suffer in any way from the long confinement to bed, and at no time did the skin become irritated, as the part was kept constantly shaved and dusted. At one time in October the aneurysm showed signs of being cured, but the pulsation returned as forcibly as ever, and then the patient expressed a strong desire to have the operation performed. I operated on October 31st last year.

I weighed carefully in my mind all the facts of the case—the possibility of the aneurysmal tumour extending into the pelvic cavity, and the artery being diseased high up. The operation known as Abernethy's I never liked; the one modified by Sir A. Cooper I thought unsuitable for the case. I therefore decided to make my incisions in such a way as to give plenty of room to go high on the artery, and if necessary to ligate the common iliac. There is no tendency to hernia, and nothing remains at the site of the aneurysm except a small hard mass, with gland-like feet.

The skin wound was not deepened in the vicinity of the internal abdominal ring, and the deep epigastric therefore was not endangered. The fascia transversalis was opened to the outer side of the "deep ring"; the internal oblique and transversalis were separated low down; the cæcum and small intestine were drawn up by means of a broad spatula made specially for Professor Hargrave's case of ligation of common iliac (at which I was his chief assistant). When the intestines in the unwounded peritoneum were drawn well up I saw the aneurysmal sac dipping into the pelvis. The whole length of the external iliac artery enclosed in its sheath was exposed, not a drop of blood was seen, and the parts looked so like an operation on the dead body that I said so at the moment (on looking into the various papers since my operation I find that Sir Philip Crampton made a similar remark at his operation on the external iliac).

The external iliac in its strong sheath *did not pulsate*. I placed my finger on the vessel and felt its pulsation. I raised portions of the sheath with a fine pointed forceps, and cleared with a small scalpel a sufficient space to allow a long-handled aneurysm needle to pass round the artery from within outwards. The *vein was not seen* and no nerve came into view. The needle was threaded with ox peritoneum (gold beater's skin) the loop being held, the needle was withdrawn, the loop divided leaving a double ligature under the vessel, the ligature on the cardiac side was tied first by first half of reef knot; the artery which was very large, but *normally soft*, grooved like a director as I approximated by *Scarpa's method* the internal coats of the artery; the second ligature was then tied in a similar way, then the two ends from each side, treated as a single ligature, were tied, thus completing the stay-knot of Ballance and Edmunds. When the first knot was tied all pulsation in the aneurysm ceased and never returned. The tumour, though silent, did not alter in size, showing that there was a very considerable amount of fibrin deposited in the sac, the result of pressure and rest.

The patient bore the operation well, and for about four hours after his removal to bed he complained of a numb sensation in his foot. That passed off, and he never complained of any discomfort afterwards.

Ureter peels off with the peritoneum.

The patient made an uninterrupted recovery, and is at present in the enjoyment of perfect health. Through the courtesy of Dr. White, curator of the museum, three casts were taken by the museum porter. The first shows the size and extent of the aneurysm, the second shows the change after operation, the third shows the present condition of the limb. When the trunk of the external iliac artery is ligated the limb is abundantly supplied with blood by the branches of the internal iliac which leave the pelvis. The gluteal transmits blood to the femoral artery through the internal and external circumflex branches of the latter.

The sciatic transmits blood to the femoral artery by the internal circumflex and perforating arteries, and to the popliteal through the cava nervi ischiatici. The obturator supplies the femoral through the branches which communicate with the internal circumflex, and the pudic artery supplies the femoral by its communication with the pudic branches of the latter.

Examination of limbs where the cases ended fatally the portion of the femoral artery below the origin of the profunda was found to be normal. The portion between the ligature and origin of the profunda was normal or reduced to one-half its size. Case of Sir Astley Cooper.

The case just detailed of spontaneous ilio-femoral aneurysm is full of interest, and the highly satisfactory termination is, in my opinion, in no small degree attributable to the preparatory course to which the patient was subjected, namely, perfect rest, Tufnell's diet, digital and instrumental pressure, which gave time for fibrinous deposition in the very large sac and the establishment of a free collateral circulation.

Mr. Charles H. Todd, one of the surgeons to the Richmond Surgical Hospital, reported cases of popliteal aneurysm in which operations were performed in the "Dublin Hospital Reports," vol. iii., 1820. The tumour was so much under the control of pressure on the inguinal portion of the artery that I was not altogether without hope that by *diminishing* the current of blood in the trunk of the artery so as to favour the coagulation of the contents of the sac a cure *without operation* might be effected; at all events it was obvious that by giving time to the collateral arteries to be dilated the success of the operation would be rendered less uncertain.

A preparatory course recommended previously to operating for aneurysm.

The cases of popliteal aneurysm (says Todd) are chiefly related with a view of recommending a more general adoption than is at present practised of a preparatory course previously to operation.

I can scarcely doubt but that in many cases of aneurysm in which operations have failed from mortification of the limbs succeeding, the patient might have been saved by a delay sufficient to allow some progress to be made in establishing the collateral circulation, and I feel confident that this desirable object may be promoted in most instances of recent disease situated at a sufficient distance from the trunk by compressing the principal artery of the limb for a few hours every day for a period which must vary according to the circumstances of the case.

CASES OF LIGATION OF THE EXTERNAL ILIAC ARTERY AS A PRELIMINARY TO REMOVAL OF MALIGNANT GROWTHS FROM THE GROIN.

Case I.—A young man employed in a butcher's

shop in Baggot Street came under my care suffering from a melanotic sarcoma in the groin. I laid bare the external iliac artery by Sir Astley Cooper's incision, ligatured the external iliac and deep epigastric, finding the femoral artery in the centre of the growth. I tied that artery also below the profunda and removed the entire growth. The circulation in the limb was thoroughly established. The patient developed melanotic growths over his abdomen and chest, and died from exhaustion in some months.

Case II.—A young man was admitted into hospital last year under my care suffering from a large watery ulcer of cicatrix on his leg. I removed the limb above the knee and the stump healed. In a short time the glands in the vicinity of the saphenous opening became enlarged and were excised, a large growth soon followed. I ligated the external iliac artery, and cleared all the growth from the groin and pelvis. A fresh growth was rapidly developed at the opposite side. The patient was admitted into the Royal Hospital for Incurables, where he died a few months since from exhaustion.

The following truly sad case led me to decide on ligating the external iliac in malignant growths in the groin:—

A young clergyman from the country consulted me some years ago for an ulcer on the prepuce, which I at once pronounced to be malignant; the growth was removed and the part healed satisfactorily. The patient returned home and resumed his duties; in a few months he returned to town with a glandular enlargement in his groin. I removed the glands; the wound healed and the patient returned again to his duties. In a few months he returned to consult me and I was horrified to see a huge mass of cancer occupying the groin and dipping into the pelvis. I advised the unfortunate sufferer against any further operative interference. This opinion was confirmed in consultation with a late distinguished senior member of the profession.

The patient remained near town, where I saw him occasionally. Small bleedings occurred from time to time. One day I was sent for in great haste, and when I got to the house I found the patient dead; sudden arterial hæmorrhage flooded the bed.

I at once made up my mind if I met such cases again to ligate the main artery on the same principle as I adopt in tongue cancer of cutting off the main blood supply and prevent sudden death from hæmorrhage.

HISTORY OF THE OPERATIONS ON THE EXTERNAL ILIAC ARTERY.

Mr. Abernethy is said to have been the first surgeon who tied this artery (in the year 1796) for femoral aneurysm. He had previously tied the femoral on the distal side of the aneurysm (Brasdon). Severe secondary hæmorrhage set in on the fifteenth day. He made an incision over the course of the artery. He experienced much difficulty until the fascia (? sheath) which covered the artery and vein was opened. In his second case he made his incision not over but a little external to the artery. Both cases ended fatally. In 1806 Abernethy had a successful case. Mr. Abernethy's operation was condemned at the time as a rash and useless operation, whilst some disbelieved that it was ever put into execution. Mr. Abernethy's cases showed that it was an operation highly justifiable, and he afterwards had the gratification of seeing it successfully practised.

Freer, of Birmingham, performed the operation in 1806; Tomlinson in 1807 and 1809; in 1811 Kirby, of Dublin, had a successful case. He is said to have experienced the same difficulty from the subperitoneal fascia as Abernethy. Sir Astley Cooper, in 1814, had seven cases; four were successful, three died.

The external iliac artery has been tied in Dublin by Todd, Wilmot, William Henry Porter, Houston and Bellingham.

Dupuytren lost his case by wounding the epigastric artery, Bécларd by tying immediately below its origin.

Travers' well-known case was lost in consequence of the ligature having been placed on the artery between the epigastric and circumflex ilii. In 1810 the external iliac was tied for the first time in France by Delaporte, of Brest. The patient died. Goodlad had a successful case in 1811, and Dorsey, of Philadelphia, another in the same year. In 1812, Bouchet, of Lyons, operated with success. The same year, Albert's case died of tetanus. Mr. Norman and Mr. Brodie had each a successful case in 1813, and Lawrence in 1814. Mr. Samuel Cooper states that out of twenty-five cases gangrene occurred in three—one of Sir A. Cooper's, second Bouchut of Lyons, the third Mr. Collier's. Arendt tied both external iliacs in succession, with an interval of eight days only between the operations, and was successful.

Erichsen disposes of the subject of ligation of external iliac in a few words—gives no history of the operation, and only performed it once; the patient died of secondary hæmorrhage on the same day.

In regard to the obliteration of the iliac artery, certain facts were known at an early period of the last century. Gualtair and Scarpa's injections clearly established that although a ligature had been previously placed on the external iliac artery, the coloured fluid passed freely into the arteries of the thigh and leg.

Cases in which the external iliac may require to be ligated:—

1. Aneurysm of the femoral or popliteal artery.
2. Ilio-femoral aneurysm.
3. Wound of the artery (as in Velpeau's case).
4. Secondary hæmorrhage in compound fracture.
5. To facilitate the removal of tumours in groin,
6. And avoid sudden death from hæmorrhage.

Velpeau records a case of a young man, æt. 17, who inadvertently stabbed himself in the groin while cleaning a table, opening the external iliac artery transversely immediately above the epigastric. The artery was tied and the patient recovered.

The following are the principal dangers in performing ligation of the external iliac artery:—

- (1) Puncturing the peritoneum in the extra-peritoneal (Sir A. Cooper's method); (2) wounding the epigastric artery; (3) wounding the spermatic cord; (4) wound of circumflex iliac vein.

Chief dangers after operation:—

- (1) Secondary hæmorrhage (especially if the operation is done low down on the artery); (2) gangrene; (3) peritonitis.

TWO CASES OF LIGATURE OF THE LEFT CAROTID

FOR

ANEURYSM OF THE ARCH OF THE AORTA. (a)

By CHRISTOPHER HEATH, F.R.C.S.,
Consulting Surgeon to University College Hospital, &c.

THE following are the notes of the sixth and seventh cases in which I have tied the left carotid for aneurysm of the arch of the aorta.

Martha Fogarty, æt. 61, following the occupation of a monthly nurse, came under the observation of Dr. Robinson at the Mile End Infirmary in July, 1890.

(a) Read before Royal Medical and Chirurgical Society, February 11th, 1902.

Since her husband's death she had supported herself by monthly nursing and the letting of lodgings, and never undertook anything like hard work. Three years before she experienced pain in her right shoulder, which was shortly afterwards followed by the discovery of a pulsating swelling above the right clavicle. She thereupon went to the London Hospital and remained there three weeks. It was then proposed to perform some operation for her relief, but this she declined and took her discharge.

In December, 1889, when nursing a lying-in case, she noticed that the act of coughing caused her great pain in the supra-clavicular region, and about the same period her voice became cracked. Soon after Christmas of 1889 she could not lie comfortably on her back, and when she did so experienced a feeling of impending suffocation.

In July, 1890, she was admitted to the Mile End Infirmary, when Dr. Robinson noted a marked pulsation in the supra-sternal notch. She was kept closely in bed, and iodide of potassium was administered in full doses for many weeks, but no alteration in the pulsation resulted. She suffered a good deal from cough, and complained of constant pain in the neighbourhood of the pulsation, and this was much intensified during the act of coughing. Over the pulsation a marked bruit was audible, a similarly well-marked systolic bruit being heard at the apex-beat. The pulses in the wrists were equal in volume and regular, 92. There were no signs of arterial degeneration in the superficial vessels anywhere. Her invariable position in bed was a sitting one, with the knees drawn up and her head resting on them. On the slightest inclination backwards there was an increase of the dyspnoea, and inspiration was accompanied by stridor.

The patient was small and of spare build. Her hair was turning grey, and the arcus senilis was well marked. Her complexion was sallow. There was no local oedema. After the treatment by rest and the iodide had been pursued for some weeks without any improvement in the patient's condition, the advisability of submitting to an operation was placed before her by Dr. Robinson, and she consented to it. Accordingly Mr. Heath applied a carbolised silk ligature to the left carotid, above the omo-hyoid, on November 16th, 1890, no anæsthetic being employed. On the evening of the operation the temperature of the left side of the face was 82°, that of the right side being 94°. The pulse in the left radial was noticed to have diminished in volume considerably. The patient at this time complained of a throbbing pain in the neighbourhood of the incision, and also of dysphagia. The pain in her right shoulder she declared to be gone.

On November 19th (third day) it was noted that respiration, which had been distinctly noisy, particularly inspiration, was now unaccompanied by the least noise. The patient was much better, able to recline against her pillows and indulge in sleep, and declared herself quite comfortable. The pupils were noted to be equal and active.

On November 22nd she was able to sleep for seven hours, a thing she had long been a stranger to. The wound healed by first intention, and her progress was uneventful until January 3rd, 1891, when she complained of some return of the pain in the right shoulder and in the interscapular region. She had occasional attacks of epistaxis about this time without obvious cause, and some cough of a laryngeal character persisted. In February, 1891, the pulsating tumour above the sternum, though still visible, was thought to have contracted, and the patient was able to lie and sleep in any position without discomfort. On April 3rd (five months after the operation) she complained of some return of dysphagia. In June, as she complained of some recurrence of pain in the right shoulder, and the pulse was full and hard, Dr. Robinson ordered her tablets of nitroglycerine, under which the pain subsided. She continued to improve, and was discharged from the infirmary at her own request on August 8th, 1891.

This patient was admitted to the London Hospital under Dr. Gilbert-Smith on September 3rd, 1891, when a pulsating tumour existed at the inner edge of the

right clavicle, and could be just felt about it. About the middle of November she began to complain of great pain shooting through the sternum and between the shoulders, and died suddenly on November 29th, 1891, more than a year after the operation.

For the following abstract of a case of aneurysm under the care of Dr. Roberts, I am indebted to Mr. Bucknall, late Surgical Registrar of University College Hospital.

James Smith, *et. 36*, a labourer, was admitted November 4th, 1898, complaining of "pain in the chest." From boyhood till the age of twenty-six he served as a hand on a fishing-smack. Since then he has worked as a rough labourer, doing heavy lifting. For seventeen years he has served his time in the Militia Artillery, "lifting guns." Was in bed with rheumatism for seventeen weeks at the age of twenty-two. Had some swellings in the groins once, but no syphilis. Often drunk, and smoked half an ounce of shag daily.

Family History.—Father died of consumption, *et. 28*.

Present Illness.—Began in April, 1898, with pain behind the sternum, which came on when he ceased working, and lasted till he settled to work again, and "warmed to his work."

In September the pain became worse, and spread over the right upper chest to the scapula, and ran down the right arm as far as the internal condyle. He had to give up work and go to bed for four days. The pain continued to get worse, and was least felt whilst doing manual labour. During October, 1898, he had a cough.

State on Admission.—November 5th.—Patient presented all the signs of an aneurysm projecting forwards in the first and second right intercostal space. The first and second right spaces were bulged, and dull on percussion for a distance of one inch from the sternal margin, and pulsation of an expansile character could be seen and felt here, and in the episternal notch and right supraclavicular fossa. The inner ends of both clavicles were projected forwards by the swelling, especially the right, and each beat of the pulse threw them further forward, and caused a heaving of the upper part of the chest. Some dilated veins lay over the front of the chest, and the jugulars were also distended.

Patient had a frequent brassy cough, and the voice was harsh; but the laryngoscope showed that both cords moved equally. There was marked "tracheal tugging," the right pupil was larger than the left (slightly), and the right radial pulse might have been a shade earlier than the left; it was certainly much larger in volume. The pulse was regular, 68 to the minute, high tension, large, collapsing rapidly during diastole in a manner typical of aortic regurgitation. Heart apex-beat heaving in fifth space, in the nipple line.

On auscultation a blowing systolic murmur could be heard over the aneurysm; the second sound could be clearly heard in the second right interspace, and along the left border of the sternum a murmur could be heard following the second sound, and running through the whole period of diastole. A blowing systolic murmur could be heard at the apex. The lungs were examined, and found healthy.

Notes before Operation.—During November and December, 1898, and the first half of January, 1899, patient had severe attacks of pain in the shoulders, back, and side of the neck, and face. The aneurysm at first became smaller, but during January it increased in size, and definite swelling and pulsation appeared beneath the pectoral just below the right clavicle. During this period patient's temperature remained normal. On January 18th patient was transferred for operation.

Operation (January 18th, 1899).—The left common carotid was ligatured with carbolised silk opposite the cricoid, eucaïne *B* being used as a local anæsthetic. There were no succeeding nervous symptoms. On January 19th and 20th the patient slept badly, owing to pain in the region of the aneurysm. On the 20th the pulsation in the aneurysm was distinctly less marked, and daily improvement was noted until February 1st, when he returned to the medical ward with the operation wound healed. The pulsation was now much less distinct and forcible, and patient was free from pain and had slept well since January 20th. His cough was less

frequent, and less brassy in character. On February 16th patient complained of pain in the chest and cough, and on listening to the chest râles and rhonchi could be heard scattered over both lungs. On February 17th his temperature shot up to 103°, and from this date till the day of his death (March 21st) he had constant remittent fever varying between 100° and 104°, usually about 102°, with daily remissions of two to three degrees. The lungs showed all the signs of rapid and widespread tuberculous infiltration and consolidation, and later cavity formation at the apices was evident. The patient grew thinner and weaker daily, and expectorated copious purulent sputa containing tubercle bacilli. He sank and died on March 21st, having been ill a little over a month. The aneurysm gave rise to no symptoms during this time, and was daily less evident.

The post-mortem specimens from patients on whom I tied the left carotid for aortic aneurysm are four in number.

1. The patient was a labourer who had had a pulsating swelling in the neck for nearly a year, and was under the late Dr. Cockle when I tied his left carotid with catgut in February, 1872. "The symptoms due to the pressure of the aneurysm at once abated." When seen in March, 1873, he was in a very satisfactory condition, but in June, 1875, after resuming his laborious occupation of hedging and ditching, a pulsating tumour much larger than before the operation projected above the sternum. The aneurysm burst externally in September, 1876. (See "Clin. Soc. Trans.," vol. v., p. 183, and vol. x., p. 96.)

"The arch of the aorta is generally dilated; upon the anterior surface of its ascending portion is an oval opening, about an inch and a half in diameter, which communicates with a large sacculated aneurysm. The aneurysm projects forwards, and ascends in the neck beneath the sterno-hyoid and thyroid muscles as high as the cricoid cartilage, where there is a large opening, at which it had burst through the skin. The transverse portion of the arch is compressed by the sac, and the left brachio-cephalic vein is obliterated. The posterior surface of the sternum is eroded and forms part of the wall of the aneurysm, which had also compressed the left lung. The left carotid artery is obliterated and contracted at a point half-an-inch below the cricoid cartilage, where a ligature has been applied; it contains a fibrinous coagulum only adherent at the seat of ligature. There is no evidence that the internal coats of the artery were divided by the ligature" (College of Surgeons Museum, 3167).

With regard to this last statement, I may mention that the catgut broke in tying, and that I then doubled it and tied the artery as firmly as I dared. The drawing given by Messrs. Ballance and Edmunds ("Ligation in Continuity," p. 193) of this preparation is in my opinion incorrect. It will be noticed that the sac contains no clot, for the reason that the examination took place three days after death in very hot weather, and in the country, and the decomposed condition of the clot necessitated the washing of it away. This was most unfortunate, as it has led to the idea that no coagulum had formed as a result of the operation, whereas a large amount of clot had formed, and had led to the apparent cure of the aneurysm until the patient resumed his labour, when it again grew and burst externally, four and a half years after the ligature was applied.

Specimen 2, from a man, æt. 38, whose case is reported in the Clinical Society's "Transactions" for 1891, by Dr. H. E. Harris, under whose care the patient was in the St. George's-in-the-East Infirmary. I tied the left carotid on March 8th, 1890. For a fortnight the aneurysm appeared to decrease in size, but the patient was more distressed with dyspnoea and cough. After that date it again increased in every direction and became more prominent, and the patient died suddenly on May 12th, two months after the operation.

The aneurysm springs from the upper and anterior part of the transverse portion of the arch, with which the sac communicated by a rounded opening of 1½ inch diameter. The opening is entirely to the proximal side of the great vessels, and the sac projects upwards and to

the left, its summit being 1½ inch above the sternal notch. The sac is entirely filled with clot, of which the outer layer, from three-quarters to one inch in thickness, is composed of decolourised fibrin, while the central portion is made up of ordinary red coagulum. From the orifice of the aneurysm ante-mortem clots extend in a radiate fashion into the aorta, and into the innominate and left subclavian arteries, in which they tail off to threads. This clot, after being subjected to the action of weak spirit, was smooth, well-defined, of considerable consistence, and separated like a membrane from the body of the clot. A section of the main clot showed it to be fleshy, and slight pressure caused it to split up into laminae. Just above the aortic opening the clot was distinctly adherent over a surface nearly an inch in length to the concavity of the arch, which was extensively calcareous.

A ligature had been applied to the left carotid five-eighths of an inch below the bifurcation of the artery, at which point the vessel is interrupted for about half-an-inch by a mass of fibrous tissue. Above, the artery is completely filled by an organised but still coloured clot. Below, a completely decolourised clot extends along and is firmly adherent to the posterior wall of the vessel; this clot ceases 1½ inch above the commencement of the artery, with the exception of an exceedingly fine filament, which is continuous with the clot in the aneurysm. The remains of a ligature may be observed embedded in the fibrous tissue, which has also entangled the pneumogastric nerve (College of Surgeons Museum, 3167A).

Specimen 3 was from Dr. Robinson's patient.

The first part of the arch of the aorta is uniformly dilated. From the right superior aspect of the transverse arch, in front of the innominate artery, which is dilated and involved, springs an aneurysmal sac of the size of a small orange, with an opening into the aorta of the size of half-a-crown. The sac was adherent to the trachea, and is almost completely filled with laminated clot. The left carotid is filled with firm adherent clot, and higher up is obliterated by a ligature, which has disappeared. The clot in the left carotid does not extend into the aorta. The aorta was extensively diseased (University College Museum, 1233).

Specimen 4 was from Dr. Roberts's patient. There are two aneurysmal sacs, a large one springing from the ascending aorta, and a smaller one arising from the back of the innominate artery. Both contained laminated clot. The aortic aneurysm forms a tumour as large as a clenched male fist, lying to the right of the extra-pericardial ascending aorta, and communicating with its lumen by an orifice the size of a florin. This pierced the antero-external wall of the vessel about midway between the pericardium and the origin of the innominate. The fibrous tissue forming the wall of the aneurysm extended around the vena cava and the origin of the innominate, and to the jugular vein. The manubrium sterni and ribs are adherent to the sac. On opening the aneurysmal sac it was found to be filled with clot, the central part soft and rather fluid, the main mass distinctly laminated. The most peripheral portion was decolourised.

The innominate aneurysm forms a tumour as large as a hen's egg arising from the artery a quarter of an inch from its bifurcation. It lay behind and to the left of the larger aneurysm, to which it adhered, being in close contact with, and adherent to, the trachea on the inner side. It contained laminated clot, and communicated with the larger sac by its lower end. The left carotid is obliterated an inch below the bifurcation and converted into a fibrous cord half-an-inch long. Below that there is solid clot filling the vessel to within half-an-inch of the aorta close to the larger sac. The aorta is extensively diseased. The lungs were universally adherent and solid with tubercles, which had broken down beneath the apex of both upper lobes, leaving a ragged cavity the size of a small hen's egg in each (University College Museum, 1234).

That the application of a ligature to the left carotid has an effect upon an aneurysm of the transverse portion of the arch of the aorta is, I think, sufficiently shown by the cases just read. In the woman it is

noted that on the third day after the operation the respiration, which had been distinctly noisy, had become quiet, and the patient was able to recline against her pillows. On the sixth day she was able to sleep for seven hours consecutively. In the man on the third day the pulsation of the aneurysm was distinctly less marked. But the relief in my first case (Dr. Cockle's patient) was most marked, for I brought him before the Clinical Society more than a year after the operation, when it was recorded that "the patient is in perfect health, and feels no inconvenience from his chest. He sleeps well, and can lie on either side equally well. The right chest wall in front is quite restored to its natural shape, or if anything is a little flatter now than its fellow. On palpation, the heaving impulse formerly existing over the right anterior chest wall is almost entirely gone. On percussion, the right anterior chest wall, formerly so dull, has, to a considerable extent, recovered its normal condition." (Clin. Soc. "Trans.," vol. vi. 1873).

The preparation from this patient shows no clot, for the reason I have already given, but the other three preparations show thick laminated clot in each sac, and in the last case (Dr. Roberts's) the second or innominate aneurysm was also full of clot.

Various theories have been advanced to account for the formation of laminated clot in these cases. The simplest was that it depended upon the enforced rest in bed following the operation; but the fact is that in every case the effect of prolonged rest in bed had been tried for many weeks without the slightest benefit. Next it was suggested that the clot, beginning at the point of ligature, spread down into the aneurysm, and thus led to the formation of a coagulum in the sac. This is contrary to fact, as shown in the preparations before you, for in no single case was the left carotid involved in the sac, and it is noted that the small thread-like clot, which, in some instances, spread down the carotid, in one case only extended into the aorta, and joined that in the aneurysm. I maintain the view which I have always held about these cases, viz., that the distal ligature affects the current of blood in the aneurysm, probably by retarding it, and thus causes it to flow around the sac instead of directly through or past it, and in this way leads to the deposit of laminated fibrin on the probably roughened wall of the sac.

When this normal cure of the aneurysm has gone on for some time, there is no doubt a tendency for the small remaining cavity to become blocked with soft coagulum, and this is probably a critical moment for the patient, and may account for the sudden deaths which have occurred at considerable periods after the operation. An aneurysm which is semi- or completely solid must necessarily exercise much greater pressure on its surroundings than one which only contains fluid blood, whilst the sudden arrest of a stream of blood through a sac so near the heart would be likely to interfere with its action and lead to syncope.

THE INFLUENCE OF SOME OF THE COMMONER DRUGS UPON THE GASTRIC FUNCTIONS. (a)

By BOARDMAN REED, M.D.,
Of Philadelphia.

THE following observations were made in my laboratory on five persons employed in an office building in Philadelphia during February, March and April, 1901. None of them complained of their stomachs. They were not invalids or under medical treatment, though some of them realised that they were not in robust health. In every case the stomach contents were extracted by a Kuttner rubber bulb, one hour after an Ewald test breakfast, with one exception, when the time was fifty minutes. The con-

tents were filtered before being examined. No attempt was made to empty the stomach completely, since to do this adds needlessly to the discomfort of the procedure and does not add any important reliable information. The motor power of the stomach can be measured much more accurately and conveniently by other means. All the persons thus experimented upon had been eating ordinary diet, and were directed to continue with the same food and under like conditions otherwise during each period of observation.

It is first of all noteworthy, that of these five average persons, all engaged actively in earning a livelihood and none of them complaining of any stomach symptoms, only two, Cases 1 and 2, had an approximately normal gastric secretion and peptonising power. Case 4 showed some sourness from fermentation and far too low a figure for the combined HCl, which is a fairly accurate measure of peptonisation. Other tests pointed to deficient motility in this case. The total acidity percentage of HCl was, however, about normal. The two others had less than the normal amount of HCl; indeed, a marked deficiency of it.

The tincture of nux vomica was chosen for the first test, since it is one of the most active and bitter, as well as one of the most commonly administered, of all our so-called stomachic and general tonics. The results might at first be considered rather contradictory, since in two cases the use of the remedy before meals for five days produced a lessened secretion, while in the other three there was a decided increase. This outcome is especially interesting for the reason that the depressing effect took place in the two persons whose gastric juice was practically normal, persons, therefore, who did not need medicine for their stomachs; and the stimulating effect occurred in the three who exhibited manifest gastric faults, one of them a somewhat impaired motor power, and the two others a marked lack of HCl. Five cases are too few of course, to warrant any sweeping inferences, but there has been an abundance of clinical observations which show that any organ which is functioning healthfully already, is likely to be injured by drug stimulation.

The next test, to ascertain the effect on the gastric glands of administering HCl regularly for a time, yielded remarkably striking results, which being in complete harmony with clinical observations reported of late from various parts of the world, must be accepted as conclusive.

Every one of the five persons who took 10-drop doses of dilute HCl in water after meals for a period of five to six days, experienced a very positive stimulant action upon the glands whose function it is to secrete HCl, and the two virtually normal stomachs whose glandular apparatus was depressed by the nux vomica, not only regained what had thus been lost, but had their secretion carried to a higher level than before; higher, indeed, than normal. In one of these the HCl reached a point which may be considered hyperchlorhydria. And this resulted in the short period of five days from doses of dilute HCl, which many writers regard as altogether too small to be effective.

But the mistake has frequently been made of overlooking the exceedingly important fact, that this remedy, besides its occasional palliative action when given in very large doses, by aiding a deficient gastric juice directly in the work of peptonising proteids in the stomach, in the presence of a sufficient amount of pepsin or propepsin, possesses also the property of exerting positive stimulant action upon the glands by which HCl is secreted.

It is generally conceded that the administration of HCl as a medicine tends gradually to increase the secretion of the same acid by the stomach. In some

(a) Abstract of paper read at the Annual Meeting of the American Medical Association.

of my cases in which there was an almost entire absence of such secretion, the administration of dilute HCl in doses of five to ten minims after meals for long periods, as three to six months continuously, has been followed at last by a restoration of the secretion to the normal amount. The fact that small doses of HCl, in conjunction with other appropriate treatment, may produce this restorative effect in many cases—probably in most cases in which atrophy of the glands has not developed—may be considered as fully established. It has been also proved that even small doses of HCl may set up hyperchlorhydria in normal stomachs, or aggravate it when that condition already exists.

Three of the persons experimented upon took five grains of scale pepsin for periods of from seven to seventeen days, their stomachs being least normal. These tests of pepsin were made about a month after finishing with the other ones, though in one case the person finding HCl so beneficial, had taken a dose or two nearly every day during the interval, and another had taken it with an approach to regularity during the same time. One had taken no HCl for fully three weeks when she began the use of the pepsin after meals. None of the three took any HCl during the experiment with pepsin. Without these explanations one might infer, from the results shown in the tables above, that an active preparation of pepsin, so far from exerting any restorative influence, tends to produce a lowering effect upon the gastric secretion, and possibly it may in some cases. But it will be noticed that in the trial upon the person who took no HCl for several weeks before the pepsin test, there was virtually no change in the amount of the HCl secretion and digestive work done before and just after the week during which pepsin was administered. In the other two cases the falling off in the secretion of HCl and in digestive work during the period that pepsin was administered and HCl not administered, may, therefore, no doubt, be properly attributed to the withdrawal of the acid, which we now know to be our most active gastric stimulant.

It is a fair inference from these experiments that pepsin given as a digestant, though known from a large number of clinical observations to be a helpful palliative under certain conditions, does not, at least, like numerous other glandular products of the body, tend to augment the natural secretion of the same by its prolonged use.

An additional series of experiments was carried out in April, 1901. In each of five different persons, three of whom had a deficient secretion of HCl at the time, the following experiments were made, and in the case of one of them the same were repeated a week later: Small cubes of coagulated egg albumen of the same size were prepared and one of these introduced into each of four test tubes with 3 c.c. of the filtered stomach contents taken up one hour after an Ewald breakfast. Nothing further was put into tube 1; to tube 2 two grains of scale pepsin were added; to tube 3 one drop of dilute HCl, and to tube 4 both pepsin and HCl were added. All the tubes were then placed in an incubator and the temperature kept as nearly as possible at 38° C. The results of these tests need not be reported here in detail, yet a summary of them may be instructive.

In two only of the six tubes to which pepsin was added was there shown any more rapid solution of the egg than where the chyme alone was allowed to act. The analysis in one of these two cases previously made had shown somewhat more than the normal proportion of HCl—free HCl, .094; combined, .080—and the other revealed a marked deficiency.

In the other five experiments, while in every case except one there was free HCl present though deficient in amount, there resulted a distinct retarda-

tion of the digestive process in all the tubes in which pepsin alone was added to the mixture of chyme and egg.

The addition of HCl alone produced a doubtful result in one case, *i.e.*, there was no appreciable difference between the amount of digestion in the tube with only the stomach contents and that in which HCl was added. In three of the cases it helped more or less, though in one only slightly. In the case of one person with whose chyme the test was made twice at an interval of one week, the result was each time a positive retardation of the digestive process. The analysis of a portion of the same chyme showed the first time T.A. 50, with free HCl .065, and the second time T.A. 46 and free HCl .065, combined HCl .058—certainly not an excess of secretion.

The addition of both the HCl and scale pepsin produced a more rapid solution of the egg in each of the six trials. Test-tube experiments in digestion have, of course much less value than when the remedies are administered to living persons. Many of us have been led to consider pepsin especially a very mild and safe remedy, which is not likely to do harm even if it can do no good. Acting on this principle, I recently prescribed moderate doses of pepsin for a very delicate lady who would not permit a test of her stomach contents to be made, and the result was a severe aggravation of her symptoms. She then informed me that she had once before experienced a similar result from the same medicine.

The increased digestive power exhibited by all the six specimens of stomach contents when pepsin and HCl were both added, even in persons the action of whose gastric juice was notably retarded by either drug alone, is curious and most interesting. It shows the folly of dogmatizing too positively as to just what part any particular element of a secretion plays in the observed effect, and the wisdom of humbly endeavouring to imitate Nature as nearly as possible in concocting remedies to supply a deficiency in the work of any organ. It is very likely that if we should combine pepsine, HCl and rennin with water and other minor ingredients of the gastric juice in the proportions usually found in the human stomach, we should obtain a remedy of much greater effectiveness than any now in use for weak digestion.

The results of the foregoing experiments would seem to point toward the following conclusions:—

1. Perfectly normal stomachs are probably in the minority in large cities, especially among persons employed indoors.
2. In stomachs which are normal or approximately so, the digestion may be injured by a simple bitter tonic, taken even for a short time.
3. Quite moderate doses of HCl administered as a medicine may prove effective in hypochlorhydria, but are likely to do harm to normal stomachs and certain to aggravate hyperchlorhydria.
4. Pepsin rarely produces any good result when given alone, even to persons with weak digestive power, and often then retards the digestion of albuminoids.
5. Pepsin and HCl given together much more frequently do good than either administered singly.

An Anti-Vaccinationist Guardian to Resign.

The Birmingham Board of Guardians have, by formal resolution, called upon one of their number to resign in consequence of the support given by that member to persons who had been summoned for non-compliance with the law. It is obviously absurd that a member of the very body which is entrusted with the task of carrying out the law should lend his personal support to endeavours to stultify that law, and the action of the Birmingham Board of Guardians has our hearty approval.

Clinical Records.

TUMOUR OF THE SUPERIOR MAXILLA.

By CHAS. F. FORSHAW, L.D.S.,

Hon. Dental Surgeon to the Bradford Boys' Orphanage, the Deaf and Dumb Institution, and the Women's Home and Shelter; Member of the Royal Society, Dublin.

Miss B. D., *et. 27*, a lady of healthy appearance, came to me some twelve months ago to ask my advice as to what should be done with respect to a swelling on the left upper jaw, which was about the size of a pigeon's egg, and which first made its appearance some twelve months prior to her visit to me. The tumour gave to the face an ugly asymmetry. Its situation upon the jaw was eight lines from the alveolar margin. It was slightly lobulated, sessile, and gave to the finger a sense of slight pulsation. Its origin could not be directly traced to the periodontal membrane lining the alveolus in connection with any decayed teeth. In general appearance the enlargement suggested gumma, epulis of an unusual form, or epithelioma. She had been treated with pot. iodid. without benefit, and there was no history or symptoms pointing to a specific origin. There were no glandular enlargements at the angle of the jaw or about the triangles of the neck. The growth appeared to spring from the labial surface of the alveolar process. Its growth had been very rapid for the last three months, and was quite unaccompanied by any form of ulceration, nor was there any pain.

Miss D. had worn a partial upper vulcanite denture for some years, which was displaced so much as to show some of the natural teeth in both the superior and inferior maxilla, owing to her being unable to quite close the mouth on account of the protuberance of the tumour. In January of last year the patient having been prepared, chloroform was administered by means of Junkers' inhaler, Mason's gag was inserted in the mouth, the cheek retracted, and everything in absolute readiness. Mr. L., F.R.C.S., with my assistance, removed the growth with one sweep of the knife. The hemorrhage was very free; one or two vessels were picked up by catch forceps and tied. The actual cautery (the circular flat button) was now freely applied to the base of the ulcer so produced. This process was pushed so as to destroy the tissues right down to the bone, some of which was gouged away and removed. The wound was plugged with iodoform gauze, and the patient allowed to recover from the anæsthetic, after having been under its influence less than a quarter of an hour. The total quantity of chloroform used was one drachm. In seven days the lady's face had resumed its normal appearance. She was much brighter and had even increased her weight. We also, at the same time, excised the edge of the scar, where the alveolar process adjoined the buccal mucous membrane, which had a slightly suspicious feel of rigidity, the portion removed being about three-quarters of an inch by an eighth of an inch in breadth. I saw her again the following week, and on this occasion the healed surfaces had quite a healthy appearance. There has been no return of the condition up to the present time, March 21st, 1902, when I last saw her. On examination, the tissue removed in the recent state had a fibrous appearance, containing numerous vessels, some of which were of large size. It presented, microscopically, many thin-walled blood channels, lying in a stroma, of small spindle-shaped cells, among which could be discovered a few of a myeloid type, certainly suggestive of mild sarcomatous malignancy.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, APRIL 11TH, 1902.

MR. HOWARD MARSH, F.R.C.S., President, in the Chair.

CASES ILLUSTRATING THE MODE OF ORIGIN OF CERTAIN CYSTS OF THE NECK.

MR. T. CARWARDINE (of Bristol) read a paper in illus-

tration of the mode of origin of certain cysts of the neck. Cysts and fistulæ arising from the thyro-glossal duct, he observed, usually had a pedicle which passed through the thyro-hyoid membrane in the middle line, below the hyoid bone, between the body and the thyroid cartilage. These, he suggested, might be termed thyro-hyoid cysts. He related the case of a man, *et. 31*, deaf and dumb and one of twins, with a fluctuating, superficial median tumour of the neck, overlapping the episternal notch and manubrium sterni, and a hard cord could be traced upwards from it, in front of the cricoid cartilage. The pedicle was found to pass through an interval in the cervical fascia into the middle of the crico-thyroid membrane. It was evidently what he would call a crico-thyroid cyst. Two years later he met with a similar and homologous cyst in the space between the lower jaw and the hyoid bone in a lad, *et. 12*, who had noticed a lump in his throat for six months. The diagnosis of hyo-mandibular cyst proved to be correct at the operation. There were thus three median cysts—hyo-mandibular, associated with the first cleft; thyro-hyoid, associated with the second cleft; and crico-thyroid in the succeeding cleft. He related a case of cystic hygroma in a baby a few weeks old, in which the cyst, like a ranula, projected under the tongue. He described the anatomical relations of the cyst, observing that the cyst appeared to have originated in a lateral diverticulum of the first, or hyo-mandibular, cleft, though, in a similar case of Treves', the origin appeared to be from the second branchial cleft. He also referred to a tumour below the left angle of the lower jaw in a young man, which proved to be a chondro-adenoma, also a dermoid cyst of the whole of the first branchial cleft (*Bristol Medical Chirurgical Journal*). His last case was that of a man, *et. 33*, who had had a swelling on the right side of the throat for two years, which he took to have for origin a diverticulum of the sinus pyriformis, *i.e.*, from the third or fourth visceral cleft. He discussed the classification of these cysts according to their origin, into median and lateral, corresponding to the visceral clefts, and alternating with the visceral arches.

MR. BOWLBY described a cyst of the neck of an epitheliomatous nature. He asked if the author had met with any such, also if he had met with any difficulty in treating fistulæ resulting from operation in these cases.

MR. BARKER suggested that cysts of the neck were sometimes of the nature of lymphatic navi.

DR. ST. CLAIR THOMSON and MR. STANLEY BOYD described cases of the kind.

MR. CARWARDINE, in reply, said he had met with great difficulty as regards fistulæ. He had not gone fully into the question of epitheliomatous cysts. He was not prepared to deny the possibility of the existence of cysts like those described by Mr. Barker.

INTESTINAL OBSTRUCTION DUE TO EMBOLUS OF A BRANCH OF THE SUPERIOR MESENTERIC ARTERY.

MR. W. J. TYSON related the case of a woman, *et. 66*, who came complaining of slight pain over the liver, sickness, constipation and some epigastric tenderness, her temperature being normal. The symptoms gradually became worse, and ultimately the vomit became "coffee-ground." Laparotomy was done and the small intestine was found to be slightly congested and adherent in the right fossa, where about a foot of gangrenous bowel, greatly thickened, was seen. The affected part, which was obviously due to thrombosis, was freely excised and the end united with a Murphy's button. She died thirty-six hours after the operation, and, post-mortem, atheromatous erosion of the descending aorta was found, with blocking of a branch of the superior mesenteric artery. He discussed the symptomatology of this condition, remarking that the symptoms were at first those of ordinary colic with a gradual change in the vomit. Constipation was the rule, but diarrhœa was often present, and, later, tympanites. The prognosis was always grave but not absolutely fatal.

MR. LUNN described a case of a somewhat similar nature.

THE PRESIDENT cited the case of a gentleman thrown from his horse on to a heap of stones, alighting on his

abdomen. No symptom of any gravity occurred for a few days, when he developed symptoms of acute obstruction. Operation revealed gangrenous gut, and post-mortem thrombosis of the superior mesenteric artery was found.

Mr. BOWLEY mentioned a case of gangrene of the fingers, thought to be due to frost bite. Patient shortly after developed acute abdominal symptoms and soon died. Post-mortem revealed general condition of embolism in the mesenteric area.

CEREBELLAR ABSCESS WITH SUDDEN PARALYSIS OF THE RESPIRATORY CENTRE.

Mr. A. E. BARKER related the case of a girl, *et. 14*, who, three months before admission, had had scarlet fever with otitis media. A fortnight before admission she complained of earache followed by great weakness and vomiting, and rigors. The limbs were flexed and the head retracted, with dulled intelligence. There was profuse foetid discharge from the ear but no swelling over the mastoid. Pupils and discs normal. He diagnosed intra-cranial abscess with thrombosis of the lateral sinus and deep jugular vein. It was decided to operate, but when the patient was lifted to be taken into the theatre respiration ceased, and in spite of artificial respiration and the inhalation of oxygen there was no sign of normal respiration though the heart continued to beat strongly. Artificial respiration was kept up for an hour, when, as normal respiration did not return, he made a small incision through the skull into the temporo-sphenoidal lobe. No pus was found, but on passing the needle into the lateral ventricle a large quantity of almost clear fluid was evacuated. He then opened over the lateral front of the cerebellum, and after a few punctures reached foul gas and pus anteriorly. This, however, had no effect on the respiration or heart. Artificial respiration was kept up for another hour, but the patient was obviously dead, though the heart continued to beat as before for two hours and thirty-five minutes after natural breathing had ceased. Post-mortem, a large cerebellar abscess was found in the usual situation, which had been partially emptied by the operation.

Sir DYCE DUCKWORTH related a similar experience of his own of failure of respiration prior to cardiac failure, an occurrence to which he had directed attention in his paper read at the International Medical Congress at Moscow.

Mr. H. L. BARNARD ON

THE SIMULATION OF ACUTE PERITONITIS BY PLEURO-PNEUMONIC DISEASES.

Andral appears to have recognised this condition clearly in 1836, and narrates several typical cases. Watson quotes him, and Fagge gives one case. Modern writers for the most part are vague in their description, and do not include peritonitis in the differential diagnosis of pleurisy or *vice versa*. The thoracic conditions which have given rise to these abdominal signs in the writers' cases were always basal in lung or pleura. (1) Two cases of pleuro-pneumonia. (2) Two cases of pyo-pneumothorax apparently originating in the apex of the lower lobe. (3) One case of traumatic pleurisy, with fracture of the left lower ribs. The abdominal signs and symptoms which result may be divided conveniently into (a) parietal and (b) visceral. (a) Parietal. The abdominal wall is acutely tender and painful. This tenderness may be general or one-sided, and is frequently more marked below in the right or left iliac region (10-12 D areas) so as to simulate appendicitis. The muscles are in spasm, so that the belly is bound like a hand. The deepest anaesthesia is necessary to relax this spasm. Respiration is of the costal type. (b) Visceral. The patient frequently suffers from nausea, hiccup and vomiting, which may be urgent and bilious. The intestines become distended. Constipation is usually present, and enemas may be retained. In some cases the onset is sudden with collapse like perforative peritonitis. The diagnosis is easy if once suspicion is aroused. The chief points are the rapid respiration (40 and up), the slow good pulse (under 100), the absence of the abdominal facies especially of rings round the eyes, and the fact that the abdominal wall

softens momentarily at each respiration. Direct signs of the thoracic condition are often wanting for twenty-four hours. The pathology is one of referred pain, and divides itself into three heads: 1. Irritation in continuity of the lower six dorsal nerves will explain abdominal hyperaesthesia and spasm. 2. Referred visceral pain (Henry Head) will explain the abdominal and head pain of an early pneumonia not involving the pleura. Visceral impulses pass into the root ganglia of 7, 8, and 9 D, and exalt their excitability as that impulses from the skin to those ganglia become painful. Reflex spasm follows in the distribution of the nerves. 3. The visceral signs must be explained either by some reversal of this reflex or by direct involvement of the splanchnic nerves (from 6-12 D) above or in the diaphragm.

Sir DYCE DUCKWORTH said that if these cases were properly examined on admission mistakes of this nature would not occur.

ROYAL ACADEMY OF MEDICINE IN IRELAND. SURGICAL SECTION.

MEETING HELD AT THE ROYAL COLLEGE OF SURGEONS ON FRIDAY, APRIL 4TH, 1902.

Mr. THOMAS MYLES, President of the Section, in the Chair.

Mr. KENNEDY exhibited the vermiform appendix of a baby five months old, removed from the right inguinal canal during the operation for the radical cure of hernia. Mr. Kennedy also exhibited a patient, five months old, on whom he had performed the radical cure operation for hernia on the right and left inguinal canals, excised the appendix, and performed circumcision.

Mr. ALEXANDER BLATNEY exhibited a girl on whom he had operated two months previously for a perforated gastric ulcer. The operation was performed nineteen hours after the rupture. The opening was found near the lower curvature of the stomach, on the anterior wall close to the oesophagus. The patient made a good recovery, but a week afterwards the temperature rose, and on opening the wound a large abscess was found under the left wing of the diaphragm. This was drained by an incision between two of the lower ribs; the original wound was closed, and the patient made a complete though somewhat tedious recovery.

Mr. HENRY G. CROLY read his paper

ON LIGATION OF THE EXTERNAL ILIAC ARTERY FOR ILIO-FEMORAL ANEURYSM AND OTHER TUMOURS.

Mr. H. G. Croly commenced by giving a *resumé* of the anatomy of the artery, especially its relation to its vein on the right side, and the presence of the fibrous septum that separates the vessels, and exhibited some beautifully-coloured illustrations painted from nature by Dr. Paul Carton. His incision was planned to allow of the artery being tied at least one inch and a-half from the origin of the deep epigastric artery. It commenced on a level with the umbilicus, and curved downwards, outwards, and inwards, ending at a point midway between the symphysis pubis and the anterior superior crest of the ilium. By making the incision superficial he avoided bleeding. The ligature used was ox-peritoneum or gold-beater's skin, as recommended by Lord Lister, and described by Messrs. Ballance and Edmunds. He tied the ligatures in the "stay-knot" of Ballance, which he considers the most secure of ligation knots, and the one least likely to tear the inner coat of the vessel, which should never be allowed to occur. The arterial wall was healthy, and the patient, who was exhibited, made a good recovery from the operation, which was an extra peritoneal one. A series of casts and photographs showing the aneurysm before operation, a few days after operation, and when the patient was convalescent, were exhibited. The paper will be found in *extenso* on page 397.

The PRESIDENT (Mr. Myles) had listened with much pleasure to Mr. H. G. Croly's very interesting paper; interesting both from its anatomical and clinical aspects. He quite agreed with Mr. Croly in selecting a site some distance from the deep epigastric artery for ligation;

but he was not so sure that the secondary hæmorrhages which were so common in the past were due to the site of ligation. The *locus in quo* did not account for everything. The good result was no doubt partly due to the better site of ligation chosen by Mr. Croly; but there was something more—to-day we had aseptic methods, aseptic ligatures, aseptic handling of the wound. He would like to hear from Mr. Croly how he prepared the ligatures; also if he found the pulse of the posterior tibial in the limb operated on soon after the ligation. When we think of the care taken by surgeons to-day to ensure aseptic conditions, and recall the methods of the past, we can only ascribe the successes of the older surgeons to the providential mercy of God.

The VICE-PRESIDENT (Mr. L. H. Ormsby) felt that they should all be very much obliged to Mr. Croly, one of their senior surgeons, for taking the trouble of coming there and describing to them his operation. He had never had an opportunity of tying the external or common iliac artery; but if he should be called on to perform such an operation he would adopt Mr. Croly's methods and be well satisfied if he obtained equally good results.

Mr. LANE JOYNT by the reference to the old surgeons and their methods was reminded of a painting he saw not long since on the wall of a house in Pompeii, which represented a surgeon in the act of cutting down on the femoral artery in Hunter's canal. The line of incision was that followed by Hunter.

The HON. SECRETARY of the Section (Mr. Lentaigne) thought that perhaps the older surgeons were too much blamed. He looked on secondary hæmorrhages as the result of sepsis; sepsis by silk ligatures and ligatures of other absorbent material, they retain septic matter in close union with the arterial wall, which soon becomes infected. All this was carefully avoided to-day with the excellent and brilliant results which they had just heard from Mr. Croly, to whom he offered his congratulations for the good results of his operation and for his valuable paper.

Mr. CROLY begged to thank them for the reception they had given his paper. He prepared his ligatures by leaving them for twenty-four hours in ether and then placing them in a solution of carbolic acid in water, of a one in twenty strength. He looked upon the fear of wounding the peritoneum as the reason the older surgeons tied the external iliac so near its distal end. This fear paralysed their action in cases of wounds of the deep epigastric and internal iliac arteries—they looked on wounds of the peritoneum as necessarily fatal, and rather than open it they left patients to die of internal hæmorrhage. He cut no muscular tissue by his incision; on coming down to the muscle tissue he pushed the transversalis fibres aside with his fingers and readily exposed the artery. He failed to find the posterior tibial pulse either after the operation or since, though, as was seen, the man makes no complaint of any lack of circulation in the limb.

Owing to the lateness of the hour Mr. Lane Joynt's paper was postponed, and the meeting terminated.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, April 13th, 1902.

DIPHTHERIA.

M. LEVESTRE read a paper at the Académie de Médecine on the Prophylaxis of Diphtheria by Injections of Lemon. Preventive injections of anti-diphtheritic serum produced immunisation in children exposed to contract diphtheria without giving rise to any serious accident. Although the immunisation was only ephemeral—three or four weeks—those injections were indicated in families where a case of diphtheria had developed to preserve the other children from contagion. However, when those children have been [separated from the contaminated dwelling, and were under medical supervision, the inoculations might be dispensed with.

Preventive injections were also indicated in children belonging to an agglomeration (schools, hospitals) in which cases of diphtheria had been observed.

Even in the absence of any diphtheria those injections might be indicated under certain special conditions (measles, scarlatina, &c.). However, in the case of measles, the preventive action appearing to be less certain, the doses of serum should be stronger and more frequently repeated.

ANEURYSM OF THE AORTA.

At the meeting of the Société de Chirurgie M. Tuffier related an interesting case of operation for aneurysm of the transverse portion of the aorta. It was that of a woman of 40 without syphilitic antecedents, who was sent to the hospital for a small tumour protruding in the second intercostal space on the right side. The speaker, finding that the tumour was pulsatile, pronounced it a case of aneurysm of the transverse portion of the aorta. His colleague who examined the patient thought that the lesion was localised to the limit of the ascending portion of the aorta without any general mischief to the artery. The radiograph showed that the tumour was situated on the lateral portion of the aorta. They were led to believe that the aneurysm was saciform, communicating with the aorta by a narrow orifice.

The development of the tumour having made rapid strides, and threatening to burst externally, he was constrained, in spite of the gravity of the case, to attempt a surgical operation. The dissection of the aneurysm was relatively easy, although there existed intimate adherences with the pleura. Having pressed the contents of the sac into the aorta, he placed a ligature on the orifice, tightening it very gently; after which he placed a second, but as he had not great confidence in the ligatures, he did not resect the sac. He believed he was wrong in not doing so.

All went on well until the twelfth day, when the temperature rose; the wound was exposed and gangrene was discovered in the sac. The patient died five days afterwards from secondary hæmorrhage due to the gangrene. He believed that if he had resected the sac that accident might have been avoided.

M. Delorme said that some years ago he studied the question of a possible surgical treatment of aneurysm of the aorta, and had come to the conclusion that a radical cure might be tried with some chance of success. But since that time the treatment of aneurysm with gelatine had given such good results that he did not think himself authorised to operate on aneurysm of the aorta.

CHILBLAINS.

Dr. Courtin, hospital surgeon at Bordeaux, employs with constant success oxygen water in the treatment of chilblains, ulcerated or otherwise.

In young children he reduces the oxygen water, which is always at twelve volumes, to three volumes, by adding hot boiled water. The hands or feet affected are plunged into this bath every day for half an hour.

For older children and adults the strength of the bath given is six volumes. In any case of the patient's present ulcerations, a saturated solution of borate of soda is added to the oxygen water in order to reduce the acidity and diminish the pain from the application.

The feet and hands blued by the chilblains become red after a few moments of immersion, the sores com-

mence to granulate after two or three days and heal rapidly. After the bath the sores are dressed with gauze and antiseptic vaseline.

Three baths of half-an-hour each suffice to cure ordinary chilblains. A large number is necessary in the case of ulceration.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, April 12th, 1902.

At the Hufeland Society Hr. Hausmann discussed the subject of the

CURABILITY OF PHTHISIS.

He made a distinction between pulmonary phthisis and pulmonary tuberculosis. There were quite a number of cases of phthisis in which tubercle bacilli were never found. In chronic bronchiectasis and in fibroid phthisis to which inhalation diseases belonged tubercle bacilli were absent. It was the same with tuberculous and reticular lymphangitis. In pneumonia in rare cases there arose an ulcerous phthisis, which was more frequent in recent years, perhaps under the influence of influenza. Further, syphilitic phthisis which was readily complicated by tubercle, had been for long denied. Finally, there was actinomycotic phthisis with peculiar widespread infiltrations, which in certain spots passed on to suppuration; fungi readily developing in the increased connective tissues.

These cases, which on the whole, especially when the disease was extensive, were very curable, with the exception of syphilitic phthisis—the speaker excluded from discussion, dealing only with tuberculous phthisis.

Recovery from this condition depended simply on the anatomical changes that had taken place; the bacteriological changes did not come into play. Typhoid and fibrinous pneumonias were curable in a marked manner. The changes that had taken place as the result of the disease were recovered from after the cessation of the disease. Pulmonary phthisis must be considered separately. This was not a simple disease, but a group of different diseases which were intermingled.

The ordinary form of pulmonary phthisis began almost invariably in the apices. The apices were free only under exceptional circumstances. In diabetes, which led to pulmonary phthisis, one also saw the process commence occasionally in the middle lobes, the apices being untouched. As a rule it took its origin from one of the smaller bronchi; a tuberculous ulcer appeared, which developed and set going the tuberculosis. The disseminated form was frequent, this developing rapidly and spreading over the whole lung. On section, what appeared to be a miliary tuberculosis was seen, but they were really sections of bronchi.

A second form, which was allied to the pneumonic process, was caseous hepatisation, wherein smaller or larger areas were infiltrated with caseous material. Sometimes a whole lobe was filled by it. Another form was the caseous broncho-pneumonia in so-called rosette form, in the centre of which the lumen of a bronchus appeared. Sometimes a collateral inflammation with gelatinous exudation appeared in the neighbourhood of a tuberculous patch.

A form that did not end in recovery was the acute,

with suppuration and wholesale destruction of lung tissue.

Theoretically considered the tuberculous changes were as curable as in intestine, peritoneum, and even the membranes of the brain. Limited tuberculosis of the lung was curable, but if destruction of a large part of the lung had taken place it was difficult for recovery to ensue. Miliary tuberculosis theoretically considered was curable, but it was part of a disease that affected the whole system. The caseous hepatisation might clear up. That this recovery was not accompanied by *restitu ad integrum* was self-evident. A cicatrix must remain at the spot.

Even cavities might heal. When small they might even disappear. Large cavities became smooth-walled and covered by epithelium.

It was further to be considered that only phthisis with lesions in the upper lobes healed. The speaker had never seen tuberculosis of the middle and lower lobes heal. If one looked at preparation of healed phthisis more was found destroyed than one believed from a first glance, because the healthy part had increased by way of compensation and appeared larger than it was in reality.

Some cases had led to controversy. One occasionally found caseous patches in the cicatrices. It was known that the caseous masses might calcify and form concretions. They were surrounded by connective tissue and encapsuled. Not unfrequently tubercle bacilli, which were virulent, were found in old remains. These did not die as assumed by Cornitin three years ago, but remained active. The cavities also might become encapsuled. Sometimes virulent bacilli were found in the walls, as in the case of a man of seventy-eight. The speaker had shown this man as a cured case. According to his view a case was cured when the disease had passed on to a stable condition. When caseous matter and tubercle were embedded in such a firm mass that the tubercle bacilli could not pass out one might consider the case cured. The same might be said of cavities when the bacilli within could only vegetate as saprophytes and could not set up fresh changes. The speaker reported such a case, that of a gentleman who had formerly had hæmoptysis, but who for years had shown no further symptoms. There was a cavity which had probably become encapsuled. Of course the condition might light up again, particularly from some intercurrent illness.

The speaker then passed on to the characteristics of tuberculous cicatrices as compared with others. The badly resolved pneumonias left cicatrices which never, however, lay in the apices. They spread superficially. Syphilitic cicatrices presented the greatest difficulty. There were cases of syphilis which left cicatrices not to be distinguished from those of tubercle. But syphilitic lesions were necrotic in some parts and from this character they could be identified. Sometimes these cicatrices were extraordinarily characteristic. They were limited to lymph tracts and formed reticular tissue.

Hr. Sommerfeld had studied small patches of disease, and found even when very small, that they were surrounded by small-celled infiltration, a sign that the process had extended.

Hr. Hanseemann would not look upon a small-celled infiltration as premonition of the tuberculous process.

When these lungs were examined microscopically, many such were found. Elderly people had rarely an absolutely sound lung. Towards the end they had oedema, aspiration, pneumonia, and bronchitis. It was not infrequent that during life nothing particular was found, whilst after death one came upon caseous infiltration, giant cells, &c. Most people over sixty years of age had some tuberculous change in the lungs, especially if the lymph glands about the hilus were examined.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, April 12th, 1902.

FAT CHANGES IN THE STOMACH.

At the Physical Society Gärber related two experiments on cats with fat. After twenty four hours' fasting they were provided with a meal of fat. Six hours later they were killed, and a weighed quantity of the contents of the stomach taken for analysis for free fatty acids. In one of the cases there was a decided increase of the free fatty acid, while none was observed in the other.

He next took part of the mucous membrane of the stomach, and determined its power of breaking up fat in a test tube. He placed neutral olive oil in a portion of the stomach, and suspended it in a water extract; another portion of stomach was suspended in a glycerine extract and gently shaken for half an hour at 40° Centigrade. As a control experiment another portion of the stomach was boiled, and the olive oil placed in it in the same manner as the fresh experiments. The digestive power of the mucous membrane was then analytically tested with "petrol ether" and the free acid determined. The results were that the conversion into neutral fats as *in vivo* were very slow. The glycerine extract was quite inert as well as the mucous membrane of the second out, as no ferment was found.

DISSEMINATED SOFTENING IN THE FLOOR OF THE FOURTH VENTRICLE.

At the "Gesellschaft der Aerzte" Erben demonstrated on a patient the characteristic symptoms of disseminated softening in the floor of the fourth ventricle. The patient was a strong, well-nourished man, æt. 67, who in April last year was suddenly seized with difficulty of swallowing and speaking after having partaken of a hearty meal. This condition still existed without material change, neither retrograding nor increasing. His speech is indistinct, being of a monotonous, nasal, and drawing character and quite disjointed, although quite intelligent in substance. Swallowing was very difficult, and the saliva dribbled from the mouth. He had also difficulty in masticating, not being able to seize and retain the morsel between his teeth. The mind was unimpaired, and the eyes and the eye movements normal, no changes being observed in the fundus; no photophobia or hyperæsthesia. There was no weakness of the extremities, and he could walk long distances without feeling fatigued; nor did any muscles or nerves seem weak or impaired. The peripheral arteries could be felt in diastole, but were distinctly atheromatous. Heart and aorta were normal; slight cough; and nothing abnormal was observed in the urine. No history of any former disease nor irregularities—alcohol or syphilis. The tongue and lips were

free from atrophy or fibrillary tremor, while the reaction to the Faradic current was normal. All these facts pointed to the paralysis being located to the central neuron of the bulbar nerves, what may, in fact, be termed a pseudo-bulbar-paralysis.

The following symptoms may be selected for differential diagnosis:—

First, only strong currents assisted the act of deglutition, which was not constant at all points. Second, the gums and posterior surface of the pharynx did not react while the uvula was moved on phonation. Both of these conditions indicate a reduction in the reflex action associated with a supra-nuclear break in the connection. There are also symptoms present which indicate a disturbance in the cortico-nuclear part, but might be relegated to the bulbar centres, and may be assumed by a softening at the base, which may be due to a sclerotic condition.

This supposition is supported by the suddenness of the onset, probably due to thrombus, its stationary condition, the age of the patient, and the condition of the vessels observed. The bulbar functions were normally performed and thus by exclusion he was led to diagnose disseminated softening in the floor of the fourth ventricle. Against the diagnosis of Duchenne's form of bulbar paralysis is the symmetry of the paresis.

New Zealand.

[FROM A CORRESPONDENT.]

THE FIRST MINISTER OF PUBLIC HEALTH.

THE report to hand for last year of Dr. J. M. Mason, Chief Medical Officer of Health for the Colony of New Zealand, is the outcome of the introduction of the Public Health Act of 1900, and as Dr. Mason very aptly says—"puts the Colony in the van as regards the consideration of the public health. For many years the medical profession, and those interested in health matters at home have been striving, so far in vain, for the appointment of a Minister of Health. By the Act passed last session this has been accomplished for New Zealand. For the first time in the history of Great Britain and her Colonies, has the physical welfare of the people been elevated to a first place in the consideration of the government. Foreign affairs, mines and agriculture have all had their importance marked by the creation of Ministers holding Cabinet rank to look after their interests; but it has been reserved for New Zealand to create the first Minister of Health." The report is addressed to "The Hon. the Minister of Public Health to His Excellency the Governor," and is not only very full and comprehensive, but displays a literary style which reflects the highest credit on its author. Accompanying the report are excellent maps showing the various districts under the Public Health Act, 1900 and the entire production might safely be characterized as a veritable manual of public health, embracing as it does a full discussion of the subjects of drainage, water supply, disinfection, pollution of rivers and streams, meat and milk supply, disposal of house refuse, and night soil. The chapter on consumption is an extremely interesting one, from which we extract the following: "Another point which is worthy the most serious attention of the Government is the great number of people suffering from consumption who yearly land in th

Colony in the search after health. It has been urged by some that we ought to exclude everyone suffering from consumption. This attitude has the support of many, but I think in most cases it comes of ignorance or non-appreciation of the true facts of the situation. Viewed from the point of international equity it seems to me it would be as unfair as it would be un-Christian to deny any fellow-creatures the beneficent effect of our climate. On the other hand there need be no hesitation whatever in pointing out to the world at large the inhumanity to the sufferers of consigning a person in an advanced stage of consumption to the irksomeness of a long sea voyage and the divorcement from all he holds dear, in the vain will-o'-the-wisp pursuit of the recovery which can never be his." The author of this report has also many useful suggestions with reference to sanatoria for consumptives which will be read with much interest at the present time in this country. Dr. Mason, it may be added, was a distinguished student at Glasgow, taking the M.D. Brussels with distinction in 1888. He holds the D.P.H. Cambridge, and is also a barrister-at-law of Gray's Inn, London. He settled in Australia and on the occasion of the plague outbreak was invited by the New Zealand Government to report on the condition of the Colony, and to assist in forming a Department of Public Health, to which he was appointed Chief Medical Officer. He is to be congratulated on the issue of a report which is not only instructive, but full of interesting detail from beginning to end; the perusal of which will well repay all those engaged in the study of public health matters.

The Operating Theatres.

WEST LONDON HOSPITAL.

UNDESCENDED TESTIS.—Mr. BIDWELL operated on a lad, *æt* 14, with undescended testis on the left side. The other testicle was in the scrotum, but the parts did not show any signs of puberty. The left testicle could not be felt before the operation, but a hernial sac was present. An incision was made over the external ring and inguinal canal, and the hernial sac exposed, and separated from adhesions; on opening this the testicle was seen inside the inguinal canal, and with some difficulty was brought outside. The peritoneum was then divided just above the testicle, and the upper part dissected off the cord as far as the internal ring, where it was tied. The testicle was then freed from all adhesions and its lower border was then found to reach to the root of the penis; in order to bring it into the scrotum the spermatic veins and artery were divided between ligatures and the vas deferens and its artery carefully separated from the upper and middle parts of the testis. In this way the testis was turned upside down, and it was then possible to place it in the scrotum. A silk-worm-gut suture was then passed through the tunica albuginea just at the position of the hydatid of Morgagni, and both ends of this stitch were then brought through the bottom of a scrotum by means of a mounted needle; a bed in the scrotum having previously been made by separating the fascia from the fingers. The inguinal canal was then closed with a few points of silk sutures, and the skin united with horsehair, the wound being covered with a collodion dressing. A special wire cage was then

applied over the penis and scrotum, and extension was made on the testes by means of a piece of indiarubber tubing attached above to the wire cage and below to the gut suture through the tunica albuginea. The whole cage was covered with an antiseptic dressing.

Mr. Bidwell remarked that this method was the most effectual in bringing down undescended testicles. He drew special attention to the method of turning the testicle upside down, thereby gaining a considerable amount of length in the cord. At first sight it might appear that the deliberate division of the spermatic vessels might cause atrophy of the testis, but this was not the case, and practically the procedure was very similar to that followed in excision of a varicocele, where very frequently the spermatic artery was included in the ligature. At any rate, he had performed the operation in a fair number of cases, and had never met with atrophy of the testicle. He did not agree with those surgeons who advised castration in cases of undescended testicle, since he was of opinion that a testicle which had been brought into the scrotum was still of use. He referred to the case of a man, *æt* 25, who had double undescended testicle, and who sought relief prior to his marriage; both testicles were brought into the scrotum by this method and remained there. The patient married and had a family. One reason why the patient just operated on had been brought to Mr. Bidwell was that there were no signs of puberty, although the lad was 14 years of age. He considered that the delay in the descent of the testicle might explain the delay in the advent of puberty. Undoubtedly these cases should be operated on before puberty, since there was then a better chance of the organ developing properly.

ERRATA.—In last week's "Operating Theatres," line 10, for "aphasia" read "aphonia"; line 14, for "caused" read "around."

Anti-Typhoid Inoculation.

SOME interesting figures have just been published by Dr. Wright, Professor of Pathology at the Army Medical School, Netley, showing the results of anti-typhoid inoculation in the case of the 5th Battalion of the Manchester Regiment in South Africa. His observations extended over a period of six months, and the figures relate to a total strength of 747 officers and men. The number of those who submitted to inoculation was 200, and among these only three cases of typhoid, or a percentage of 1.5, occurred; while among 547 who were not inoculated there were twenty-three cases of the disease, or a percentage of 4.2. The influence, however, of the inoculations, appears to be more strikingly shown in the fact that while none of the inoculated died, no fewer than seven cases proved fatal to the uninoculated. Some doubt still remains as to the efficacy of this mode of preventive treatment, but the figures here recorded are certainly worthy of attention.

Peculiar People Sentenced.

A MAN and his wife, belonging to the sect of "Peculiar People," have been found guilty at the Central Criminal Court of "manslaughter by negligence," in that they abstained from obtaining medical assistance for their sick child, and were sentenced, the man to three, and the woman to two, months' imprisonment.

Women Doctors Abroad.

THE Paris Medical School has no less than eighty female students in medicine, and the University of Berlin has close upon 600 young women on its rolls.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 16, 1902.

THE CAUSE AND TREATMENT OF CANCER.

THE scheme for the organised investigation of cancer which was adopted by the Royal College of Physicians of London a few weeks since has just been formally approved by the Council of the Royal College of Surgeons, so that we are at liberty to consider the methods suggested with this object in view. It is proposed to raise a fund of £100,000 to be administered by a general committee consisting of at least twenty members, and an executive committee of twelve members representing various learned and scientific bodies. Part of the sum to be raised will be devoted to the erection and maintenance of laboratories in which the study of cancer problems will be carried on, and part will be allocated as subventions to similar laboratories elsewhere in the Empire. Assistance will be given to the prosecution of cancer research in various hospitals and institutions approved by the Executive Committee and generally an endeavour is to be made to obtain the co-operation of all whose special studies fit them to aid in the elucidation of the points which require investigation. There will be a consultative staff consisting of such persons, together with representatives of various home and colonial government departments, physicians and surgeons attached to hospitals, statistical experts and others. Already several substantial contributions have been promised to the fund, and as the movement is certain of the support of His Majesty we may confidently anticipate that any difficulty which the raising of such a large sum may present will be successfully overcome. Moreover there are few subjects in which the public are more directly and painfully interested. One of the main features of the scheme is the co-ordination of labour by skilled experts all over the world. Hitherto

this branch of research has been left to private initiative, with the inevitable consequence that much energy has been wasted in going over the same ground owing to ignorance on the part of the investigators of what is being done, or has already been done, elsewhere. From this point of view the present scheme will unquestionably prove of immense utility. The scheme, moreover, is not restricted to providing facilities for purely laboratory work. Our ignorance of the etiology of cancer is such that no man can say whether the secret is one to be unravelled in the laboratory, in the wards, or by more general and comprehensive methods of investigation, such as is afforded, for instance, by statistical research. The clinical observation of cancer patients certainly does not appear to have afforded much assistance, and such suggestions as have been forthcoming have been due to patient laboratory work on the lines which have proved so successful in the study of malaria. The great thing is to ensure that no department of research is neglected, and this, if it be endowed with proper vitality, this scheme should adequately secure. By focussing the expert intelligences of the world on certain problems we shall be doing all that is humanly possible towards the elucidation of questions which have so far baffled investigation, none the less assiduous and patient because it has been carried on by individual effort. By enabling those best fitted for the task to devote more time and energy to the task before them, we may fairly hope to achieve progress and ultimately to attain the goal, which is, first of all, the discovery of the nature of the disease and, should it prove to be transmissible, the means by which the infection is conveyed. That cancer belongs to the class of infective diseases is infinitely probable, and should this prove to be the case we are justified in hoping that the discovery of the means of preventing, if not of curing, the disease will be a natural sequel.

THE MIDWIVES BILL AND IRISH MATERNITY HOSPITALS.

THE Midwives Bill is down for the report stage on June 4th, and there is every prospect of a debate on the proposed amendments which may be of such length as to imperil its safety—especially if the new procedure rules have by that time come into force. As is well known, the Bill has many opponents, and the number of these opponents has not been diminished by the knowledge of the fact that it is in great part directed, not as the preamble says, "to secure the better training of midwives and to regulate their conduct," but to form a foundation stone for future attempts to wring the control of all things medical from the medical profession. The points in the Bill, which make this intent manifest, have been so often dealt with that it is needless to recapitulate them. Suffice it to say, that, in some points, the wish has been father to the clause to such good purpose that the nominal object of the Bill is forgotten, and its preamble stultified. What, but

the pressure of an anti-medical *clientèle*, could have persuaded Mr. Heywood Johnstone, Mr. Schwann and Mr. de Tatton Egerton that it was unwise to incorporate in the present Bill an amendment to the late Bill, which was accepted by these gentlemen, recognising the examinations of the Rotunda and Coombe Hospitals as equivalent to the examination of the Central Midwives Board. As every medical man knows, and as many laymen are cognisant of, the great chartered midwifery hospitals of Dublin have been a household word—not only in Ireland, but throughout the world—on account of the excellence of the instruction they imparted, both to members of the medical profession and to midwives. In consequence, students of medicine, and women proposing to be trained as midwives, have flocked to them in numbers in excess of the residential accommodation of the hospitals. Further, it is well known that the examinations held for midwives, and on which the diploma of these hospitals is awarded, are of such a character as to ensure the efficiency of those who pass it. While the training and discipline are such, that nurses who are trained there know to the full the manner in which their duties should be discharged. Yet in the face of the fact that the nursing *diplomees* of these hospitals are guaranteed by the professional reputation of the hospitals to hold the first rank in the occupation they have adopted, the promoters of a Bill “to secure the better training of midwives” omit—we trust that we need not say refuse—to recognise them unless they pass an examination held by a Central Midwives Board. The hardship and injustice of this is obvious to anyone who has studied the question. The Rotunda and the Coombe Hospitals were instituted in order that, among other things, in the words of the Charter of the former hospital, “by Admitting, and Instructing in such Hospital, Women, who, after some Time spent there, being duly Qualified, may settle in such Parts of our said Kingdom as most stand in need of such Persons, it will be a Means of Preventing the unhappy Effects owing to the Ignorance of the Generality of Country Midwives.” These are the words of the Charter of George II., and yet in one of the earliest Bills of Edward VII. we find an attempt being made to render it penal for these highly-trained nurses to practice in accordance with the directions of the charter under which they have been trained. If it could be alleged that the Rotunda and Coombe Hospitals had failed in their duty, or that their *diplomees* were insufficiently trained, or if any possible slur could be cast upon the character of their examinations, the omission of a clause recognising their examinations could be excused. Further, if it was even possible to state that, as the Bill will not extend to Ireland, it will not affect Irish nurses, an excuse might also be made. But this, too, is impossible. Within the last five years, ninety-one English women, sixteen Scottish, and 182 Irish women, in addition to nine others from different parts of the

world have been trained at the Rotunda alone. These numbers could be enormously increased, by lessening the period of training or by admitting nurses who did not live in the hospital, if the governors were not determined to maintain the highest standard. If the promoters of the Midwives Bill really wish to ensure the training of midwives, why should they penalise such of them as have obtained the best training possible by forcing them to pass two examinations. Further, under the present Bill, it will be impossible for an Irish nurse, no matter what her qualifications, who has not passed the examination of the Central Midwives Board, to attend a case even temporarily in England. Whereas, an English nurse can freely cross to Ireland and practise there. These are injustices to Ireland of a real nature, to which we draw the attention of members of Parliament irrespective of party. It is not too late to have them removed. An amendment will be moved at the instance of the Royal College of Physicians on the report stage of the Bill, and this amendment will be identical in character with the amendment which was accepted in 1900 by Mr. Heywood Johnstone. We trust that the promoters will see their way to accept it. By so doing, they will further the first object for which their Bill has been introduced, and they will go some way towards removing the distrust with which it is regarded.

THE INEBRIATES ACT.

To reform the habits of a nation is notoriously one of the most tedious and difficult of social tasks. In the case of the United Kingdom the habits of drinking alcoholic liquors to excess dates from the earliest period of history, whether that be of Anglo-Saxon, Dane, Norseman, Briton, or of the various other races that figure in our early ancestral records. Of late years the gospel of temperance has been preached far and wide with many substantial and encouraging results. Among the upper and middle classes of society drinking habits have as a general rule decreased to a very great extent, and among the working classes there are many moderate drinkers and total abstainers. For all that, the annual drink bill of the nation is excessive and judging from recent statistics appears to be gradually increasing. The need for continued vigilance and effort on the part of temperance reformers is therefore apparent. The drink question has seemed for many years to have reached the stage when it might reasonably be regarded as ripe for legislation. In spite of that fact however, the wheels of the legislative chariot have lagged in a fashion that would be unaccountable were it not obvious that Parliament is practically powerless to deal with temperance matters in the face of the opposition of the brewing and distilling interests that have a great or even preponderating influence in both Houses of Parliament. Trade interests stop the way for anything like effective drink legislation, and until that fact is realised by the nation at large there is no likelihood of the passage of any comprehensive measure of re-

form. At the present moment a Bill dealing with some minor aspects of the question is under the consideration of Parliament. It cannot be regarded, however, in any sense as a broad and statesmanlike attempt at solving a problem that demands immediate and drastic treatment. A review of the past history of temperance legislation tends to the conviction that we must be content with small mercies where the regulation of the drink traffic is concerned. The Inebriates Act of 1898 is a piecemeal contribution which may perhaps one day be capable of amendment in a sufficiently wide and practical manner to be productive of solid benefit to the nation. Reformers for the most part recognise that the measure in question is of a tentative nature. Armed by the powers it confers the Corporation of Glasgow equipped a house in the country in 1900 as an Inebriate Reformatory, which was licenced to accommodate twenty-eight male and thirty female inmates. In the following year the certificate was cancelled in favour of a new one for the accommodation of fifty-eight female inmates. Section 23 of the Act of 1898 entitles the managers to state what class of persons should be eligible for the home, which was determined as follows:—

- (1) The inmates must be persons belonging to Glasgow, and must be sent for trial to the Sheriff of Lanarkshire through one of the City Police Courts;
- (2) preference will be given in every case to persons who, while habitual drunkards, are of such character and disposition that it may be reasonably expected, if cured of their intemperance, they would be able to take their places in society as self-supporting citizens;
- (3) the persons admitted must not be known thieves or otherwise belong to the criminal classes;
- (4) in respect that other institutions are available for prostitutes, women of that class cannot be received;
- (5) persons suffering from infectious or other serious disease cannot be received.

In practice, the Committee found it impossible to enforce these conditions. They report that after a few months' experience they were disappointed at finding that very few of the women submitted to them by the police magistrates were of such character and disposition that if cured of their intemperance there was reasonable hope of their supporting themselves. It was found that the great bulk of the women were paupers and about half of them had been convicted of importuning. Indeed, the question of inebriety in women is nearly always complicated by that of sexual immorality and its attendant disabilities. The committee found that Clause 2 of their conditions became unoperative while Clause 4 was abandoned. The main practical conclusion of the committee appears to be that the most hopeful class of cases was outside the Inebriates Acts provisions, namely, those who have not been convicted of drunkenness in a police court four times within twelve months. Their general attitude may be gathered from the statement that they have appointed a sub-committee to consider and report as to suggested amendments to the Act.

This Glasgow experiment is of distinct value as paving the way to a more comprehensive and practical future in the control of habitual drunkards. It is to be hoped that a similar conscientious attempt will be made in other parts of the United Kingdom to reduce the excellent underlying principle of the Inebriates Act to a sound working basis.

Notes on Current Topics.

Gauze Packing in Appendicular Surgery.

THE employment of iodoform gauze as a packing or for drainage purposes, in operations on the appendix, is generally regarded as the *dernier cri* of modern surgery, and its virtues have been extolled far and wide. Dr. R. T. Morris, of New York, takes quite a different view of the value of this substance from a surgical point of view. If, he says, we take ten strong healthy policemen from the street at nine o'clock this evening and put half-a-yard of gauze into their abdominal cavities respectively under the most careful antiseptic precautions we shall find by nine o'clock to-morrow evening that "we did not get them in time." He maintains that the use of gauze was introduced as a rude method for obtaining the desired result, but is in truth open to the gravest objections. By adding iodoform to the gauze we add another element of distress for the patient who is thereby exposed to insidious iodoform poisoning. In iodoform poisoning, he remarks, the wound looks uncommonly well, but the patient does not. He dilates eloquently upon the distress which is inevitably associated with the presence of a mass of foreign body in the delicate peritoneal cavity, to say nothing of the misery incidental to its removal and replacement. He accuses the packing of causing intestinal obstruction by direct pressure, of setting up adhesions which are sure to be a source of annoyance and even danger in after-life, and, indirectly, of leaving a permanently weak spot in the patient's abdominal wall with consequent ventral hernia. In spite of this formidable indictment Dr. Morris does not feel justified in urging the instant abandonment of gauze packing, which forms too integral a part of present-day surgical practice, but he strongly advises working in view of giving it up as soon as experience proves that this step can be taken with safety. He invites us to study the statistics of surgeons who employ gauze and those who employ it not, in order to arrive at a trustworthy conclusion as to its efficacy for the purposes for which it is used.

The War against the Yellow Fever Mosquito.

ACCORDING to the New York *Medical Record* the campaign against the *Stegomyia* mosquito in Havana has resulted in a very marked diminution in their numbers. In 17,000 houses examined by the "mosquito corps" during the month of January, in only 411 were larvæ found, whereas formerly they were discovered in nearly every instance. As a result of this systematic mosquito destruction not a

single case of yellow fever has occurred in Havana for nearly six months, and in ten months, April to February, only five deaths were recorded as against an average 457. The sanitary department has worked exclusively on the assumption that the mosquito is the sole agent by which yellow fever is transmitted, and has entirely disregarded the question of "fomites." The measures of mosquito destruction employed include drainage of damp places, removal of receptacles for standing water, the free use of petroleum, and the destruction of adult insects by formaldehyde, sulphur or the fumes of burning pyrethrum powder. The success of these measures is encouraging in view of the campaign which is now being waged against the malaria-bearing mosquitos, but, considering the immense and ill-defined area over which the latter are met with, and the mechanical difficulty of compassing their extermination, we cannot well hope for results at all comparable to those achieved in Havana. We cannot flood Central Africa with paraffin, nor can we eliminate lakes and marshes from its geographical conformation, but by reducing the foci of infection we may at any rate hope to diminish the proportion of infected mosquitos.

Responsibility of Medical Men in Abortion Cases.

THE limits of what constitute a professional confidence are at times extremely hard to define. It often happens that a medical attendant is made the confidant of criminal acts in the course of his professional duties; and there is no law, so far as we are aware, that binds him to play the part of detective in disclosing any knowledge that has come into his possession in that way, although there are some offences such as murder, which every prudent practitioner would at once disclose. The most common case of the kind in which a medical man is called upon to decide as to the preservation of secrecy or otherwise is where a woman has procured abortion upon herself by some means or other. An illustration of the difficulties arising from such an incident has lately been afforded in the Coroner's Court at Derby. A medical man was called to attend a woman, who a day or two afterwards confessed she had taken some powders sold by a patent medicine vendor in the town, and had procured abortion. He did not tell the husband of the state of affairs for a fortnight, nor did he inform the relatives to whose house the patient was then removed. Lastly, he did not inform the medical officer of the infirmary to which she was finally taken, and where she died, of the cause of her condition, although he stated that she was suffering from pelvic cellulitis. He excused himself to the Coroner on the ground that the matter was one of professional confidence, and he did not regard the woman's condition as serious enough to warrant the taking of depositions. Public opinion will doubtless commend him for his reticence in so far as the relatives were concerned, but we see no reason why information, even of this delicate

kind, should not have been imparted by him to the other medical men under whose care the patient subsequently came. Such an act could never be construed as a breach of confidence. Nevertheless, it is preferable that medical practitioners should err on the side of discretion rather than the contrary, but the fact must not be overlooked that by remaining the sole depositary of such a secret the practitioner incurs the risk of passing for an accomplice, besides making himself an "accessory after the fact."

Poisoning of a Family by Carbon Monoxide.

A PAINFUL tragedy of poisoning by coal gas occurred in Dublin on the 5th inst. Its victims included a whole family of the number of three. When the dead bodies of the occupants were found the gas was still escaping, and the irregular state of the gas connection satisfactorily explained the occurrence of the escape. But the peculiar feature of the fatality, which must prove interesting to the chemist and physiologist as well as to the pathologist and sanitarian, is that the evidence elicited at the inquest showed that the bodies all displayed the characteristic appearances found in cases of poisoning by carbon monoxide. This peculiarly deadly gas possesses a special interest for the physiological chemist, as it displays the special latent activity of "unsaturated" chemical compounds, and a unique form of affinity for the hæmoglobin of the red blood corpuscle. It is well known that the great physiological importance of the latter is due to the fact that it possesses a special attraction for oxygen. Accordingly it readily takes up the latter—in the capillaries of the pulmonary air vesicles—and carries it off to those of the various tissues. The various cellular constituents of the latter display their selective power by unloading the hæmoglobin of its cargo of loosely-combined oxygen and leaving it free for the further exercise of its functions as it returns to the heart through the veins. The unsaturated gaseous compound, CO, possesses the mischievous property of a greater affinity for hæmoglobin than the very important physiological one displayed by O-gas. Accordingly, if a person inspires a considerable quantity of CO-gas, the physiologically indispensable oxygen finds no admittance to the red blood corpuscles, and the inevitable result is that all the vital functions are at once arrested. And another interesting—and unique—peculiarity presents itself in the fact that the colour of CO-hæmoglobin is approximately identical with that of O-hæmoglobin. The naked eye cannot be relied on to distinguish; examination with a spectroscope alone displays to the skilled observer a characteristic trait. This is the reason of the peculiar arterial—more or less modified scarlet—tint displayed by the blood of the victims of poisoning by carbon monoxide. This tint was conspicuously present in the cases of all three members of the O'Neill family. The Alliance Gas Co. has already been subjected to severe criticism in connection with this fatal tragedy; based on the

allegation that, of recent years, they have been serving their customers with a 20 per cent. addition of water gas, which is cheaper in production, and whose presence adds 8 per cent. to the normal proportion of 6 per cent. of carbon monoxide present in the ordinary coal gas. The various inferences are obvious.

Sentimentalism in Medical Literature.

It is to be hoped that medical authors will always bear in mind that science, especially medical science, does not lend itself to florid writing which, when indulged in, has for effect merely to obscure the meaning, if any, of the dissertation. A little exuberance in speaking is pardonable for *verba volant* but *scripta manet*. Examples of the tendency to which we refer are not hard to find in our everyday medical literature. In an instance quoted by the *Boston Medical and Surgical Journal* the author relates that he was once engaged in "studying a profoundly diseased ovary, under a power of 400. There was presented a picture of almost dazzling brightness. Long branching protoplasmic bodies of exceedingly delicate and exquisite organisation, winding in all directions and in most graceful curves. It made a fairland of beauty. It was a forest of wonderful structures. . . . The microscope reveals the pathological change, clinical history gives the life reflection and makes the momentous reverberations of the almost tragic records." Now as a description of a diseased ovary the above is decidedly poor, and would confuse and possibly madden the student intent upon acquiring an inkling of the actual condition of the diseased organ. It is not even clever, because nothing is easier than to write at random without taking the trouble to describe appearances accurately and briefly. If adjectives are the enemies of nouns, imagery is the enemy of precision. Intending authors will please take note!

The Control of Medical Education.

THERE is an undoubted tendency in many quarters to consider that the guiding restraint which the General Medical Council exercises over matters of medical education is an unwarranted piece of interference with the rights of the different qualifying Bodies. The attempts of the Royal Colleges of London to defy the authority of the Council has served to bring into prominence the fact that there are many other Bodies, who have also neglected to follow its regulations, and that there are many more who would like to do the same. Unfortunately, such attempts are encouraged by the existence of a more or less prevalent notion that the General Medical Council is not what it ought to be, and that it does not guard the interests of the profession in the manner in which, for instance, the Incorporated Law Society guards its branch of the legal profession. There may be an element of truth in this, for the Council has undoubtedly a difficult card to play, in the selection of which there are too many advisers. Still, the fact that Parliament and Ministries are indifferent to

the demands of the Council is no reason for thinking that indifference on the part of the medical schools of the country will improve the state of affairs. At the present time there are some nineteen degree-conferring bodies—a number which is being every year added to, and each of these bodies are competing with one another for students. Can any sensible man have any doubt as to what would be the condition of medical education if each of these bodies were allowed to pursue an untrammelled course of curriculum shortening? In our opinion, the immediate result would be the marked deterioration of medical education; and the remote result—the reaction of public opinion leading to the establishment of State-controlled one-portal system. Would the various Corporations and Universities like such a state of things? If not, should they not admit once and for all, that a central authority is necessary, and that it is better that the medical profession should control this central authority than that laymen should do so. A persistent refusal to recognise such a necessity, and an equally persistent refusal to allow the Council to constitute such an authority, will, in the end, tend to bring about the substitution of an authority over which the control of the medical profession will be similar to their control over the clauses of the Midwives Bill.

American Sexual Literature.

A MOST extraordinary work has been recently published by Messrs. Saunders and Co., entitled "The Four Epochs of Woman's Life—a Study in Hygiene," written by a female doctor of the name of Anna M. Galbraith, who, it is unnecessary to say, hails from America. From the preface we gather that it is intended for; the perusal of women, young and old; from the contents we perceive that it is quite unfit for such a purpose. It is slightly crude—to say the least of it—to tell a young girl that certain "men early in their career are apt to become infected with some of the venereal diseases, or perhaps with all of them—gonorrhœa, syphilis, and so forth," while it is contrary to the moral notions of many to advise a shortly to be, or just, married woman that "it is better that the first year of married life should be allowed to pass without conception taking place." And then the reason which is given for this advice—"Children born during the first year of married life seldom equal in health children born of the same parents later." The medical knowledge of Dr. Galbraith appears to be as peculiar as her ethics. We learn among other things that a "virtuous young girl," "in her menstrual periods has had to do only with the secondary phenomena; with the expulsion of the ova not at all." The most curious part about this precious work is not why it was written. That is sufficiently obvious. It is that John H. Musser, M.D., Professor of Clinical Medicine in the University of Pennsylvania, writes, in an introductory note that Dr. Galbraith's truths should be known by every woman. We must protest against such a book being in any way associated

in the minds of the public with the teaching or opinions of the medical profession.

The Foundation of Oxford.

THE munificent bequest of the late Mr. Cecil Rhodes to the great senior English University must, necessarily, call special public attention to this grand old institution—to its past history, its present standard of progress, and its probable future usefulness in training the mental capacities and capabilities of the flower of the youth of the great British democracy. In this connection it is interesting to note—more especially as recent events have tended to the development of a better understanding and a more just appreciation of the respective qualities of the inhabitants of the sister isles—what share the influence of Ireland had, in the happy days of its learning and prosperity, on the diffusion of learning and civilisation in Great Britain. It is a historic fact that when Alfred the Great felt the inspired call to introduce the light of knowledge and learning into the dark regions of the territory which the will of Providence had called him to govern, he acted very much as Peter the Great of Russia did long centuries afterwards, in the best interests of the vast population of his empire. The latter monarch, feeling the want of the advantages of commerce and civilisation among his people, came to Holland and to England to study the art of shipbuilding and the other adjuncts of modern civilised commercial intercourse. With what success his very meritorious efforts were crowned is well known to every reader of modern history. It is less well known—the fact is not specially emphasised in our school and college histories—that when the great Alfred wished to introduce the blessings of learning into his territory and to diffuse them among his people, he came over to Ireland to be educated himself, and imported an Irishman who founded the University of Oxford.

A Suggested Antivaccinist Hospital.

THE newspaper press of the United Kingdom has naturally enough, been flooded with suggestions of persons who have ideas of their own as to the best way to avert or check the wave of small-pox now sweeping over the Metropolis with such disastrous effect. Through all this fanciful tangle of crude reasoning and imperfect knowledge there now and then struggles a passing gleam of humour. One of the most weirdly comical suggestions yet advanced has come, apparently with all seriousness, from an anti-vaccinationist, who proposes that all small-pox patients who have not been vaccinated should be treated apart in a hospital of their own. The author of this phantasy apparently imagines that modern medicine is wrong in its treatment of small-pox no less than in its method of prevention and of mitigation by means of vaccination. Further, he seems to assume that the anti-vaccinationist who is right in condemning vaccine must have his own appropriate curative methods for small-pox. It is clear that were those unprotected against small-pox

classified in this way the task of the statisticians would be lightened. but that is the only shred of advantage that can be gleaned from the proposal. If the anti-vaccinationists want to die in their own way, Mr. Balfour has made it possible for them to withdraw themselves from the action of the law. It is clear, however, that the present state of educated public opinion will not allow them to do so at the public expense. In an anti-vaccinationist hospital, moreover, they would have to undergo isolation and disinfection for Mr. Balfour has not yet dismantled the office of medical officer of health.

Contract Medical Practice at Norwich.

THE old proverb "God helps those who help themselves" applies with special force to members of the medical profession. It has been seriously taken to heart in Yarmouth, where the medical men have for several years past adopted a resolute attitude with regard to the "sweating" of the profession by the friendly societies. Indeed, it seems not unlikely that the burning question of medical contract practice has been to a great extent settled by the decision of the General Medical Council, in November last, in "the Yarmouth case," by which a medical man of the town was convicted of infamous conduct in having been associated with a lay society which systematically practised canvassing in order to obtain patients. It is satisfactory to note that a similar principle of self-help has been adopted by the medical men of Norwich, who have formed a local union of their own wherewith to rout the friendly societies' selfish policy and to uphold the honour and dignity of their own profession. A Public Medical Service has been organised in Norwich to provide for the medical wants of poor persons unable to pay the minimum fees of general practice. This plan offers a way out of the wood to former officers of medical aid societies who join the new service. Its great importance lies in the recognition of the fact that medical men must trust for defence to their own right arms. The General Medical Council, as at present constituted, may control but certainly does not defend. The example of Yarmouth, Norwich, Eastbourne, Coventry, and other towns, where medical men have organised their own associations for attendance on the poor, deserves to be followed in all parts of the United Kingdom.

Variolous Vaccine.

It has long been suspected that vaccine was in reality small-pox modified by passage through the organism of the cow, and this view has been greatly strengthened by the success of recent attempts to produce a vaccine by the inoculation of calves with variolous matter. We cannot quite understand the apologetic attitude of the Government when questioned on the experiments made by Dr. Copeman, of the Local Government Board, experiments which are a credit to him and to the department with which he is associated. Only unreasoning prejudice could take exception to these experiments, which were

indeed indispensable to the elucidation of sundry problems connected with the nature and production of vaccine lymph. If, as suspected, vaccine be merely the modified virus of variola there is, of course, the possibility that its evolution in the human body might restore its primitive infective properties, but there is absolutely no evidence that such is the case, and indeed, were it so, the close observation to which the action of this lymph was subjected could hardly have failed to detect it. It follows that there is no scientific objection to the employment of such lymph although it is no longer utilised, in deference, we suppose, to popular sentiment; but it is, after all, a matter to be discussed on scientific grounds, and not made the pretext for harassing a Minister who can but repeat what he is told by his subordinates.

The Royal Orthopædic Hospital.

THE affairs of the London Royal Orthopædic Hospital remain in an unsettled state. Last week the annual general meeting revealed a great amount of dissension. The dispute, as usual, raged over the question as to the advisability of the sale of the hospital premises. Readers may be reminded that three years ago the then Committee wished to sell the site for £28,000. They were defeated, and retired in favour of Mr. Harry H. Marks, a gentleman well known in financial circles. The new Committee shortly afterwards declared their intention to sell. A year ago an attempt was made to sell for £37,700, and now the Committee wish to accept £40,000. The opposition has thus sent up the selling price of the hospital no less than £12,000. They contend that the premises are worth more. There is no compulsion to sell, and the property is in so fine a position that its value is likely to go on increasing for many years to come. On the other hand, to dispose of the endowment of the charity, which in this case consists of a highly valuable freehold, in order to buy a leasehold and pay rent, seems to be an unbusiness-like proceeding most disadvantageous to the hospital. The selling of the site on lease would, on the other hand, be a reasonable and prudent method of dealing with the property.

The Surgical Treatment of Bright's Disease.

SOME further very interesting statistics of the results of the surgical treatment of Bright's disease have been lately published by Dr. George Edebohls. His statistics are increased in interest by the fact that he claims to be the first person to treat chronic Bright's disease by operation, and that he has already published the results of cases in which the cure of this disease had resulted from the performance of nephropexy. In the present list, the result of eighteen operations is given, and it must be candidly confessed that these results are of a most encouraging nature. In eight of these cases, albumen and tubecasts finally disappeared from the urine at an average interval of four and a half months after the operation. While the average period which had elapsed in

each case between the operation and the last occasion on which the urine had been examined was 44½ months. In the remaining cases the results were not so definite. In some the patient's condition was much improved, in others there was no improvement, but in no case did death result from the operation. Dr. Edebohls considers that the increased and adequately maintained blood supply to the kidney which the operation establishes, leads, most probably, to the gradual absorption of the interstitial or intratubular inflammatory products, thus freeing the tubes and glomeruli from external compression and distortion, and permitting the re-establishment in them of a normal circulation.

The Passing of the "Conscientious Objector."

"THERE is a silver lining to every cloud" is a motto that may be applied with some sort of aptness to the present small-pox epidemic in London and other parts of the country. The one cheering feature of this unhappy visitation is that it will almost infallibly sound the death-knell of that curious hybrid the "conscientious objector." The term "infallibly" has been used because it seems hardly possible to doubt that after the experience of the outbreak that is still raging in the metropolis no Government could venture to propose the extension of the five years' lease of life which was originally guaranteed to its monstrous offspring by Mr. Balfour's Vaccination Act. In 1903 the "conscientious objector" reaches the end of his allotted span, and will then pass peacefully away unless Mr. Walter Long, or some other Secretary of the Local Government Board, has the temerity to propose for him a fresh lease of life. Since his appearance upon the scene he has been the butt of unceasing sarcasm and ridicule. Perhaps the unkindest cut of all has been the conduct of the magistrates, who have refused all sorts of anti-vaccinationist objections because their intellects have not been nimble enough to justify their claim to conscientious objection. There can be no doubt that the renewal of the clause in its present form would give rise to great dissatisfaction, not only in the metropolis, but generally throughout the United Kingdom. It was passed in the teeth of the vigorous opposition of the medical profession.

Small-pox in London.

HAPPILY, the London outbreak of small-pox shows at length some signs of steady diminution. The returns for last week showed a marked decrease on those of the previous week. At midnight on Saturday there were 1,437 patients under treatment in the Asylums Boards hospitals. It may be hoped with some amount of confidence that the present fall may point to the beginning of the natural decline that may be expected in the natural course of things during the summer months. For all that the serious nature of the situation must be realised, and the present fall may simply mean a temporary lull. Whatever decrease may take place during the summer, there is

reason to believe that the epidemic will break out with renewed violence when the winter comes round again. Since the beginning of the outbreak in August last 5,925 cases have been admitted to the Asylums Board Shelters, and of that number 906 died.

The Medical Department of the Navy.

By Order in Council, dated March 24th, the new regulations for the medical service of the Navy receive their *exequatur*. These regulations, so far as admission to the Service is concerned, do not differ in any material respect from those previously in force, but power is reserved to the Admiralty should it at any time be considered expedient, to admit annually two candidates to be nominated by schools of medicine in the United Kingdom, such candidates to have satisfactorily filled the post of house surgeon in a large civil hospital for at least six months. Also not more than six candidates specially recommended by such Colonial Universities as shall be selected, whose qualifications are recognised by the General Medical Council. An increase in pay all round is provided. Hitherto the pay on entry has been £209 17s. 6d. per annum; in future it is to be £255 10s. A similar proportional increase has been made as follows:—

	£	s.	d.	£	s.	d.
After 4 years' full-pay service ...	0	17	0	310	5	0
8 " " " " " " " " " " " "	1	0	0	365	0	0
Staff surgeon :						
On promotion ...	1	4	0	438	0	0
After 4 years' full-pay service in rank ...	1	7	0	492	15	0
Fleet surgeon :						
On promotion ...	1	10	0	547	10	0
After 4 years' full-pay service in rank ...	1	13	0	602	5	0
After 8 years' full-pay service in rank ...	1	16	0	657	0	0
Deputy inspector general ...	2	2	0	766	10	0
Inspector general ...	—	—	—	1,300	0	0

Consolidated.

The half-pay gratuities on retirement, retired pay, and allowances are left unchanged.

Gynæcologists as Surgeons.

THE question whether gynæcologists *qua* physicians are entitled to perform operations on their hospital patients, a question which was long since decided in their favour in the metropolis, has just given rise to a heated controversy at Lincoln. Ultimately, in spite of persistent opposition, the common-sense view has prevailed, and it has been decided that it is not outside the province of a physician to perform gynæcological operations. This is as it should be, but it would greatly simplify matters if gynæcologists adopted the view that their specialty is in reality a department of surgery, and qualified accordingly. Abroad both obstetricians and gynæcologists are formally recognised to belong to the surgical staff, and it is a relic of an almost forgotten past in this country that they should continue to be recruited from among the physicians.

THE late Captain Henry Martin Turnor, of Eastbourne, of the 1st Dragoon Guards, who died on

January 7th last, aged 89, and whose estate has been valued at £479,024 7s. 7d. net, has bequeathed £5,000 to the London Hospital, and £5,000 each to the Royal Hospital for Incurables, the Hospital for Consumption and Diseases of the Chest, Brompton, and the Victoria Hospital for Children.

PERSONAL.

DR. HENRY CARSON, of Forest City, Pennsylvania, has just died at the age of 108 years.

SIR JOHN BURDON SANDERSON, F.R.S., has been elected an honorary member of the Danish Royal Society of Science.

MR. F. MARSH, F.R.C.S., will deliver the Ingleby Lectures at the University of Birmingham on May 27th and June 3rd.

SIR FREDERICK TREVES is to take the chair at the second annual dinner of South African Civil Surgeons on June 9th at the Hotel Cecil.

DR. JAMES C. WHITE has resigned the Professorship of Dermatology at the Harvard Medical School, a post which he has held for thirty years.

WE regret to learn that the son of Dr. Gill, of Limehouse, has been the victim of a fatal accident, he having been knocked off his bicycle and killed.

LORD MOUNT-STEPHEN has intimated his intention of setting apart securities, representing about £30,000, so as to secure a yearly donation to the Royal Infirmary of Aberdeen of £1,000.

DR. JOHN B. MURPHY, the famous Chicago surgeon, has had conferred upon him the Lestare Medal, which is in the gift of the University of Notre Dame, "in recognition of his merit as a Christian gentleman and of his great work in medical science."

DR. JOHN A. MACDONALD, who has resigned the position of workhouse medical officer at Baltinglass, has been presented with an illuminated address by his former fellow-officers in the union on the eve of his departure for Leeds. The extern officials subscribed to the address, which was handsomely illuminated and framed.

Lunacy Department.

THE DIETING OF PAUPER LUNATICS IN SCOTLAND.

IN the form of a Supplement to the Forty-third Annual Report of the Commissioners in Lunacy for Scotland, there has been published an elaborate and interesting account of an inquiry by Dr. James Craufurd Dunlop into the dieting of pauper lunatics in asylums and lunatic wards of poorhouses. The report, in which there is embodied a description and criticism of the dietaries of all these establishments, is founded on statements incorporated in schedules which were issued by the Board of Lunacy two years ago, and the inquiry was directed towards ascertaining how far the dietaries met the requirements of the inmates of these institutions. The procedure followed was to enquire minutely into the existing diet scales and to compare their energy value with a standard accepted as being suitable for men doing similar work to that usually executed by pauper lunatics. Dr. Atwater's standard for men doing

light labour is 3,100 calories, and Dr. Dunlop came to the conclusion that the average asylum dietary for male pauper patients should have an energy value of 3,800 calories, and this standard has been practically verified by the acquired results, which show the average of all the male dietaries to be 3,335 calories. In concluding his report, Dr. Dunlop makes the following suggestions for ensuring the proper feeding of pauper lunatics, viz.:—(1) Bread should be given *ad libitum* with all meals; (2) 24 ozs. of meat, uncooked, without bone, should be the minimum weekly allowance; (3) a fish dinner or a fifth meat dinner should be given weekly; (4) porridge and milk must be given at least once daily; (5) the minimum weekly allowance of potato should be 3 lbs., and of other fresh vegetables 1½ lbs.; (6) tea or coffee or cocoa should be served *ad libitum* twice daily; (7) the minimum weekly allowance of butter should be 5 ozs.; (8) the proper variation of diet should be insisted on; and (9) extra food for working patients. Besides an unlimited supply of bread with every meal, he recommends that the national dish (porridge and milk) should be freely used. Of the various dietaries eleven are in excess of the standard adopted, thirteen are near it, and fifteen are deficient. In the case of the excessive dietaries the average weight is more often above the standard; and in the case of the deficient dietaries it is nearly always below the standard. There is a great variety in the dietaries, but some are not too well arranged, some might safely be reduced, others with much advantage increased, and natural distinctions are not always made between the sexes, the employed, and the idle. In one asylum, strange to say, the female patients get bread daily to dinner, while the male patients only receive it when there is no potato. Surely this arrangement should be reversed. In some instances Dr. Dunlop criticises the smallness of the vegetable supply, but it must be taken into consideration that the schedules were filled up at the season of the year when vegetables are very scarce, and we believe this accounts for the shortage in that direction. Of course, in such a report, there are bound to be certain inaccuracies, and it cannot be regarded as being absolutely correct. However, the deviations can all be easily put right, and we have no doubt a careful study of the report will suggest further improvements.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

NATALITY IN GREAT BRITAIN.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I agree with your correspondent "Quersens." There are undoubtedly always two sides to every question; there indeed are many sides to most, and probably none has more sides or is capable of being looked at from more distinct points of view than the question of population and its restriction by artificial means. There is first the personal question. The wife, the husband, and the offspring—how are the moral and physical welfare of each of these affected by limitation of the family? There is secondly the question of the effect upon the nation; and there is lastly the question of the fate of modern civilisation. What is to be the final issue if all the now advancing peoples persist in following the example of dying France and in carrying the narrowest form of egoism to its logical conclusion? If checks upon reproduction were used only with wise prudence based upon scientific considerations, the question would be different. The tendency is not to have a small family but to have no children, or at most only one or two. The aim is not merely to avoid undoubtedly hurtful physical and mental stress and strain, but to shirk all responsibility whatever as parents, and to seek above all things a life of ease, of luxury, and so-called pleasure. That this course does not bring real happiness every competent observer of sufficient experience will, I think, agree. The healthy matron, surrounded by her crowd of children, often presents a picture of satisfying

domestic contentment, and presents a great contrast to the artificially barren wife full of her own selfish unsatisfied desires, or the mother of one or two spoilt brats, a source frequently of more anxiety than a healthy brood of twelve.

In France we have on this subject an object lesson on the biggest scale—a lesson which her own men of science have not altogether neglected. Those of your readers who care to see this question from the point of view of the French savant cannot do better than read M. Edmond Demolins's work, "*A Quoi Tient la Supériorité des Anglo-Saxons*," a translation in English of which has been published under the title "*Anglo-Saxon Superiority*." Curiously Mr. Bodley in his much lauded work, "*France*," has almost entirely ignored the population question, and by thus leaving out of consideration a factor of supreme importance in drawing historical deductions has depreciated, if he has not entirely destroyed, the value of his arguments.

I am, Sir, yours truly,

A STUDENT OF SOCIOLOGY.

March 9, 1902.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Would it not seem to be a law of nature that as soon as the individual members of a community take a prophylactic interest in the question of reproduction, they are fatally condemned to be "wiped out" or absorbed by less intelligent and more prolific races? One may even see in this automatic nation-suicide a natural law adverse to the development of too high a standard of intellectuality in a particular race so long as other races remain behind in psychical evolution. If all races were equally prudent it would perhaps be consistent with national stability, as well as with individual comfort, to strictly limit the output of children, but as far as we can learn from history the too-advanced nations are destroyed before their doctrines have had time to permeate their neighbours.

Nature seems to insist on man drinking the cup of life to the dregs, and as soon as man, obeying his desire to make the best of this world, studies his own interests instead of those of his race, that nation is doomed.

It is customary to speak on this subject as if the birth-rate were dependent on the will-power of individuals, ignoring the fact that our evolution is accomplished in strict conformity with immutable laws which allow no scope for individual initiative. If a decreasing birth-rate be a sign of national decay, it is merely an indication of senility, and who shall pretend to resist the advance of age and the changes associated therewith?

The problem is too vast for profitable discussion. We can see but darkly, and wonder why men should wantonly introduce beings into the world which is the theatre of such harrowing experiences.

I am, Sir, yours truly,

NEOPLASM.

[No useful purpose can be served by discussing the question from this abstract transcendental point of view. We hold that volition is not a *quantité négligeable* in this matter, and that "harrowing experiences" are compensated by agreeable interludes.—ED.]

RABELAIS AS A MEDICAL WRITER.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The allusion to "Rabelais as a Medical Writer" in the last issue of THE MEDICAL PRESS AND CIRCULAR recalls the restless and inquiring spirit of the age of this very remarkable man, when the recent introduction of printing and the exodus of Greek scholars and Greek manuscripts from Constantinople, which followed its capture by the Turks, had sown all Western Europe with "dragon's teeth." The series of earthquake waves of thought—political, social, philosophical and theological—which rapidly followed soon caused the development of so great a degree of mental friction in all directions as to raise the temperature of the whole intellectual atmosphere far above the boiling-point. And, as necessarily occurs during every process of

violent ebullition, a large quantity of intellectual dregs was brought to the surface; while at the same time the general intellectual activity was increased some wonderfully inspired bubbles were thrown to a great height—and often flashed forth richly artistic colours before they burst or disappeared; and the really valuable and nutritious portion of the liquid was the portion that remained excluded from the general gaze. François Rabelais was born in 1483, the same year in which Martin Luther first saw the light: and he died in 1553, the year in which Michael Servetus was burned for heresy at the prosecution of John Calvin. The average reader who goes to the "Works of Rabelais" for enjoyment of the buffoonery and obscenity in which, unhappily, they too largely abound, is seldom cognisant of the fact that the author was one of the most learned men of his generation; that, like the great philosophical reformer, Lord Chancellor Bacon, he had "taken all knowledge for his province"; that he had turned from theology and law to the study of medicine, as offering the widest field of genuine knowledge which could be cultivated in this world; and that his coarse buffoonery and gross indelicacy are probably, in every instance, but the reflex of his contempt and scorn of the cant and corruption which he saw everywhere around him. The inspiration of his indescribable work was identical with that of the "English Rabelais," Jonathan Swift. The heroic deeds of Gargantua and Pantagruel grew from the same intellectual germs as did the voracious travels of Lemuel Gulliver. But even medical men, who while away an evening hour over the fantastic creations of Rabelais seldom notice or rarely remember that its pages include the best compendium of the physiological knowledge of his time which has descended to us. I quote from the reprint of Ozell's edition, brought out in 1738 by an enterprising Dublin printer and bookseller:—

"The Intention of the Founder of this Microcosm is to have a Soul therein to be entertained, which is lodged there as a Guest with it's Host, it may live there for a while. Life consisteth in Blood, Blood is the Seat of the Soul; therefore the chiefest Work of the Microcosm, is to be making Blood continually. At this forge are exercised all the Members of the Body; none is exempted from Labour, each operates a-part, and doth it's proper Office. And such is their Hierarchy, that perpetually the one borrows from the other, the one lends the other, and the one is the other's Debtor. The Stuff and Matter convenient which Nature giveth to be turned into Blood is Bread and Wine. All kind of nourishing Victuals is understood to be comprehended in these two, and from hence in the *Langue Goth* is called *Campanage*. To find out this Meat and Drink, to prepare and boil it, the Hands are put to work, the Feet do walk and bear up the whole Bulk of the corporal Mass; the Eyes guide and conduct all; the Appetite in the Orifice of the Stomach, by means of little sourish black Humour (called Melancholy) which is transmitted thereto from the Milt, giveth warning to shut in the Food. The tongue doth make the first Essay and tastes it; the Teeth do chew it, and the Stomach doth receive, digest and chillify it; the Mesaraick Veins suck out of it what is good and fit, leaving behind the Excrements, which are, through special conduits for that purpose, voided by an expulsive Faculty; thereafter it is carried to the Liver, where it being changed again, it, by the Virtue of that new Transmutation, becomes Blood. What Joy, conjecture you, will then be founded amongst those Officers, when they see this *Rivulet of Gold*, which is their sole Restorative? No greater is the Joy of Alchemists, when after long Travel, Toil and Expence, they see in their Furnaces the Transmutation: then it is that every Member doth prepare itself, and strive a-new to purify and to refine this Treasure: The Kidneys through the emulgent Veins draw that Aqueosity from thence which you call Urine: and there send it away through the Ureters to be slipt downwards; where in a lower Receptacle, and proper for it, (to wit the Bladder) it is kept, and stayeth there until an Opportunity to void it out in his due time. The Spleen draweth from the Blood its terrestrial Part, viz. the Grounds, Lees, or thick Substance settled in the

bottom thereof, which you term *Melancholy*: The Bottle of the Gall subtracts from thence all the superfluous *Choler*; whence it is brought to another Shop or Workhouse to be yet better purified and fined, that is the Heart, which by its Agitation of *Diastolick* and *Systolick* Motions so neatly subtiliseth and inflames it, that in the *right side* Ventricle it is brought to Perfection, and through the Veins is sent to all the Members; each Parcel of the Body draws it then unto it's self, and after it's own Fashion is cherished and alimented by it: Feet, Hands, Thighs, Arms, Eyes, Ears, Back, Breast, yea, all; and then it is that who before were *Lenders*, now become *Debtors*. The Heart doth in it's *Left-side* Ventricle so thinnify the Blood that it thereby obtains the Name of *Spiritual*; which being sent through the *Arteries* to all the Members of the Body, serveth to warm and winnow or fan the other Blood which runneth through the Veins: The Lights never cease with it's Lappets and Bellows to cool and refresh it; in Acknowledgment of which good the Heart through the arterial Vein imparts unto it the choicest of it's Blood: At last it is made so fine and subtle within the *Rete Mirabile*, that thereafter those *Animal Spirits* are framed and composed of it; by means whereof the Imagination, Discourse, Judgment, Resolution, Deliberation, Ratiocination, and Memory, have their Rise, Actings, and Operations."

The above sentences clearly show that Rabelais had very definite ideas of the continuous processes of waste and repair, of absorption, assimilation and elimination, as they go on in the human body. Also that he had perfectly clear notions of the continuous movement of the blood, which was the sole vehicle of the requisite pabulum. So that, although he cannot be said to have made the motion of the blood precisely "circular," it cannot be denied that he has placed on record sufficient testimony to show that his physiological ideas were not so much behind those of William Harvey as most medical men of the present generation have, probably, been accustomed to think. Shakespearians and Baconians are not yet, I believe, quite agreed as to the extent of the acquaintance of the author of "*Coriolanus*" with the text of the fantastic work of Rabelais. But the ideas of those great authors on the subjects of digestion, nutrition, and the [(?) circulatory] movements of the blood undoubtedly display a curiously close degree of convergence. In a familiar scene of the great tragedy, the good old tale is introduced in which the stomach has to defend itself against the attacks of its envious neighbours:—

"'True is it, my incorporate friends,' quoth he,
'That I receive the general food at first,
Which you do live upon; and yet it is
Because I am the store-house and the shop
Of the whole body; but, if you do remember,
I send it through the veins of your blood,
Even to the court, the heart, to the seat o' the brain;
And through the cranks and offices of man,
The strongest nerves and small inferior veins
From me receive that natural competency
Whereby they live.'"

But the tracings of the pencil of genius have often been found to display closely similar curves, even when the guiding hands have been separated by an entire quadrant of the earth's circumference, and their inspired owners have been utterly unconscious of one another's existence!

I am, Sir, yours truly,

JOHN KNOTT, M.D.

34, York Street, Dublin, April 11th, 1902.

THE MANIPULATION OF MILK.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Early-purification and refrigeration of town supplies of country milk is as great a human need as pure fresh air, sound meat, or wholesome bread; and the publication of Mr. Serin's letter is a valuable record, highly creditable to him and to your journal for publishing it. Nothing short of criminal ignorance largely prevails in connection with the English milk traffic. I write from personal knowledge and

experience of a most painful character. I can assure you that anyone who becomes connected with milk and its correct treatment is liable to suffer in both reputation and character. The very fact of the word "purification" hyphenated with the word "early," in the opening of these remarks, is a key that unlocks the door of gross ignorance, thoughtlessness, and absolute incapacity largely prevalent amongst those who are connected with English milk. I have been into hundreds of malodorous country cow-houses in England, teeming with filth, and the cow's bodies caked with dirt. I have often seen milk in London with lumps of dung in it, and inches of polluted sediment, so filthy was the condition it was sent off from the country in; while over and over again have I witnessed churns that have been emptied of their "fluid" covered towards the bottom with obnoxious adherent slime, and so forth. For years back have I urged upon dairy farmers and dairymen more care and cleanliness; I know, and warned them over and over again, that the prevailing state of things must end in exposure and reform; and I issued 35,000 pamphlets some years ago, pointing out the evil of toning down *fresh* whole milk by adding thereto *stale* separated milk, and so adding more fermentative (and much fermented) lactose or milk sugar, to the mixed milk; and thus creating a most dangerous and highly fermenting milk, sold as the genuine article. I had hundreds of other corroborative pamphlets also issued with tabulated records in it of 1,000 detailed analyses of milk samples taken under all sorts of conditions during nine consecutive months. But my experience is that I was powerless, in my practically almost single-handed fight, against ignorance and fraud.

It is bad enough for farmers to neglect early purification because of wrong feeding and dirty production, and early refrigeration because of natural liability to rapid decomposition and fermentation of milk, and particularly when warm with animal heat; but it is an aggravation of that serious-enough evil of omission when town dairymen mix into it more ferment by the addition of separated milk, and allow their employes to sell fermented milk as "nursery milk." It is a sin.

The whole business is, to a great extent, grossly wrong from beginning to end. If any of your readers wish for more enlightenment I will send on a "Dairy Catechism," if a stamped addressed envelope be sent me for the purpose. The perusal will be an exposure, and revelation to many.

I am, Sir, yours truly,
A. ROBINSON.

Crosby, 51, Thurlow Park Road, West Dulwich,
April 14th, 1902.

A NEW FORM OF SPLINTING.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—As a general practitioner I have often felt the need that exists for some form of light, cheap splinting, easily cut when wanted into any desired shape and size, for it is practically impossible for a country or suburban general practitioner to keep ready-made splints in sufficient variety of shapes and sizes for all the various fractures he may at any time be called upon to treat. Gooch splinting is good and convenient, but many splints, such as right-angled ones, cannot be made from it. Poroplastic, also, is good, but rather heavy, expensive, and requires moulding.

Some time ago I made some splinting from corrugated boards, i.e., corrugated paper fastened between two sheets of cardboard. By fastening two such corrugated boards together with the corrugations in one at right angles to the corrugations in the other, I obtained a splinting which I have used for about a year. This splinting has the following advantages:—It is light; easily and quickly cut with a penknife into any desired shape; quite strong enough for any ordinary splint except a long hip splint; requires very little or no padding; transparent to X-rays, and very cheap.

Further, it may be strengthened as much as can possibly be desired, by the insertion of wires, such as bicycle spokes, into some of the corrugations, and in

right-angles splints some of the spokes will go one way in one set of corrugations and some at right angles on the other set of corrugations and in splints longer than bicycle spokes. The spokes can be inserted from each end overlapping in middle of the splint.

Also by cutting the splinting into the desired shape, then inserting a sufficient number of spokes or other wires this splinting can be then bent into many shapes suitable for orthopaedic purposes; for instance, I have used it successfully for splints for talipes plantaris to be worn at night instead of a Scarpa's shoe. The foot piece being forcibly bent round at right angles to the leg piece, and the angle can be easily strengthened by another such piece glued on to the outside. Tapes or elastics are easily fastened between the wires or spokes to hold down the toes in cases of hammer toes, &c.

The bicycle spokes, which are very strong and tough, are easily cut into desired lengths by a wire cutter, or simply nicked with a file and then broken off. For X-ray purposes these spokes can be withdrawn from all ordinary splints if desired without taking the splint off the limb and so again inserted. This splinting will not be so much required for stationary civil hospitals or by surgeons living near skilled instrument makers, but by army and other moving hospitals, ambulances, and by the great numbers of general practitioners living in the country or suburbs who have to make their own splints as required.

Messrs. Arnold and Sons have recently made some of this splinting covered with white paper cardboard, in sizes of thirty inches square, and they can also supply the bicycle spokes and spoke cutters.

I am, Sir, yours truly,
GEORGE B. BATTEN, M.D.

Dulwich.

Literature.

WALSH ON RONTGEN RAYS IN MEDICAL WORK. (a)

THERE is evidently room for a work which defines the application of these wonderful rays to medical and surgical practice, especially, perhaps, in respect of the former, where the information thus to be obtained is fully as useful as in the surgical department, although perhaps somewhat more difficult to elicit. The need for such a work as this is emphasised by the fact that we are already presented with a third edition—revised, in part re-written, and thoroughly brought up to date. Since its first appearance this book has secured and maintained its position as the standard English authority on Röntgen ray methods.

We gather that the improvements recently introduced into X-ray practice are mainly due to the increased power obtained from the induction coil by the use of mechanical breaks whereby clearness of definition is greatly enhanced, thanks to the increased power of penetration possessed by the rays thus reinforced. By means of an ingenious contrivance it is now possible to run both the mercurial break and the coil from the main, provided the current circulating therein be continuous. The improvements in the break have rendered unnecessary the use of the very large coils; in fact, a ten-inch coil, we are told, is now equal to all demands in this department of medical work. The coil still holds a foremost place in the special equipment for X-ray purposes.

In the present edition the introductory part has been written by Dr. Lewis Jones, chief of the electrical department at St. Bartholomew's Hospital, thus ensuring that the electrical section is abreast of the times. The purely medical and surgical aspects of the subject, in so far as they required to be modified, are dealt with in an appendix, and the finer quality of the more recent work is very obvious. The illustrations are numerous, and for the most part faithfully reproduced. Among them is a fine plate by the author of a case of military

"The Röntgen Rays in Medical Work." By David Walsh, M.D. Ed., Physician to the Western Skin Hospital, late Secretary to the Röntgen Society, London, &c. Third Edition. London: Baillière, Tindall and Cox. 1902. Price 12s. 6d. net.

tuberculosis, showing the individual tubercles, certainly the best of the kind we have seen.

Dr. Walsh was, we believe, the first to systematise the study of these rays, in their medical uses, in the English language, and we may congratulate him upon the satisfactory manner in which he has accomplished the task.

The work is beautifully printed and solidly bound, and reflects credit on the publishers.

HADLEY ON NURSING. (a)

THIS little book is designed to afford nurses some general knowledge of the various diseases, medical and surgical, which they are likely to meet with, and at the same time give them some instructions as to the different duties which they may be called on to perform in connection with them. It is not an easy matter to say how far a nurse should be instructed in the nature of the different diseases which she may be called on to attend. If she is taught too much there is a danger of her forgetting that she has merely to nurse her patient under the instruction of the medical attendant, while if she is taught nothing of the reasons for what she is told to do there is the greater danger of her becoming a mere machine, and a machine, too, which is very likely to break down in the carrying out of some essential, but apparently trivial, detail. Dr. Hadley has, we think, hit the happy mean in this book, and his description of the various diseases, both medical and surgical, is admirable, both in clearness and brevity, and in this connection there is little or nothing that could with benefit be omitted from the book. In some of his directions however, as to how this knowledge is to be applied he is not so happy. It seems a pity that in a book like this such a special subject as midwifery nursing should be included, and we doubt very much if the instruction given on this subject will meet with the approval of obstetric physicians. What, for instance, would be said to a nurse who adopted the following procedure recommended in the treatment of the third stage of labour. "If after twenty minutes there are no pains or they are ineffectual in expelling the placenta it should be expressed. To do this, press the uterus downwards and backwards with the left hand while feeling for the placenta with the right hand in the vagina. When it is received in the right, twist it round and round so as to make a sort of rope of the attached membranes and so facilitate their complete removal."

There is also a lack of clearness in dealing with the aseptic and antiseptic methods of surgery which is liable to puzzle a nurse. For example, we are told that "dry gauze dressings may be simply rendered antiseptic by subjecting them to great heat in a suitable steriliser, or they may be impregnated with various antiseptics." Here the information is misleading, and even were it correctly understood it is of little use since it affords the nurse no idea how practically to sterilise such gauze. In spite of these defects, however, the book will, we feel sure, be found most useful to nurses, and will greatly assist them in intelligently carrying out those instructions which so materially affect the comfort and well-being of the patient.

BUTLIN ON THE OPERATIVE SURGERY OF MALIGNANT DISEASE (b).

IT is twelve years ago since the first edition of this invaluable work was issued, and as the changes in surgery since 1887 have been very great, some chapters have been rewritten, and there is scarcely one of them which has not required considerable alteration. The author has also had the help of several surgeons familiar with cancer of special parts of

the body, so that the work may justly claim to be an up-to-date and faithful reflection of the relation of surgery to cancer.

The work is intended to indicate the class of cases and the parts of the body which may be treated by operative means with the best prospect of success; to encourage the performance of operations in suitable cases at the earliest period; to discourage the repetition of useless operations; to indicate the extent of removal which is required for the treatment of the different varieties of cancer in the different parts of the body.

The author's contention that the more closely the patients are followed up, so much the better are the final results, continued observation has proved. Compared to what it was the reduction of the immediate mortality of almost all operations is very striking. It is much less in amputations, but the same in operations on the jaw as it was in 1887. Mr. Butlin insists that the very large majority of cancers of the tongue commence in the form of a compound wart or warty growth. Amputation at the hip-joint for subperiosteal sarcoma offers really no prospect of cure. The importance of parotid tumours is insisted upon, because they are endotheliomas of the lymphatics, and though often undoubtedly malignant they may be innocent. Facial palsy is generally a sign of malignancy, and the surgeon must not scruple to cut the nerve if complete removal requires it. In cancer of the face in old people great care must be taken to avoid loss of blood, and in dressing to give an anæsthetic or to inject morphia. Epithelioma of the antrum is often mistaken for necrosis from the pain and suppurating sinuses, the lymphatic glands are only rarely affected. In all operations on the tongue, tonsil, and upper jaw, the author recommends the lateral posture, early clamping of the vessels, plugging the wound with gauze, free dependent drainage, frequent dressings, and feeding through a tube. He is not in the habit of opening the neck simply for the purpose of ligaturing the carotids or lingual arteries. When he does ligature the lingual, it is just where it comes off from the external carotid. In cancer of the tongue the submaxillary and cervical glands are most likely to be affected, the submental also when the disease is at the tip, and the parotid glands when near the root. The author's doctrine is, whenever it is possible, operate at once.

Innocent endotheliomas may quite easily be shelled out of the palate in a few seconds by an incision along the anterior margin of the tumour. The work abounds in practical hints of the greatest value both to the general practitioner and to the operating surgeon. Slight errors in the text are to be found on pages 257, 267, 287, 366 and 389.

ROTCH'S MANUAL OF PEDIATRICS. (a)

THE great advances, which have been made in the subject of pediatrics, have rendered it necessary that Professor Rotch, in preparing the third edition of his excellent work, should almost entirely re-write it. In so doing, he has endeavoured to accentuate the practical character of his work, and to more thoroughly systematise the descriptions of the various diseases. Special attention has been paid to the advances in the hygiene and dietetics of early life, while a considerable number of fresh plates, and some excellent radiographs, have been added.

The opening divisions of the book deal with normal development and the feeding of infants, and appear to us to be particularly valuable. Dr. Rotch enters very fully into the physiology of the fœtus, and furnishes some admirable tables of the various measurements of the fœtus, the weight of the latter and of its various viscera, and much other similar statistical matter. The chapter on Infant Feeding also contains many such tables, and, indeed, those to which we have drawn attention, as well as many others, constitute an important feature of the work. The third division of the book

(a) "Pediatrics, the Hygienic and Medical Treatment of Children," By Thomas M. Morgan Rotch, M.D., Professor of the Diseases of Children, Harvard University. Third edition, re-arranged and re-written. Pp. XXI. and 1,021, with numerous Engravings and Coloured Plates. Philadelphia: Lippincott and Co. 1901.

(a) "Nursing: General, Medical, and Surgical, with an Appendix on Sick-Room Cookery." By Wilfred J. Hadley, M.D., F.R.C.P., Physician and Pathologist to the London Hospital. London: J. and A. Churchill. 1902. Price 3s. 6d.

(b) "On the Operative Surgery of Malignant Disease." By H. T. Butlin, F.R.C.S., D.C.L., Surgeon to St. Bartholomew's Hospital & Co., with the co-operation of James Berry (the Throat), W. Bruce Clark (the Kidney), Allan Doran (the Ovary and Uterus), Percy Furnival (the Stomach, Intestine and Rectum), Walter Jessop (the Eye), H. J. Waring (the Liver and Gall-Bladder). Second Edition. London: J. and A. Churchill, 1900.

is devoted to the general principles of examination and treatment of children, and contains a short paragraph on the use of the X-rays in diagnosis. Among the radiographs which are reproduced may be mentioned several which show the changes that take place in rachitis, tuberculosis, osteo-myelitis and syphilis, and also the changes in the various abdominal organs. The remaining divisions include the diseases of the skin, specific infectious diseases, diseases of special regions and viscera, and diseases of the nervous system, all of which attain a very high standard of excellence.

Dr. Rotch's work is obviously too long to review in detail. We must content ourselves by saying that we consider it to be a trustworthy and readable work which, from its scientific character and the amount of information it contains, will be found to admirably meet the requirements of medical men, whose practice, either as specialists or as general practitioners, necessitates a careful study of that most engrossing subject—the diseases of children.

DISORDERS OF ASSIMILATION, Etc. (a)

It seems a pity that the author did not choose a title more distinct from that of his previous work, entitled "Disorders of Digestion." It is true he points out in the preface that this is not a second and enlarged edition of the other, but still we fear that many, not seeing this statement, would naturally consider that it was.

The book is made up of "a collection of scattered papers and addresses, written at various times, and delivered on various occasions." As may be expected, then, some will be found entirely technical, unadapted to the non-medical reader, whereas many of the educated public might derive great benefit from a study of the chapter on "Stimulants and Narcotics," if they applied some of its teachings to themselves.

In that chapter, however, we would take exception to the dictum (p. 141) that the drunkard transmits the craving for alcohol to his offspring. It seems a most disastrous idea to get abroad, as it is liable to seriously lessen the already lowered self-control of such unfortunate offspring. If a young man, the son of an intemperate father, has a learned authority to support his saying "I can't help," when he finds himself thrown in the way of temptation, he may soon be expected to add "and I don't care" to his hopeless position.

It is surely very exceptional to find among morphinists (p. 156) that "authorities . . . bearing names of the highest reputation, are subject to this craving, *without the least detriment to their capacities.*" (italics ours). Concerning the treatment of the morphia habit, we read (p. 156), "according to Dr. Levenstein it is best to deprive them at once and completely of morphia instead of gradually withdrawing it." But Dr. Levenstein added that they most frequently became violent and suicidal, and out of a large number only 25 per cent. recovered. Hence such a method of treatment, now-a-days, is rather old-fashioned, not to say unsatisfactory and even dangerous.

For the medical man who wishes to improve a leisure hour the book is well worthy of his attention. He will there brush up his physiology and therapeutics in well-written, interesting chapters, these subjects being brought into practical contact with the real subject matters of everyday medicine, and are thus deprived of the dry technicalities which repel the practitioner and make him hesitate to apply to his text books for an explanation of the phenomena he may meet with in his daily practice. The chapters are written in an attractive form, and with the thoroughly scientific spirit of the author, make a valuable addition to the library of the practising physician.

OUR Berlin correspondent reports the death of Professor Hans Buchner, the eminent hygienist and bacteriologist of Munich University, who died at Munich on April 5th, aged 52.

(a) "Disorders of Assimilation, Digestion, &c." By Sir Lauder Brunton. London: Macmillan and Co., Ltd. 10s. 6d. net.

DISEASES AND INJURIES OF THE TEETH. (a)

THIS work is not adapted for the medical reader who needs only to gain a knowledge of dental disease at the points where it touches upon practical medicine and surgery. The book is too big, too diffuse, and too obscure in style for that class of reader, or indeed, for anyone not already well acquainted with the fundamental facts and theories of dental science. The book may, however, be strongly recommended to senior dental students preparing for examination. The number of works of this kind is very limited, and if the dental student provides himself with all of these and masters their contents he will not have made a serious draft upon an average purse nor inflicted an undue strain upon an average intellectual endowment. The work contains a large number of first-rate illustrations which alone would make it valuable to the dental reader; whilst a good many points not mentioned or not so fully discussed in other books of the kind, are to be found scattered through its pages. The cardinal defect in the work lies in the quality of the writing. The writing all through lacks the quality of objectivity. Passages constantly present themselves the meaning of which is evident to anyone who has already mastered the essential knowledge of the subject, but which would be either totally incomprehensible to, or liable to serious misconstruction by, those only entering upon a study of dental surgery. It is only fair to say that this edition shows a great advance on the first in the matter of literary quality, much as it may still be below the proper level. It would be easy to cite from almost every page passages to illustrate our meaning, and we are sure that if Mr. Colyer will submit his pages to any competent literary adviser, he will become convinced of the necessity for thorough revision in this regard before another edition is prepared. The skilled dental reader having enough knowledge is in most cases able to guess with certainty the meaning of doubtful sentences. The book needs revision mainly from the point of view of composition alone, and this would be best done by someone unlearned in dental science. Authors of works of this kind are not called upon for eloquent or florid language; but they are bound to have mastered the art of making their meaning absolutely clear. This is an art which, unless the writer have a literary gift, can only be acquired by long and patient labour; but until it is mastered it is impossible to produce a work which will pass with approbation the examination of the least conscientious of reviewers.

NEW BOOKS AND NEW EDITIONS.

THE following books have been received since the publication of our last monthly list:—

BAILLIÈRE, TINDALL and COX (London and Dublin).

The Estivo-Autumnal Malarial Fevers. By Chas. F. Craig, M.D. With coloured plates and charts. Pp. 221. Price 10s. 6d.

The Dynamic Aspects of Nutrition and Heredity. By Frank Horridge. Pp. 102. Price 5s.

The Röntgen Rays in Medical and Surgical Work. By David Walsh, M.D. With Section dealing with Electrical Methods and Apparatus. By Lewis Jones, M.D., F.R.C.P. With numerous plates. Third Edition. Price 12s. 6d.

Acute Dilatation of the Stomach. By H. Campbell Thomson, M.D. Lond., M.B.C.P. Pp. 64, with plate. Price 3s.

Retinoscopy after the Method of Cuiquet. By Edward Harding London, M.A., M.D. Two vols. Atlas and Text. Price 10s. 6d.

Traité de Médecine et de Thérapeutique, Publié sur la direction de MM. les Professeurs Brouardel et Gilbert. Vol. ix. Pp. 1,004, avec 173 figures. Prix 12 frs.

J. and A. CHURCHILL (London).

A Manual of Practical Anatomy. By the late Prof. Alfred W. Hughes, M.D., M.C., F.R.C.S. Ed. Part II, edited and compiled by Arthur Keith, M.D., F.R.C.S. Pp. 308. Price 8s. 6d.

CORNISH BROTHERS (Birmingham).

Contributions to Practical Medicine. By Sir Jas. Sawyer, M.D., F.R.C.P. Third Edition. Pp. 209.

CROSBY, LOCKWOOD, and CO. (London).

The Health Officers' Pocket Book. By Edward F. Willoughby, M.D. Lond. Pp. 424. Price 10s. 6d.

(a) "Diseases and Injuries of the Teeth." By Morton Smales, M.B.C.S., L.S.A., L.D.S., and J. F. Colyer, L.R.C.P., M.B.C.S., L.D.S. Second Edition revised and enlarged by J. F. Colyer. London: Longmans, Green and Co. 1901. Price 21s.

CHAS. GRIFFIN AND CO., LIMITED (London).

Forensic Medicine and Toxicology. By J. Dixon Mann, M.D., F.R.C.P. Third Edition. Pp 692. Price 21s.

H. K. LEWIS (London).

A Concise History of Small-pox and Vaccination in Europe. By Ed. J. Edwards, M.D., Lond. Pp. 142. Price 2s. 6d.
Selected Essays and Monographs from English Sources: Braxton Hicks, Bodington, Hodgkin, Paget, Humphrey, Ehlers, London: the New Sydenham Society. 1901. Pages vii. and 325.

J. B. LIPPINCOTT COMPANY (Philadelphia and London).

Photographic Atlas of Diseases of the Skin. By Geo. Hy. Fox, A.M., M.D. Part xiii. to xvi., completion of work.

LONGMANS, GREEN AND CO. (London).

Selected Essays and Addresses. By the late Sir James Paget, Bart., F.R.C.S., F.R.S. Edited by Stephen Paget, F.R.C.S. Pp. 445. Price 12s. 6d.

Malarial Fever: its Cause, Prevention and Treatment. By Ronald Ross, F.R.C.S., F.R.S. Ninth Edition. Pp. 68. Price 2s. 6d.

MACMILLAN AND CO., LIMITED (London).

Some Thoughts on the Principles of Local Treatment in Diseases of the Upper Air Passages. By Sir Felix Semon, M.D., F.R.C.P.

The Climates and Baths of Great Britain. Vol. II. Report of Committee of the Royal Medico-Chir. Society of London. Price 12s. 6d. net.

The Treatment of Injuries by Friction and Movement. By Wharton P. Hood, M.D., M.R.C.S. Pp. 182. Price 4s. 6d.

THE MACMILLAN COMPANY (New York).

The Rontgen Rays in Medicine and Surgery. By Francis H. Williams, M.D. Harv. Pp. 658. Price 25s. net.

YOUNG J. PESTLAND (Edinburgh and London).

The Study of the Pulse and of the Movement of the Heart. By James Mackenzie, M.D. Edin. Pp. 325.

Handbook of Obstetric Nursing. By F. W. N. Haultain, M.D., and James H. Ferguson, M.D. Pp. 287.

THE SANITARY PUBLISHING COMPANY (London).

The Prevention of Infection in Public Vehicles. By Alfred Greenwood, M.D., D.P.H. Pp. 65. Price 1s.

Practical Smoke Prevention. By William Nicholson. Pp. 151. Price 3s. 6d.

SMITH, ELDER AND CO. (London).

St. Bartholomew's Hospital Reports. Vol. xxxvii. 1901. Edited by Norman Moore, M.D., and D'Arcy Power, F.R.C.S. Price 8s. 6d.

SPOTTISWOODE AND CO., LIMITED (London).

The Medical Register for 1902.

The Dentists' Register for 1902.

Issued under the authority of the General Medical Council.

SWAN SONNENSCHEIN AND CO., LIMITED (London).

A Text-book of Insanity. By Chas. Mercier, M.R.C.P., F.R.C.S. Pp. 222.

ALEX THOM AND CO. (Dublin).

Calendar of the Royal University of Dublin for the Year 1902.

JOHN WRIGHT AND CO., (Bristol).

The Medical Annual: A Year-book of Treatment. By Various Contributors. Pp. 774. Price 7s. 6d.

An Introduction to Dermatology. By Norman Walker, M.D., F.R.C.S. Ed. Pp. 301. Price 9s. 6d.

Medical News.

Death under Chloroform.

A WOMAN who was undergoing an operation for pelvic abscess at the Swansea Hospital died while still under the influence of the anæsthetic one day last week, but a post-mortem examination revealed the fact that death was due to cardiac embolism consequent upon the depressed condition of the circulation. A man, aged 28, died under chloroform at the Newcastle Royal Infirmary a few days since, although he had taken the anæsthetic well on a previous occasion. The autopsy showed that he was the subject of marked visceral disease associated with considerable cardiac hypertrophy. The usual verdict was returned.

Death from Morphia.

An inquest was held on the 6th inst. at Kelloe on the body of James Macalman Fraser, M.B. Ed., who had succumbed to the effects of an overdose of morphia, leaving a letter which seemed to point to suicide, a question which the jury declined to decide, and therefore left open. Dr. Fraser was a native of Nova Scotia, and was only 28 years of age.

The Plague.

DURING the twelve months ending on April 7th there have been 382 cases of plague in Egypt, of which 228 have terminated fatally, 137 have been cured, and 17 are still under treatment. Two hundred and six of the deaths occurred in the Delta and 13 in Upper Egypt. No case has occurred in Cairo.

Medical Press Conference.

THE International Conference of the Medical Press opened at Monaco on the 8th inst. The object of the conference is the establishment of an international Medical Press Syndicate.

Action Against a Dentist for Malpraxis.

MR. J. C. OLIVER, of Cardiff, was the defendant in an action tried at the Glamorganshire Assizes, last week, in which damages were claimed against him for unskilful extraction of a tooth. It seems that as a preliminary step to fitting a denture he had occasion to extract a canine tooth which had only made its appearance six months previously. In the attempt to extract the tooth it was pushed through the upper maxilla and apparently pierced the inner wall of the antrum, injuring the cartilage of the nose. This was not known to the patient at the time, but she suffered severely after the operation and, later, her attention was called to the history of a case published by the defendant in the *Dentists' Journal*, which she applied to herself. The accident appears to be rare, if not indeed quite unique, and there was abundant evidence to show that its occurrence did not imply any negligence or want of skill, and the jury returned a verdict for the defendant. This trying experience is calculated to render operators chary of publishing their usual experiences even in the technical journals, which is a pity, because their educational value is very great.

Is Self-Vaccination Chargeable?

DR. HUNTER, public vaccinator for Stow, vaccinated himself in his drawing-room and charged the guardians for a vaccination "at the residence." The guardians strained at the gnat, and the Local Government Board will be called upon to decide whether Dr. Hunter *qua* public vaccinator is entitled to recover a fee for vaccinating Dr. Hunter *qua* citizen and ratepayer. It is a pretty quarrel, and argues either a very litigious spirit or an exaggerated sense of humour on Dr. Hunter's part. He has at any rate achieved a *succes de notoriété*.

Society for Relief of Widows and Orphans of Medical Men

At the Quarterly Court of this society, held on Wednesday last, the President, Mr. Christopher Heath, F.R.C.S., in the chair. Seven new members were elected and the deaths of four members reported. Applications for the renewal of grants were read from fifty-two widows, eleven orphans, and five recipients from the Copeland Fund, and a sum of £1,282 was voted to be given at the next Court. Two fresh applications from widows were read and grants made. Donations amounting to £221 15s., including £200 from the Exors. of Miss C. A. Birch, were announced. The annual general meeting will be held on May 21st at 5 p.m. The report for 1901 was read. Nine members were nominated for election at the annual general meeting to fill the vacancies in the Court of Directors. The expenses of the quarter were £58 5s.

Dublin Death Rate.

The deaths registered in the Dublin registration area for the week ending Saturday, April 5th, 1902, represent an annual mortality of 27.9 in every 1,000 of the population. Diseases of the respiratory system caused 49 deaths, and diseases of the circulatory system 31 deaths. In 12 instances the cause of death was uncertified, there having been no medical attendant during the last sickness; 49 of the persons whose deaths were registered were infants, of whom 28 were under one year old, and six were under one month old. The death-rate in the following districts—Blackhall Place, Castle Street, was 31.3, 30.5, and 33.7 respectively.

Notices to Correspondents, Short Letters, &c.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

MRS. E. J. FIELDER's communication is evidence of what we expected.

DR. E. A. SAUNDERS.—We are unable to publish the report of the meeting just received, on account of its having been held over for so long a time.

MR. HENRY JOHNSON.—No intimation of the kind has reached us and in any case the matter is hardly one in which we should care to take the initiative.

K. R. N.—You had better apply direct to the Secretary of the Institution.

THE LUXURY OF DOOR-PLATES.

Brass-plates on the doors of houses occupied by medical men appear to offer an attraction to a certain class of thieves that they are unable to resist. Recently two youths of the ne'er-do-well class, were sentenced by the Lambeth magistrates to two months hard labour for having several doctors' plates in their possession which they were trying to "sell." We have also heard of a medical man who having lost three plates in as many months, has substituted a zinc door-plate, which needless to say, remains where he had it placed.

T. J. C.—The best and most practical of the small books on the subject with which we are acquainted, is the "Aids to Diagnosis and Treatment of Diseases of Children," by Dr. McCaw, 3s. 6d. Of the larger books "Diseases of Children" by Drs. Ashby and Wright can be recommended. Price 25s.

Meetings of the Societies, &c.

LONDON.

WEDNESDAY, APRIL 16TH.

ROYAL MICROSCOPICAL SOCIETY (20, Hanover Square, W.).—7.30 p.m.

ROYAL METEOROLOGICAL SOCIETY (Institution of Civil Engineers, Great George Street, Westminster, S.W.).—7.30 p.m.

BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY (20, Hanover Square, W.).—8.30 p.m. Discussion adjourned from the last meeting on Chronic Affections of the Kidney, and Morbid Conditions of the Urine arising therefrom, in Relation to Balneological, Climatic, and Dietetic Treatment.

FRIDAY, APRIL 18TH.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN (11, Chandos Street, Cavendish Square, W.).—5.30 p.m. Cases by Dr. Edmund Cantley, Mr. Sydney Stephenson, and Dr. Dan McKenzie. Specimens by Dr. J. H. Thomson Walker. Papers—Mr. E. H. A. White-locke (Oxford): Notes on a Case of Double Inguinal Hernia in a Female Child, each Sac containing an Ovary-like Organ. Dr. G. Carpenter: A Case of Malignant Endocarditis which developed Optic Papillitis, Sub-retinal Hemorrhages, and Simulated Choroidal Tubercle, and other Changes in the Fundus Oculi.

DUBLIN.

THURSDAY, APRIL 17TH.

ROYAL COLLEGE OF SURGEONS.—Council Meeting.

FRIDAY, APRIL 18TH.

ROYAL ACADEMY OF MEDICINE IN IRELAND.—Section of Obstetrics, Royal College of Physicians.—8.30 p.m. Specimens:—Dr. Purefoy: Large Fibroid Polypus Uteri; Hematosalpinx and Ovarian Cyst; Fibroid Uterus removed by Panhysterectomy. Dr. Alfred Smith: A Uterus with Broad Ligaments Removed for Cancer; Double Pyosalpinx. Dr. E. H. Tweedy: Large Myoma Removed by Abdominal Hysterectomy. Discussion on Dr. Purefoy's Report of the Rotunda Hospital for 1900-01. Paper:—Dr. E. H. Tweedy: Observations on the First Stage of Labour. The Causal Relation of this Stage to Rupture of the Uterus.

MONDAY, APRIL 21ST.

CONJOINT ROYAL COLLEGES.—Third Professional Examination.

Appointments.

BENNETT, C. J., M.R.C.S., Medical Officer of Health to the Chapel-en-le-Frith Rural District Council.

BURTON, H., L.R.C.P.Irel., M.R.C.S., Medical Officer of Health to the Marple District Council.

BYTHILL, W. J. S., B.A., M.B., Ch.B., Junior Anaesthetist to the Manchester Royal Infirmary.

CLAPHAM, LUCY B., M.B.Lond., Obstetric Physician to the New Hospital for Women, Euston Road, and Assistant Anaesthetist to the Royal Free Hospital.

COPE, RICARDO, M.R.C.S., L.R.C.P.Lond., House Surgeon to the Dorset County Hospital, Dorchester.

GREENWOOD, G. S., M.R.C.S., L.R.C.P.Lond., Medical Officer of Health to the Oset Corporation.

HARMAN, N. BISHOP, M.A., M.B.Cantab., F.R.C.S.Eng., Ophthalmic Surgeon to the Belgrave Hospital for Children.

HARRETT, CHARLES, J., M.D., L.R.C.P.Lond., M.R.C.S., Honorary Assistant Visiting Surgeon to the Royal Sea Bathing Hospital, Margate.

HODGSON, R. E., M.R.C.S., L.R.C.P.Lond., Senior Resident Surgeon to the Royal Sea Bathing Hospital, Margate.

JEFFERY, H. FOSTER, M.B., Ch.B. Vict., Honorary Surgeon to the Bury Infirmary and Police Surgeon for Heywood.

KEMPE, C. M., M.R.C.S., L.S.A., Medical Officer of Health to the Shoreham Urban District Council.

LISTON, MARY F., M.B., B.S.Glaag., Junior Assistant Medical Officer to the Govan Parish Council.

MARSHALL, FRANK E., M.B., Ch.B. Vict., L.S.A., Honorary Surgeon to the St. George's Hospital for Diseases of the Skin, Liverpool.

PRICE, PERCIVAL UNDERDOWN, M.R.C.S., L.R.C.P.Lond., Medical Officer to the Destitute and Aborigines in the district of Penak, South Australia.

Vacancies.

Borough of Durban, Natal, South Africa.—Medical Officer of Health. Salary £750 per annum. Applications to Messrs. Webster, Steel, and Co., 5, East India Avenue, Leadenhall Street, London, E.C.

Bradford Royal Infirmary.—Dispensary Surgeon. Salary £100 per annum, with board and residence. Applications to William Maw Secretary.

Catholic University of Ireland.—Several Vacancies for Lectureships and Assistant Professorships. Immediate applications to the Registrar Medical School, Cecilia Street, Dublin. (See Advt.)

Central London Sick Asylum District.—Election of Assistant Medical Officer. Salary £120 per annum, with board and residence. Applications to Fred. W. Bailey, Clerk's Office, Cleveland Street Asylum, Cleveland Street, London, W.

City of Nottingham, Parish Infirmary.—Assistant Medical Officer. Salary £160 per annum and furnished rooms. Applications to the Clerk to the Guardians, Poor-law Offices, Shakespeare Street, Nottingham.

Cornwall County Asylum, Bodmin.—Junior Assistant Medical Officer Unmarried. Salary £120, board, furnished apartments, &c. Applications to the Medical Superintendent.

London County Asylum, Horton, near Epsom, Surrey.—Dispensary. Salary £110 per annum. Applications immediately to R. W. Partridge, Clerk of the Asylums Committee, Office, 6, Waterloo Place, S.W. (See Advt.)

London County Asylum, Horton, near Epsom, Surrey.—Junior Assistant Medical Officer. Salary £150 per annum, with board, furnished apartments, and washing. Applications immediately to R. W. Partridge, Clerk of the Asylums Committee, Office, 6, Waterloo Place, S.W.

Reinhill County Asylum, near Liverpool.—Assistant Medical Officer. Salary £150 per annum, furnished apartments, board, attendance and washing. Applications to the Medical Superintendent West Norfolk and Lynn Hospital, King's Lynn. House Surgeon. Salary £100 per annum with board, residence, and washing. Applications to the Chairman of the Weekly Board.

Births.

HARRISON.—On April 5th, at 320, Humberstone Road, Leicester, the wife of L. K. Harrison, M.B. Camb., of a son.

HOARE.—On April 8th, at Harlow, Essex, the wife of G. de M. G. Hoare, of a son.

HOLDEN.—On April 8th, at Castle Hill, Reading, the wife of George Herbert Rose Holden, M.A., M.D. Cantab., of a son.

HOVENDEN.—On April 7th, at Kitson Lodge, Barnes, S.W., the wife of Gerald S. Hovenden, M.D., B.S.Lond., M.R.C.S., of a daughter.

LANGDON-DOWN.—On April 8th, at Rudder Grange, Hampton Wick, the wife of Percival L. Langdon-Down, M.B., B.C., of a daughter.

O'CONNOR.—On April 9th, at The Hollies, Llanymynech, the wife of H. S. O'Conor, L.R.C.P.S., of a son.

SMELT.—On April 10th, at 371, Holloway Road, Islington, N., the wife of C. A. Casterton Smelt, M.B., C.M., E. lin., of a son.

Marriages.

DENING—RICHARDSON.—On April 9th, at St. Mary Abbot's Church, Kensington, Edwin Dening, M.R.C.S., L.R.C.P., The Manor House, Stow-on-the-Wold, to Florence Beatrice, eldest daughter of G. Richardson, 64, Lexham Gardens, Kensington, W.

MANLOVE—EVERETT.—On April 12th, at St. Stephen's Church, South Dulwich, Jas. Ernest Manlove, M.R.C.S., of Hastings, younger son of the late J. Dixon Manlove, of Nottingham, to Margaret, only daughter of Ed. M. Everett, of Dulwich Common.

MENNEL—LEWIS.—On April 10th, at St. Mary Abbot's Church, Kensington, Zebulon Mennell, M.B.Lond., eldest son of Mr. Zebulon Mennell, of 1, Royal Crescent, W., to Fanny Mabel, only daughter of the late Mr. Arnold Lewis, barrister-at-law, and Mrs. Arnold Lewis, of 29, Elham Road, London, W.

WALKER—ELWELL.—On April 9th, at the Parish Church, Llanllwchaearn, Newtown North Wales, David Faris Walker, M.D., of Portlaw, County Waterford, to Caroline Eaton Elwell, of Neyoddfrith, Newtown, North Wales.

Deaths.

GODWIN.—On April 13th, at 40, Talgarth Road, West Kensington, Ashton Godwin, M.D., aged 69 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXIV.

WEDNESDAY, APRIL 23, 1902.

No. 17.

Original Communications.

NEURASTHENIA.

By ROBERT S. BOWLES, M.D., F.R.C.P.,
Consulting Physician to the Folkestone Hospital, &c.

THE absence of definite pathological changes in cases of neurasthenia and many neurotic diseases, and the gravity and variety of their symptoms have caused me to study with care the practical influence of the nervous system upon functional as opposed to definite and specific diseases. What we understand in medicine by function is in the main a performance, an action of an organ or set of organs or of different tissues; any act necessary for accomplishing a vital process.

Anatomy shows us that the whole arterial system, and the heart and veins also, are almost entirely supplied with nerve influence by the sympathetic nervous system, those soft, pink, insignificant looking masses lying in front of the vertebræ, which go to form, with branches from spinal and cranial nerves, the great thoracic, abdominal, and hypogastric plexuses, and the following well-known experiment demonstrates very clearly in what way the normal conditions of the vessels, organs and tissues supplied by that system may be changed and their functions profoundly affected.

If the cervical sympathetic in a rabbit be divided, the blood vessels of the corresponding side of the head and neck become dilated. The effect is best seen in the ear, the blood vessels of which become manifestly larger than those of the opposite side, while the part becomes both redder and warmer from the increased blood supply. On stimulating the peripheral end of the divided nerve the vessels are seen to contract again, and, as long as the stimulus lasts, the parts become paler, colder, and less sensitive than natural. Thus the normal or permanent contraction of the arteries is evidently due to the influence of the nervous stimulation of the muscular coats, and when this is withdrawn, as by division of the nerve, the vessels dilate.

There are many illustrations of partial and temporary dilatations of arteries which will occur to your minds, and which in the course of practice you will have seen and investigated; for example, the great dilatation which is observed in the large vessels after active and violent exertion, the pulsating dilatation of the abdominal aorta in neurotic subjects, so suggestive in our early practice of abdominal aneurysm, pulsating dilatation of the carotids in anæmic subjects, of the superficial temporal of one or other side in headaches and neuralgia, and in the large vessel leading to an inflamed area. The venous system is liable to similar partial and temporary fluctuations and so, we all know, is the heart also.

It is important that we should fully realize these facts, for facts they are, and facts which help us in

solving the many strange and puzzling phenomena which daily and hourly come before us, and which, in a large proportion of cases, we are justified in looking upon as *functional* and capable of being cured. It is too much the custom of the present sceptical age to shy at the word cured, but if we can by our remedies change the conditions of derangement of functions and relieve the existing suffering, I see no reason to belittle our work or to be afraid of claiming credit for it, and saying we cured the patient, it is encouraging to us in our future work and most satisfactory to the sufferer.

A medical man, of about 35 years of age, complained of stiffness and pain down one side of his neck. He found the part distinctly tender, and on looking in the glass he observed a powerful pulsation and apparently considerable enlargement of the left carotid artery. A friend saw it and confirmed the fact that the carotid was distinctly enlarged, tender and powerfully pulsating, and that the increased pulsation was definitely localised to the seat of pain and tenderness. The patient had not long before suffered from a mild but definite attack of gout, and the day before had been fatigued by a day's hunting and been chilled by a cold blast, whilst waiting at the edge of a covert. The symptoms lasted a week or ten days and then gradually subsided.

A few years later a similar but less severe attack occurred, and from time to time during gouty threatenings the carotid artery of that side was often threatening also.

A Colonel of Engineers consulted me for a pain down his right arm and curious sensations in the hand. On tracking the pain upwards I detected a strong pulsating prominence just behind the clavicle, which proved on careful examination to be a local dilatation of the subclavian artery. It was tender to the touch; there was no apparent cause for it, but there could be no doubt about its nature. The pain in the arm gradually diminished, and the swelling too. I sent him to see Mr. Holmes, who said the enlargement was not then sufficiently marked to make the case clear. The patient lived fifteen years or so after, and died somewhat suddenly from what was supposed to be heart disease. There was no sign of heart disease when he was under my care.

It is quite impossible to trust to the opinion of the patient as to the nature of his illness.

About two months ago an Irish gentleman called upon me complaining of an attack of gout in the foot, which he had inflamed by rubbing in Elliman's embrocation. On uncovering his foot I at once saw that the appearances did not conform to those of ordinary gout; the foot was swelled, but not after the manner of gout, and the redness was of a darker and somewhat dusky colour, the nature of the pain, too, was different and the sensibility quite different; indeed, on cross-examination he admitted

that there were numbness and coldness, and that sensation to touch was very much diminished, indeed, on some parts of the inner side quite absent; pulsation in the posterior tibial artery could not be detected, and the pulse in the dorsal artery of the foot was extremely small; there was nothing abnormal to be found in the popliteal space. In the upper femoral region it was altogether different, in the groin and above Poupart's ligament the artery was hard, large, rigid, resistant, prominent and somewhat tender on pressure. I sent him home to rest and apply cotton wool, and insisted on the avoidance of all unnecessary movements of the limb.

Three or four days later, and against my instructions, he returned to me saying that he was better and thought a little movement would do him good. I found the foot looking better, less swelled, and better in colour; the posterior tibial pulse below the malleolus had returned, and was normal, but there was now no pulse to be felt in the dorsal artery of the foot, and numbness and loss of sensation accompanied the distribution of that vessel.

On further inquiry I ascertained that he wore a truss, that he wore it, too, more on the prominent artery than over the inguinal canal, that the truss sometimes hurts him, and that he bicycled. Here, then, was the probable explanation of the case—a dislocation of some friable portions of the inner coat of the artery, a drifting of that portion into the popliteal, blocking at first more or less both its divisions, and finally settling in and entirely blocking the anterior vessel. My patient gradually improved, but I heard of his doing unwise things immediately on his return home.

Patients often present themselves for treatment for sciatica who, on inquiry, clearly are not suffering from that disease. They have pains down the leg, it may be outside and inside and down the front of the thigh, but not at the back or anywhere in the course or distribution of the sciatic nerve. In such cases it is always necessary not only to investigate the condition of the pelvic organs but also carefully to examine the state of the large vessels above and below Poupart's ligament. I call to mind many such cases, and have, I feel sure, been of use not only in making the patients understand their condition and so safeguarding them from future dangers, but also in resting and soothing the tender vessels and so relieving present pains and local swellings. In many cases of advancing age, and especially in gouty people, the vessels will be found to be atheromatous and to vary in size from time to time.

A gentleman, *et. 75*, who had suffered many attacks of true gout, complained of pain and tenderness in the upper femoral region, and finding a lump there he was much alarmed, and was convinced that he was the subject of a strangulated hernia. The lump was there plain enough, and so was the pain and tenderness, but it was a *pulsating* lump, and the vessels were hard and resistant. With rest, mild aperients and an anti-gout regimen the pains and tenderness faded away, and in a few days the swollen vessels had palpably diminished in size and the pulsation had much diminished in force.

A lady who had long been treated for sciatica, which she assured me was her malady, had iliac and femoral vessels which were quite hard, dilated and tender, and, on close questioning, she admitted that her pains were more down the front and inner side of the thigh, and not in the course of the sciatic nerve. This lady gradually lost muscular power in the legs, and in the course of years her mind became weakened, I assumed, from a gradual extension of the atheroma to other and more important parts. I have seen several trying cases of loss of muscular power and restricted movement associated with such a condition of vessels, and

which have been supposed to arise from chronic rheumatic arthritis. This lady's vessels distinctly varied in size at different times, according to the state of her health and other circumstances; sometimes, indeed, I was led to think that absorption of the atheromatous matter was taking place, and I do not see why even that should be impossible, for I have several times seen knuckles, lumpy from deposited matter, get entirely well.

Anatomy, then, physiology and experiment combined, not only help to make clear the nature of such cases as those above described, but they also explain such symptoms as blushing or its opposite, pallor of the skin, hypertrophy or atrophy, passive or active congestions and their consequences; those strange and passing nutritional disturbances of "change of life" in women, such as flushings, giddiness, warm and sudden sweatings, tendency to fatness, so well known to all of you; such and many other actions may arise either from reflex actions on the vasomotor centre in the medulla and be general over the body or be entirely confined to a particular spot, a particular vessel, a particular organ, or a particular area of those ever active agents of change, the lymphatic and cellular tissues.

Such actions may also have a cerebral origin and be transmitted direct from the brain; for example, the emotions may cause either suffusion of vessels from pleasure, and pallor and pinched expression from shock, fright, pain, and such like causes, for vasomotor filaments find their way down the spinal cord, apart from those which supply the sympathetic and the plexuses.

As with the vessels so with the thoracic and abdominal viscera. Anatomy and physiology teach us that their functions are involuntary and dependent upon and governed by the same sympathetic and vasomotor nervous systems and that in their muscular coats there are embedded large numbers of microscopic nerve plexuses which may act locally and separately or as a whole, at any given moment of time. Taking this for granted, we easily supply explanations of many discomforts and troubles, of intestinal origin, a local colic from a collection of flatus, or a mass of *feces* which may have remained lodged in some pouch of the colon allowing fluid or soft matter to pass by, old ulcerations or recent irritations causing local paresis, or perhaps more common than all, toxins of various kinds arising from the imperfect chemistry of digestion. Such toxins will of course, act according to their nature and according to their dose, some as sedatives, some as excitants, some as paralyzers and so on, just in the same way in fact as many of our alkaloidal poisons act. How strange it seems at first sight, that if you puncture an inflated intestine you frequently only succeed in emptying the punctured portion of its gaseous contents; you may have to puncture again in different parts to give complete and efficient relief to the general distension. Why is it, too, that often in "ballooned rectum" if you introduce a good-sized tube no air will escape. I have several times tested this by introducing my finger by the side of the tube and finding no obstruction, no physical cause that is, to prevent its escape. One would have expected that atmospheric pressure on the yielding abdominal walls would with certainty have ensured the expulsion of the flatus, but it does not always do so, and why? What is the active cause of the prevention of the contraction of the bowel? Are there muscles antagonistic to those which are paralysed, and are they for the time being resisting contraction? Such are problems which wait for solution, and their solution will be of great importance in the medical treatment of abdominal diseases in the future.

I have watched for several weeks on different

occasions in the last few years a case of constipation and enormous flatulent distension of the abdomen. No sign of any special cause for the obstruction could be discovered, but neither the patient nor the friends would consent to exploratory incisions or to colotomy. The long tube was used frequently with large quantities of warm water, and sixteen ounces of olive oil were daily administered, opium was given by the mouth, and almost nothing in the way of food. In use the tube could always be felt through the abdominal walls finding its way under the liver to the ascending colon. Eventually a large natural motion would be passed. This gentleman has had at least four or five attacks of this kind, and on one occasion when abroad the oil which entered per anum came up through the mouth. All one could tell of the case for certain was that there was complete paralysis of the circular fibres of the intestine. I regret that want of time prevents me from giving a more detailed account of this case, for it is profoundly interesting and suggestive; what I have said, however, is sufficient to show how important a part paresis of the intestine played throughout.

As important instances of vasomotor derangement few maladies are more marked or have created more interest of late years than exophthalmic goitre and myxœdema, the one apparently the antithesis of the other, the former with constant or constantly recurring dilatation of the vessels of the thyroid gland and of the heart and vessels of the body generally, the latter with a constant diminution of the gland and contraction of the vascular system in general, and yet at times, more often I think than is generally supposed, the one disease ends in the other. I have known two cases in which exophthalmic goitre ended in myxœdema; one I have watched for twenty-five years and the other for a long time and made myself sure of its history and sure of its course.

Cyclic albuminuria in young people, diabetes insipidus, and perhaps suppression of urine, may owe their origin to vasomotor changes.

Fatigue has appeared to me to be a frequent cause of these affections, but toxins may play a part, and they may originate in derangement of function arising from fatigue.

Chilblains, dead hands, and their congener, "Raynaud's disease," clearly show vasomotor changes, in the last, distinct change in the nerve trunks have also been found, but even such changes must originally have been connected with vasomotor action.

With regard to treatment, we would naturally give the first place to those great medicines of Nature, the chief medicines of Hippocrates and of Celsus, heat, light, electricity, fresh air exercise, massage, baths, change of scene and surroundings, and so forth,

You will not, I am sure, expect from me any wonderful novelty or series of novelties that apply to individual cases. I will only tell you, as shortly as I am able, what I have for many years found most generally useful, based on principles shadowed forth in what I have this evening tried to make clear.

You will naturally assume that vasomotor disturbances associated with acute gouty conditions cannot be cured in the same way as like disturbances due to neurasthenia, exophthalmic goitre, or myxœdema, and your assumption will be right.

The former of the groups, instances of which I have described, with localised hardened tender and painful vessels, would naturally be treated with rest, warmth, attention to the bowels, potash, colchicum, bromides, absence of alcohol, and strict attention to diet, but especially with rest and warmth and local sedatives. Very often a long walk and over-fatigue have appeared to have been the cause of the suffering.

The painful and dilated vessels from chill or blasts of wind will be managed on similar lines.

In the neurasthenic it will naturally be different.

A young lady, æt. 19, with suicidal melancholia and very bad family history, six feet high, and weighing only six stone, was put to bed and treated by the Weir-Mitchell method under the care of an excellent general practitioner and given, at my suggestion, grain doses of valerianate of zinc, and smaller doses of belladonna in pills twice daily and about fifteen grain doses of bromide of potassium at bedtime. The patient increased four stone in weight in eight weeks, her mental state steadily improved. She recovered perfectly and has remained well for over two years.

A lady who had suffered agony from repeated attacks of renal colic and hæmaturia, and who I soon found was highly neurotic, excessively thin, and badly nourished, had been stone deaf for eight years. I treated her for her neurotic symptoms only, with rest, valerianate of zinc and bromide at night. She rapidly improved, and the renal symptoms gradually disappeared. She now requested me to try something for her deafness, she had consulted several of our leading aurists and was told that it was nervous deafness and that there was no hope of recovery. I told her that I feared I could do nothing, but advised her to continue her zinc pills for two years and so establish her nerves in well doing. At the end of the two years she returned to me greatly improved in health and strength; the renal colic had not recurred, and she only suffered occasionally from attacks of migraine. At that time she thought sometimes she could hear sounds. Six months later she returned hearing perfectly, and able to take her full duties as head of a large house.

The return of her hearing was as unexpected to me as it was merciful to her. Since then, however, choosing to believe that the condition was functional and possibly amenable to treatment, I have not hesitated to treat other patients for their nerves when they complain of deafness and noises, and when my friends the aurists could not help them. Many of these cases have greatly improved and are improving still, but the improvement must be slow.

It is quite impossible in a paper like this to deal with every detail or even to comment upon the many maladies connected with vasomotor functions, with which I have already dealt in a general way, but I may assure you, from a long experience of valerian and of the valerianates, that in all cases of the neurasthenic type they are as much to be trusted now as ever they were by our so-called old-fashioned doctors, who knew more of prescribing and less of science than we of the present time.

Bromides, nitrites, opium, belladonna, strychnine, iron, all have their value in exceptional cases, but valerian in its several forms less often upsets the normal functions than iron, strychnine, and many tonics, and more often does good.

The influence of the nervous system on the blood vessels and upon the heart is all important in relation to blood pressure, regulating as it does the condition of the tone of the arteries, both through the central and peripheral vasomotor centres, and alterations in blood pressure above all things tend to alterations of function. All those medicines which help in controlling and co-ordinating the sympathetic and vasomotor nervous systems may be so employed as to bring comfort always, and cure frequently to many maladies of the nervous system which so often prove troublesome and intractable in our general practice.

University College, London.

MR. ASTOR, of millionaire fame, has given £20,000 in response to the appeal on behalf of this institution, and the sum of £30,000 has been promised, under certain conditions, by the Drapers Company, towards freeing it from debt. The total amount required is one million sterling.

INFANTILE FORM OF ARTICULAR RHEUMATISM, WITH CHRONIC ENLARGEMENT OF THE SPLEEN, LIVER AND LYMPHATIC GLANDS.

By F. PARKES WEBER, M.D., F.R.C.P.,
Physician to the German Hospital.

THE patient, A. S., a rather pale boy, *æt.* 4½, shown at the Medical Society of London, April 14th, 1902, is a typical example of an affection which has been well described by Dr. G. F. Still, and is usually classed as a variety of rheumatoid arthritis in children. In the present case there is some apparent enlargement of the knee- and elbow-joints, but the most marked change is the symmetrical swelling about the articulations of the hands and feet. The swelling, as investigated by the exploring syringe and Röntgen photographs, seems to be due to infiltration into the periarticular tissues, with little if any effusion into the synovial cavities. It is most marked over the proximal ends of the metacarpal and over the metatarsal bones. There is considerable limitation of movement in the cervical spinal column, and this accounts for the extreme movements of the eyeballs, which often give the face a remarkable appearance. The heart is enlarged. The apex beat is in the fifth space, one inch outside the nipple line (April 7th), and the first sound at the apex is replaced by a musical murmur. The spleen and liver extend considerably below the ribs, and the lymphatic glands in the neck, axillæ and groins are enlarged, but not greatly so. The temperature has not reached 100° F. since February 3rd, and of late the child has had a good appetite, has appeared to put on flesh, and has seemed happy and free from pain and tenderness in the joints. The urine contains no albumin or sugar. Blood count (January 26th, 1902) shows 4,600,000 red and 31,000 white corpuscles in the cubic millimetre.

From November to December, 1900, the boy had an acute disease, said to have been articular rheumatism. Before this he could walk and was apparently healthy. The cervical rigidity has lasted since the Christmas of 1900. It caused me at one time to suspect the presence of spinal caries. The swelling of the hands was noticed a short time before May 1st, 1901, when he was admitted into the German Hospital. The articular affection of the feet was little marked on admission, but was a decided feature of the case by the end of August, 1901. Under treatment by rest, aspirin, iodide of iron, arsenic, malt, &c., the boy's condition has fluctuated considerably in regard to swelling and tenderness of joints and general appearance, but wasting of the muscles of the limbs has progressed. Occasionally there has been moderate fever, and about the beginning of November, 1901, there was a definite attack of endocarditis, and the heart, which previously had appeared healthy or very slightly dilated, showed signs of disease of the mitral valve.

It is this attack of endocarditis and the fact of pericardial adhesions having been found in other cases which make me think that the affection is more allied to articular rheumatism than to any forms of rheumatoid arthritis in adults. Supposing the ordinary cases of acute and subacute rheumatism to be due to a specific microbic affection, as the recent work of Dr. F. J. Poynton and Dr. A. Paine makes probable, cases like the present one might perhaps be due to the same specific cause, the clinical differences being explained as modifications resulting from the age of the patients. In the same way, tuberculosis in young children is clinically generally very different from tuberculosis in adults. With the consent of the parents, I asked Dr. Poynton and Dr. Paine to try

if they could obtain microbic cultivations from the joints. This they kindly attempted in the commencement of the present year, but the attempt failed, the exudation apparently being gelatinous and in the periarticular tissues. There was little, if any, effusion into the cavities of the joints.

ELECTRIC LIGHT CONJUNCTIVITIS. (a)

By HAROLD B. GRIMSDALE, F.R.C.S.,
Assistant Surgeon to the Royal Westminster Ophthalmic Hospital, Assistant Ophthalmic Surgeon to St. George's Hospital.

ONE variety of conjunctivitis resulting from exposure to electric light is startling in its onset and course, and most alarming to the patient. It is a disease not without interest to the general practitioner, who may be called on to treat a condition not unlikely to cause undue alarm, unless he be familiar with it. It is not a very common condition, and it has received scant acknowledgment in literature, although its congenere, snow-blindness, is among the best known ailments of Arctic voyagers.

Fuchs, in his well-known text-book, dismisses the subject in a few words printed in small type at the end of his paragraph on injuries of the conjunctiva. After describing the inflammation that results from the action of irritant substances on the conjunctiva, he says: "A similar picture is presented by that variety of conjunctivitis which occurs after the action of intense light upon the eye, as, for example, after dazzling by the reflection from snow (snow-blindness) or by the electric arc light. In violent cases of this sort there are found besides the inflammation of the conjunctiva, contraction of the pupil and also slight opacities and erosions of the cornea. These symptoms, like the erythema of the skin, occurring as a result of insolation, are produced by the action of the ultra-violet, chemically active light rays. These cases of traumatic conjunctivitis, in spite of the violent symptoms which they present in their beginning, generally get well within a few days without further bad results." Other authors are even briefer in their descriptions, and some do not mention the condition at all.

Notes of a few cases which have occurred to me may therefore not be uninteresting.

W. P., a labourer employed at the Electric Light Company's Works, attended St. George's Hospital in February, 1897. Both eyes were streaming with tears, and the conjunctiva was chemosed and red-dened; at the margin of the cornea were several small papules. Vision was considerably reduced.

The history he gave was that he had on the preceding afternoon been engaged in repairing an arc lamp which was giving light all the time. He noticed several times during the process that the after-image of the lamp was unusually troublesome and prevented his working with comfort for long together. He finished his afternoon's work and went home. On his arrival he was attacked by great photophobia and lacrymation; spasm of the lids, however, was not in his case a troublesome symptom, and therefore the patient was not as alarmed as is often the case. The absence of blepharospasm allowed of examination of the visual acuity, which it was found to be $\frac{1}{10}$, the reduction being probably due to the lacrymation. The cornea was clear and bright; around its margins, however, were a few small papules such as often indicate the first stage of phlyctenulæ.

The immediate symptoms were readily combated by cocaine and cold compresses. Within twenty-four hours the photophobia had almost ceased, but the

(a) Abstract of Paper read before the South-West London Medical Society on Wednesday, April 9th, 1902.

lacrymation and injection were rather more persistent. They yielded to boracic acid irrigation within a few days, and the man was discharged with normal vision. He was advised to wear smoked glasses during the work.

This case has been followed by two others in whom the symptoms and course were almost identical, except that blepharospasm was more marked. In all the exposure to the light had been continuous for some hours.

Occasionally the exciting cause may be of very short duration: G. W., *et.* 26, electrician, attended St. George's Hospital in December, and gave the following history. He had on the preceding afternoon been engaged in refitting the ceiling lamps of a room lit by the ordinary incandescent type of lamp, when by some bad fortune a large part of the current was short-circuited, and a blinding flash occurred. He felt no shock, but he was "half blinded," and complained of rather sharp pain. This only lasted a few minutes, but he was inconvenienced for some hours by a positive central scotoma. Towards evening the symptoms disappeared, and he went to bed anticipating no further trouble. He was aroused about 2 a.m. by great itching of the eyes, which soon became almost unbearable. He felt as if the lids were covered with sand. Tears were poured out in streams; there was, however, no blepharospasm. When I saw him the same day the disease had evidently spent its chief force. The lids were still very red, and showed many papillae, but the flow of tears had ceased, and the pain was subsiding. There was no central scotoma, vision normal. I gave him a weak lotion of boracic acid, and a 1 per cent. solution of cocaine to use as drops if the pain proved troublesome. He was quite well in two days.

The rarity of the disease is shown by the fact that none of these workmen had ever heard of the accident among their fellows.

In the last instance which I have to mention the patient was himself a medical man, and had been carrying on some experiments at a general hospital with lights especially rich in ultra-violet rays. He had noticed on several occasions a feeling of spasm of the lids, which lasted a few minutes, and then subsided without any serious trouble, and had thought nothing about it. On October 27th, after a long day's work in this light, he was attacked with considerable discomfort and lacrymation while on his way home. On arrival at home he found himself unable to read, and went out about 5.30 p.m. "to walk it off." He was out for about an hour, during which time the spasm of the lids came on violently, so that he was hardly able to find his way, since the eyes could not be kept open, and when opened were drowned in tears, which ran copiously down the face. He had repeated difficulty in reaching his home.

I saw him a few hours later. At that time the lids were kept tightly closed, and could not be opened voluntarily, the conjunctiva was much injected, lacrymation copious, pupils small. I could not examine their reactions, as the smallest entrance of light gave rise to great discomfort. The blepharospasm was extreme, and the sensation was compared to putting a finger in the eye. He was when I saw him sitting up in bed with his face, covered by his hands, buried between his knees. I at once instilled some cocaine, which gave rise to great smarting, followed in a short time by almost complete relief, and prescribed iced compresses to be repeated through the night. These soon produced a soothing effect, and in about two hours he was able to sleep. There were several milder attacks of pain before morning, but the iced pads soon quieted them, and no further application of cocaine was necessary.

Later he used some solution of boracic acid, 10 grs. ad 3j. as a lotion. The next day he was much better, and was able to open the eyes fairly well. The lacrymation had diminished, and the injection was less. The spasm showed signs of returning on one or two occasions, but was easily controlled by cold. In thirty-six hours all signs of injection had gone, and he was able to resume work, but on my advice with dark goggles to prevent the access of the ultra-violet rays.

It will be seen from the cases given that the disease is more alarming than serious. Fuchs, it is true, talks of small ulcers of the cornea, but I have never seen any in those patients who have been under my care. In all instances the disease lasts only a few days, and relapses are, so far as I have seen, rare, if proper precautions are taken.

Whether the cold compresses have any great effect in the cure or not, they at least afford great relief, and are most comforting to the patient.

The best method of application is to have a fairly big block of ice wrapped up in a piece of an old blanket or a thick woollen shawl. On this are placed three or four pads of gamgee tissue or compresses of linen. They are, of course, covered over by the woollen rug. They are then placed on the eyes in rotation; as soon as one gets warmed by the heat of the body it is removed and relaid on the ice, and the next is placed in its stead. They require changing every few minutes, probably every five or ten. As the patient is almost blind from the blepharospasm and the lacrymation he is not able to do this for himself, and it therefore involves the constant attention of a nurse.

I inquired from Dr. W. whether any of the cases of facial lupus, which he was treating with this light, had complained of any inconvenience. He told me "no," at that time, but a few days later one of his subjects was attacked twelve hours after the sitting with blepharospasm, lasting several hours.

Since then he has protected the eyes from the direct action of the rays.

The last case—that of Dr. W.—is of more than usual interest in showing that it is the ultra-violet rays and not the general illumination which produces these effects. The light in which the subject was working was not extraordinarily brilliant, but had been chosen as being rich in ultra-violet rays, for the treatment of lupus of the skin.

This conclusion is indeed only what we should have expected; but it serves as a proof that our theoretical speculations were correct.

Probably dark yellow glasses would stop the active rays and therefore prevent snow-blindness even better than the ordinary smoke tint, but there can be little doubt that the common blue glass, which permits the passage of ultra-violet rays, is of little value in such circumstances.

The question "how the conjunctivitis is produced" is not very easy to settle. It can hardly be from direct injury to the conjunctiva, otherwise we should not get the interval of quiescence after the immediate results have passed off, in which the subject is free from all pain before the acute signs come on once more. It must, therefore, be due to a disturbance of the nervous system, and especially the vascular centres, by direct stimulation of the afferent nerves, or the rays must cause some chemical change in the conjunctiva, whose products act as strong irritants producing the local inflammation. It seems hardly likely that a momentary stimulation would have the latter power, and I am disposed to think that the former is the more probable.

IODINE AS A SPECIFIC REMEDY FOR SURGICAL TUBERCULOSIS.

By DR. MARGRETHE HERMANSEN,
Of Copenhagen.

IN calling the attention of my professional colleagues to some experiments I have been making in the last two and a-half years with iodine as a specific remedy in surgical tuberculosis, I must admit that I am unable to adduce a sufficient number of cases to determine the exact value of the treatment. Nevertheless, I believe that the method at all events will prove a help in many cases, and for this reason I hope that my professional colleagues will give the treatment a thorough trial by treating a greater number of patients than I alone have been able to collect.

The following facts have guided me in my work :—

1. The relationship between tuberculosis and syphilis, which is so evident both in the histological products of these diseases (notably in the arrangement and distribution of the cellular elements in tuberculosis and in syphilis), and in their infectious, chronic and recurrent character.

2. The value with which iodine, one of our best remedies in syphilis, has always been credited by the medical world as a remedy against scrofula, even at a period when it was not known that scrofula had the same origin as tuberculosis.

This led me to the hypothesis that iodine was a specific not only against scrofula, but also against other forms of tuberculosis (as iodide of potassium is in tertiary syphilis, and as mercury is in the primary and secondary stages), and that a permanent cure might be obtained if iodine were only used as a specific, *i.e.*, rationally, in large doses, and for a very long period with regular intervals, several times a year (during the first years after the infection), the treatment being repeated should there be the least sign of recurrence (just as mercury is used in syphilis). By this intense and persistent treatment the tuberculous material will by-and-bye be eliminated from the body, the constitution fortified against it during the campaign, and the bacilli at last extinguished.

My idea is that the patients will be cured if only they get sufficient iodine, but this is the *sine qua non*, for how can a chronic disease be vanquished, if it be not treated perseveringly? Would a syphilitic patient be cured if mercurial inunctions were not repeated at intervals?

My experiments seem to verify the hypothesis at least as far as surgical tuberculosis goes. In tuberculosis of the lungs iodine given by the mouth does not seem to have any specific value, it only reinforces the general health of the patient and stimulates the appetite. I have recently given iodine in cases of phthisis in another form, *viz.*, in the form of iodine ointments (similar to mercurial ointments). The number of the patients has been small, but the results so far have been very satisfactory. [Perhaps the iodine ointment would be a better form for exhibiting iodine in surgical tuberculosis; I have not tried it yet.] I think, too, this treatment had better be tried in a sanatorium, where one can observe the patients day by day. A medical friend of mine has just written to me that three of his patients have tried the iodine ointments in cases of phthisis and have much improved.

In regard to surgical tuberculosis, I began to try the method in cases where the operative treatment had had no effect in arresting the disease, having ascertained, as far as possible, that the patients had never had syphilis.

I give the iodine in the old form, often used against scrofula :—

Inf. rhei alkalini;
Sol. pot. tartrat;
Tinct. cinchon. comp., aa gram. 30;
Sol. iodi. spirit (5% iodum), gram. 15;
Tinct. pomi ferratæ, gram. 20.

[Pharmacopœia Danica.]

I generally give my patients one teaspoonful of this mixture three times a day (half an hour or more after meals in a little water), but so that the patients begin with smaller doses (half a teaspoonful), and reach the larger doses in the course of three to four days. The treatment is continued for two to six months, when it is abandoned for a time, then they take the medicine again for two to three months, then again pause, and so on, until the disease seems to be quite extinguished.

In spite of the large doses (some patients have taken half an ounce three times a day), one scarcely ever sees any case of iodism, at most a slight degree of indigestion that passes away quickly, when the treatment is stopped for a few days, or when smaller doses are given. In cases requiring prolonged treatment I have sometimes given the patients a little bicarbonate of sodium with the object of preventing iodism. I have only been able to get about twenty cases in the above-named time, and all of these I have not been able to carry through, but the very good results I have had in most cases have encouraged me to try to get the method tested on a larger scale.

I have noticed that the treatment requires that the stomach and the intestines should be free from actual tuberculous lesions, and in most cases it is desirable that there should be free drainage from the tuberculous focus. Of course, the surgical treatment in many cases cannot be dispensed with, but after the operation the remedy shows its good effects, as the abscesses, &c., heal quickly and with firm cicatrices without leaving fistulæ. It is most advantageous in these cases to let the patients take the medicine for from two to four months before the operative treatment, and continue it afterwards.

Of the patients I have treated about one-half had tuberculosis of the bones, but I have also had cases of conjunctivitis tuberculosa, tuberculous glandular tumours, tuberculosis of the testis, &c. Most of these cases have given good results. In patients, who have had tuberculosis for many years, and have been operated upon several times without being cured, old fistulæ have healed, they have regained their strength to work, together with their normal appearance and appetite. The only case of lupus that I have had, and two cases of tuberculosis of the intestines were treated without result.

I have noticed that patients whom I have allowed to stop the treatment after having used the remedy for a shorter time, have suffered from recurrence, though they were much improved, and in some instances appeared to be cured. The recurrence passed away quickly when the treatment was renewed, and later on the recurrence took place with gradually lengthening intervals, until at last they ceased altogether.

I found, too, that patients suffering from this disease, as in syphilis, could ultimately dispense with specific treatment for longer and longer periods.

Whether the cure is permanent it is of course impossible at present to decide, as not more than one and a-half to one year has elapsed since my first patients stopped the treatment.

I shall give a short account of some of the cases :

I. Tuberculous Abscess of the Femur.—H. S., shopman, son of a labourer, æt. 19. Much tuberculosis

in the family, the father having recently died of phthisis; a brother died of tuberculosis some years ago.

When he commenced the treatment on May 23rd, 1900, he had been ill for about two years, and had been operated for the first time eighteen months previously for a tuberculous abscess in the right inguinal region. After the operation there had remained a suppurating fistula in the place. In April, 1900, he had been operated again (scraped) for a tuberculous abscess on the inside of the right femur; a tuberculous focus was found in the descending ramus of the pubis; Koch's bacilli were found in the pus.

I saw him for the first time, when he had been at home some time after the operation. On the inside of the upper part of the right femur he had a fistula, which was suppurating freely. He was very emaciated, pale, and anæmic, and could only with difficulty drag himself along with the aid of two sticks. He had no appetite at all. No cough or diarrhoea.

He began the treatment on May 23rd, 1900, with half a teaspoonful of the mixture three times a day, and after a few days reached the full dose of one teaspoonful three times a day. He improved quickly after the first fourteen days had elapsed, and speedily developed a very good appetite. On July 15th there was but scanty secretion from the fistula; he ate well, had gained much in strength, and walked easily without the aid of a stick. On July 29th the fistula had almost healed and his general health was daily improving. He continued to take the medicine for about four and a-half months in all. In September, 1900, he went as a sailor. I saw him again on January 29th, 1902. The fistula had quite healed. No recurrence of any kind. He was still working as a sailor.

II. *Chronic Tuberculous Conjunctivitis*.—F. H., merchant, æt. 47. No tuberculosis in the family. Denied ever having had syphilis. When he was æt. 9 he had kerato-conjunctivitis of both eyes after scarlatina. The keratitis was cured; the conjunctivitis remained persistent though treated by a specialist. In December, 1899, he began the treatment with half a teaspoonful of the mixture (a) three times a day, and a short time after he took one teaspoonful three times a day. There was at that time a sero-purulent secretion with some redness and œdema of the conjunctivæ of both eyes and very marked blepharitis marginalis with crust-covered ulcerations on the margins of the lids; pain and photophobia were marked, so that he was obliged always to wear smoked spectacles and could only read for a very short time. His general health was not good; he had some emphysema and myocarditis.

A fortnight after commencing the treatment he began to improve; the ulcerations on the margins of the eyelids began to be cleaner, and the pain and photophobia became less pronounced. The improvement went on steadily until February 25th, 1900, when he got a severe attack of influenza and was obliged to cease the treatment for three weeks, during this interval the eyes became worse again, but still not so bad as before the commencement of the treatment. When he had recovered from this attack he took the medicine again, and in June, 1900, the eyes were quite well; the blepharitis had gone, there was no secretion from the conjunctivæ, and neither pain nor photophobia. He no longer wore his dark spectacles and was able to read and write comfortably.

As he began to get a little diarrhoea in July, I stopped the treatment for three months, at the end of this period he began to have a little secretion from the eyes, with a little pain and photophobia, but

these symptoms subsided in the course of a few days on his taking the medicine, but I allowed him to continue to take the medicine for two months. Since then he has not applied to me for any further treatment and the eyes were well the last time I saw him in the spring of 1901.

CASE III. *Tuberculous Glands of the Neck*.—M. S., housekeeper, æt. 45. Nine years ago she was operated upon for tuberculous glandular tumour on the left side of the neck beneath the angle of the jaw; after the operation there remained a fistulous ulcer which only healed six months later.

In the summer of 1900 she noticed a little glandular tumour beneath the angle of the left maxilla, which had not been removed at the previous operation. This began to grow and caused her some discomfort and at the same time her general health began to suffer.

She began the treatment in the usual way in August, 1900. The glandular tumour continued to grow steadily until the end of December, when it was the size of a small hen's egg. As it pained her a good deal, and there were signs of inflammation and suppuration in the tumour it was extirpated on January 1st, 1901. The wound healed in the course of a week and her general health forthwith after the operation improved. She took the medicine for about a month and has remained well ever since.

CASE IV. *Lupus of the Face*.—Girl of the labouring class. No effect whatever.

CASE V. *Tuberculosis of the Intestines. Phthisis Pulmonum*.—A. P., daughter of a labourer, æt. 16. She was unable to tolerate the treatment, which gave rise to intestinal disturbance.

CASE VI. *Tuberculosis of the Intestines. Spondylitis*.—O. N., æt. 8, son of a labourer. Could not take the medicine.

CASE VII. *Coxitis Dextra*.—A. D., æt. 30, typographer. Disease began in his 18th year. Had been operated upon five times. Began treatment at the end of October, 1900. Fistula with a little secretion remained in front of the hip-joints; he had not been able to work for a very long time, and was thin and weak. By October, 1901, the fistula had healed, his natural strength had returned, and he was able to resume work when he had taken the medicine for a short time. He continued the medicine for six months with an interval of four months; after the first four months he had a slight recurrence in the interval, but is now quite well and is at work.

CASE VIII. *Coxitis Dextra*.—I. P., æt. 5, daughter of a shopman. Very tuberculous family. October 31st, 1900. Had been ill for six months. Third stage of coxitis, no pain or tenderness; the process seemed to have come to a standstill. She was emaciated, and had no appetite. She took the medicine (in smaller doses), and in a short time her appetite returned and her general appearance greatly improved, but unhappily I lost sight of her.

CASE IX. *Tuberculosis of both Testes*.—O. I., labourer, æt. 42. Disease began January, 1900, in the left testis. In March, 1900, the testicle was removed. In June, 1900, the disease supervened in the right testicle, and in August, 1900, it was scraped with a sharp spoon. He began to take the medicine on November 14th, 1900. He had then two fistulæ discharging sero-purulent matter on the left side of the scrotum. The right testis and epididymis formed a hard tumefaction as large as a walnut; in the middle of it there was a suppurating fistula. General health good. By April 15th, 1901, two fistulæ had healed. A fistula remained on the left side of the scrotum with very little secretion. The tumefaction in the right half of the scrotum felt softer and the fistula there had healed.

(a) In the treatment of the two cases of conjunctivitis a slight difference was made in the composition of the mixture, the solution of tartrate of potassium being replaced by bromide of potassium.

Clinical Records.

MISCARRIAGE AND DIFFICULT LABOUR AFTER VENTROFIXATION; REMOVAL OF OVARIAN BLOOD CYST; EXTENSIVE ATTACHMENT OF THE UTERUS TO THE ABDOMINAL WALL. (a)

By H. MACNAUGHTON-JONES, M.D., &c.

THE lady, æt. 33, from whom the adnexa exhibited were removed, had been married for two years. The year before her marriage ventrofixation had been performed for bladder symptoms caused by a large and anteverted uterus. This relieved the pain and inconvenience. She miscarried at five months after marriage. Labour at full term occurred in September, 1901. There was a difficult labour with some malposition. At the end of a fortnight she suffered from some puerperal symptoms, but these passed off and the first catamenial period was normal. After this pain commenced in the right side and right leg, which was excessive at the periods, these being profuse with some intermediate discharge. This was followed by tenderness over the left side. On examination an adnexal tumour at the right side was found. At the operation a blood cyst of the ovary about the size of an orange was removed. The uterus was found firmly connected to the abdominal wall by a band of fascia about an inch in width. As after the previous operation, on the third day there were signs of an iodoform eruption, and the dressing was removed from the wound. The patient was subject to attacks of acute rheumatism, and on the fourth day her temperature rose to 103° and an attack of acute rheumatism supervened, attended by swelling and pain in her hands and body generally. Under full doses of salicylic this subsided, but there was a recrudescence on the ninth day. This also yielded to treatment, and the rest of the recovery was uninterrupted.

Dr. Macnaughton-Jones drew special attention to the fixation of the uterus, as indicating the danger of ventrofixation as compared with ventro-suspension, or Olshausen's operation (doubling the round ligaments and attaching them to the peritoneum and sub-peritoneal fascia) during the childbearing period of life. Only in a limited class of case, and after a certain age, was ventrofixation the operation of selection.

COFFEE-GROUND VOMITING WITH HÆMATEMESIS AFTER HYSTERECTOMY. (a)

By H. MACNAUGHTON-JONES, M.D., &c.

IN showing the tumour, which was a large multiple myoma, with sub-peritoneal offshoots, Dr. Macnaughton-Jones said that the case was illustrative of the President's remarks made at the last meeting on the almost universally fatal nature of this class of vomiting. The patient was a woman, æt. 41, unmarried. Her general health had been for some time steadily declining from the combined causes of pain and hæmorrhage. She was not in independent circumstances, and had to work for her support. The following were brief notes of the case:—

The operation, myo-hysterectomy, was completed without any accident, and was practically bloodless. There was a large portion of omentum adherent to the anterior surface of the tumour. On the day of operation there was nothing special to remark. At six o'clock her temperature rose to 100°, and her pulse was 96. Her respirations were 28 per minute. She did not complain of much pain, and had some hours sleep that night. In fact, all through she complained but little of any abdominal pain, and there was no abdominal distension until some hours before death, as she passed flatus from the bowel freely. On the morning of the second day the pulse was 96, the temperature 101·6°, and she complained of some cardiac distress and palpitation. Her temperature at 10 p.m. this day was 100·1°. The note taken at 9.20 p.m. on the second day was, "patient

(a) Brought before the British Gynecological Society, April 10th, 1902.

had a comfortable day, headache better, no palpitation, no sickness." At 9 o'clock the following morning the report was, "passed flatus per rectum, had a comfortable night, sleeping in all nine hours. The temperature at 6 a.m. was 99·4°, and the pulse 96; respirations 20. At 10 a.m. her temperature was 99·8°, her pulse 98, her respirations 22, and she had passed a total of 28 ounces of urine in the twenty-four hours. Up to this time she had been taking nothing save hot water, barley water and milk, some weak tea with milk, and some Brand's and Valentine's essences. Altogether, she had had two hypodermic injections of morphia. Her first complaint of any feeling of sickness was at 6 p.m. on the evening of the third day. That night she had two grains of calomel. She was still passing a quantity of flatus by the rectum. She did not have a comfortable night, and complained a good deal of thirst. At 2 a.m. her temperature was 99·4°, and 99·1° at 6 a.m. When it was taken at 10 o'clock it was subnormal, 97°. The pulse had been steadily rising for the twelve previous hours, and with the fall of temperature had risen from 112 to 136. At the same time she vomited a quantity of typical coffee-ground matter. Strychnine injections and nutrient enemata were resorted to, but the vomiting continued, the pulse becoming more rapid and very feeble. Saline infra-mammary injections were given, and digitalis by the bowel. Thinking there might be some adhesions with the divided omentum, I determined to open the wound. This I did at 3 p.m., but found nothing either in the wound or the appearance of the bowel to account for her condition. She died shortly after. It was a noteworthy coincidence in connection with this case that two of the patient's sisters had died within a few days after their first labour from what the family understood to be called "sudden death."

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD THURSDAY, APRIL 10TH, 1902.

J. HALLIDAY CROOM, M.D., President, in the Chair.

DR. MACNAUGHTON-JONES showed an ovarian blood cyst removed from a patient in whom ventrofixation had been followed by miscarriage and difficult labour; and also, as illustrating the President's remarks at a previous meeting, a large multiple myoma removed by hysterectomy, which had been followed by hæmatemesis, typical coffee-ground vomiting.

[Notes of these cases will be found under the heading of "Clinical Records."]

In the discussion of the former case,

Dr. HEYWOOD SMITH asked whether there had been any stretching of the fixation adhesions such as Howard Kelly depicted in his book. He had been dissatisfied with the results of ventrofixation himself, as, though at first efficient, the adhesions had in one case stretched, and the retroflexion had recurred.

Mr. CHARLES RYALL said that though the uterus was intimately adherent to the abdominal wall over an area as large as a shilling, the fact that the woman had gone to full term and borne a healthy child was extremely interesting.

Dr. MACNAUGHTON-JONES, in reply, said that retroflexion had not recurred after any ventrofixation he had himself performed; he considered the operation a perfect cure for such displacement, but not one to be done during childbearing age, as doubling the round ligaments and attaching the uterus by them to the subperitoneal fascia had proved to be much safer.

The President said that though he had done the operation for retroversion, and still oftener for prolapse, he had met with reverses not only from subsequent pregnancy but also from recurrence, and was in sympathy with Dr. Heywood Smith as well as with Dr. Macnaughton-Jones. With regard to the case of hæmatemesis after hysterectomy he had never seen a case in which coffee-ground vomiting occurred which did not end fatally, and was convinced that its occur-

ence was invariably due to septicæmia in some form or other.

The PRESIDENT then read a paper on

DECIDUOMA MALIGNUM,

which we hope to publish in *extenso* in an early number. It was illustrated by diagrams, and a remarkable series of specimens of the primary disease and metastases and microscopical sections from a case, occurring six years after the last-known pregnancy, in which there had been absolutely no uterine hæmorrhage throughout.

Dr. HAYWOOD SMITH said that the chief points suggested by the very instructive paper for which they had to thank their President, and which might be further elucidated by discussion were, the prospects of those affected with this disease, its clinical aspects, and especially those present before the aid of the microscope was available, whether an offensive discharge during or after pregnancy should suggest its presence; how we could distinguish between this disease and carcinoma of the body of the uterus; and generally its differential diagnosis from other forms of malignant disease. Metastatic deposits undoubtedly occurred very early, but we were uninformed as to how soon after impregnation the primary growth might develop. Above all, what were the direct indications for interference? It was a point worth notice that in the case related not only had hæmorrhage been absent but that the introduction of the sound, though it touched friable tissue, caused no appreciable loss of blood as it would have done in carcinoma of the body.

Dr. HERBERT SNOW reminded the Fellows that at the last very well-attended discussion by the Society upon deciduoma malignum the general feeling was that it was very doubtful whether that disease was essentially different from other malignant developments in the uterus, carcinoma, sarcoma, or myxo-sarcoma. He was not aware that any particular form of cell was characteristic of the disease, nor could those seen in the diagrams exhibited be distinguished as in any way different from forms often found in myxoma, and depicted in his own "Treatise on Cancer." Branching nucleated cells were characteristic of the growth of connective tissue which, as in myxoma, was secondarily associated with mucoid degeneration. There was a great similarity between the natural processes of placenta formation and malignant growth, especially in regard to epithelial proliferation and invasion of surrounding tissue.

Dr. MACNAUGHTON-JONES pointed out that fourteen years before Sænger's cases, in 1875, in Virchow's "Archiv," Maier and Hegar had reported on malignant uterine tumours of a decidual origin. There could be no doubt that now the consensus of opinion of the majority, including some of the best living pathologists, is that the special and characteristic features and etiological relations of deciduoma malignum entitle it to a distinct place among the malignant affections of the uterus. The large giant cells were peculiar in their irregular distribution, the absence of intercellular connections, and the existence side by side with these of other proliferating groups of cells of the sarcomatous type, together with the typical neoplastic tissue into which the multinucleated processes extended, producing the vascular degenerations and necrotic areas, were features which differentiated the cellular elements of this affection from those of other sarcomatous growths. That certain pathological features were associated with decidual elements, and occurred in connection with products of gestation, gave the disease its distinct etiological significance. No doubt views vary considerably on some points connected with its pathology, its epithelial or villous origin, and its relation to the syncytium. This was not to be wondered at when we remembered the unsettled views regarding the maternal or foetal origin of the latter, though from more recent researches, especially those of Williams and Salmon, it seems to be now settled that the syncytial cells have a foetal origin. Passing over, however, these divergences as to its pathology, the point for them to consider was rather the practical one of the clinical features of a disease which, when once recognised, indicated removal of the uterus. As Marchand had said, it was a matter of indifference

whether they relegated it to carcinoma or sarcoma. The hæmorrhage, the fœtor, the enlarged, softened and crumbling uterus, doubtless made differential diagnosis a matter of considerable difficulty. The occurrence of pulmonary metastasis had been emphasised by Newmann and Treub, so much so that hæmoptysis in early pregnancy was looked on by these observers with suspicion. With regard to curettage, with clinical symptoms such as those attending upon deciduoma, they were bound to curette and necessarily to have the *débris* carefully examined. If, in addition, the characteristic pathological appearances were present, the only remedy was extirpation. To show how difficult diagnosis might be in cases in which symptoms arose of a nature similar to those occurring in deciduoma, and with an ascertained relation to products of gestation, he would wish to read the notes of a case which will be found under "Clinical Records."

Mr. CHARLES RYALL thought that in the differentiation of deciduoma malignum from other forms of malignant disease two points were of particular importance. In no other type of such disease were metastases encountered so early in distant organs, nor were there the same transplantations in the lower genital tract.

The PRESIDENT, in reply, said the difficulty of diagnosis was, as Dr. Heywood Smith had pointed out, considerable. If, after the removal of a myxomatous mass from the uterus the patient had some hæmorrhage, and on curetting a villus, or even proliferating cells were found in the *débris*, the evidence was not decisive; but in deciduoma the use of the curette generally caused enormous hæmorrhage, which at once aroused suspicion, and if repeated hæmorrhages followed the expulsion of a myxoma, if the uterus were enlarged and there was a plentiful foul and sanious discharge, and corroborative evidence was obtained by the microscope, one might safely conclude that one had to deal with deciduoma malignum. He thought that Dr. Macnaughton-Jones's remarks, with which he entirely concurred, were a sufficient reply to Dr. Snow's doubts as to deciduoma being distinct from other forms of malignant affections of the uterus.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF MEDICINE.

MEETING HELD ON FRIDAY, APRIL 11TH, 1902, AT THE ROYAL COLLEGE OF PHYSICIANS.

SIR CHRISTOPHER NIXON, M.D., President in the Chair.

Dr. J. G. COLEMAN exhibited a case of "sporadic cretinism" in a child, five years of age. The case was particularly well-marked, all the classic symptoms of the disease being present.

Mr. E. F. TOBIN then read his paper on Some Medical Aspects of Four Consecutive Cases of

PERFORATED GASTRIC ULCER

successfully operated on, all of which were together in St. Vincent's Hospital at the opening of the present session. Three of the patients were young domestic servants. In all the cases the position of the ulcer was the same, viz., an inch or two in front of the œsophageal opening. This, he said, was the most common spot for the surgeon to find a perforation. Why was it so? He believed that perforation was the penalty the overworked anæmic class that furnished most cases paid for being obliged to carry themselves upright from early rising to late bed-time. The liver in such patients is not braced up owing to the laxity of tissue, and their being on their legs all day long. The stomach, owing to its fixity to the diaphragm, is being continually drawn through a long range of movement in the breathing that is induced by journeys up and down stairs. Now given congestion of the area under consideration, that which extends from the œsophagus under the liver, it is easy to understand how the pressure and movement referred would in anæmic subjects cause congestion to pass to ulceration, and ulceration to sloughing; also how rest in the recumbent position is

such a healing force in such cases. He referred to the disastrous effects of movement in cases of perforation and laid down the rule that the surgeon should be called to the patient, and that no patient should be moved till the opening had been closed. The convenience of operating in hospital did not cover the loss from transportation. He narrated a case on which he operated successfully with the rudest appliances. Shock should not prevent one operating at once. It is not mere nervous shock where nothing harmful is going on while you wait for the patient to come round. On the contrary, changes are going on that may lead to thrombosis of the mesenteric nerves and render operation useless. As regards prevention, he pointed out that we are constantly advising sufferers of the servant class to rest in the intervals of work, at the same time knowing that in most houses, short of going to bed, there is no means of them properly carrying out the suggestion offered.

Dr. REDMOND thought the great difficulty in such cases was the diagnosis of perforation; there may be little or no shock. In one of his cases, he found the patient sitting in bed leaning forward, supported by two friends and crying out with pain. She had been in excellent health all day and had eaten heartily of mutton at dinner. There was no diminution of the area of liver dulness. He recommended operation; a perforation at the cardiac extremity of the stomach was found and sutured, and the patient made a good recovery.

Mr. H. G. CROLY thought they should all be very grateful to Mr. Tobin for bringing these cases forward, and particularly for his sound advice to them to bring the surgeon to the patient. Gastric ulcer cases do not bear carriage. To convey such a case any distance in a cab, jolting along and having the stomach contents extravasated into the peritoneum was to court death. On the other hand, no cases are so readily dealt with in their own homes. All the surgeon requires is a knife, a forceps, a needle, and a bit of thread. If necessary he would prefer to operate first and convey the patient to hospital afterwards. His advice in all these cases, even in cases where the diagnosis was not absolute, was to operate without delay; a laparotomy will ensure an accurate diagnosis, and, if an ulcer is not present, the incision in no way increases the patient's risk. He thinks Mr. Tobin's paper is full of sound advice and a creditable record of good surgery.

Dr. KENNEDY said that he found the patient he sent to Mr. Tobin, rolling about in bed as if in hysterics. He was with her an hour after perforation, and did not find the shock as severe as the text-books led him to expect. The abdomen was not distended; the abdominal muscles were rigid; there was no vomiting; one hour later she looked as if dying. Three months before seeing this case, he was called to see a similar case, though forty hours had elapsed from the perforation there was no vomiting, an operation was performed and the patient died in a few hours. This girl had been treated for gastric ulcer in St. Vincent's Hospital, from which she had been discharged as well. At the time of the perforation she was at business in a draper's shop, and continued working for an hour after the accident. He recommends home operations.

Dr. WINTER found no diminution of liver dulness in a case which he had observed; there was a complete absence of shock, and no vomiting. Removing the patient from her home to hospital occupied three-quarters of an hour. He would like to hear from Mr. Tobin the after history of his cases, for there was an idea that such cases did not always do well.

Dr. JAMES LITTLE had seen many cases which had all the symptoms of perforation recover without operation. In one case, when called in consultation, he found what might be called a typical case of perforation with the peritonitis of extravasation, yet that patient recovered, and for years past she hunts regularly.

Dr. FINNY looked on the diagnosis of the perforation as the real difficulty in these cases. One of his patients who had all the typical symptoms of perforation, vomiting, tympany, pain, and so forth, was operated on three hours after the onset of the attack, and all the viscera were found to be healthy, there was no ulcer whatever. The abdomen was stitched up and the patient

made a good recovery. He has seen a good many operations for perforating ulcer of the stomach, and he cannot agree that it is so easy a performance as some think, particularly if the perforation occurs on the posterior wall, such an operation could not be successfully carried out with lamp or candle light. Absence of liver dulness is not an essential symptom in the early stage of the disease.

Dr. O'CARROL was of opinion that the sooner the operation is performed after the perforation the better. Some few cases may recover under medical treatment, but he thinks the safer practice is operation. The onset of shock is the call for laparotomy, never postpone interference on account of shock. The gradual and progressive increase of the pulse rate is a valuable sign of perforation in these cases. All the fluid found in the peritoneum should not be looked on as coming from the stomach, the peritoneum itself on the onset of inflammation pours out an abundant secretion. Liver dulness is of little importance as a symptom, and as a rule vomiting occurs more regularly after lesion of other portions of the alimentary canal, than those of the stomach. Symptoms of perforation are very varied; in one of his cases the patient got the symptoms of perforation and recovered; but she developed a systolic bruit, which extended from the epigastrium along the aorta. Five or six weeks afterwards, she returned to hospital and was operated on. The autopsy revealed the presence of an encysted extravasation from a perforating ulcer on the posterior wall of the stomach, which pressed on the aorta.

Dr. PARSONS, whilst warmly congratulating Mr. Tobin on his promptness and successful operations, felt that the physician who was called to a case of sudden illness and recognised a perforation, had a more difficult task than the surgeon who operated, for after all the operation is not a very serious one. In cases of doubt he looks on a diagnostic section of the abdomen as a perfectly justifiable operation. He has found the steady increase in the pulse rate a valuable symptom in these cases, and in his experience the area of liver dulness was diminished, if not at first soon afterwards. The escape of gas found on opening the abdomen he considered one of the most marked signs of perforation. He favoured the removal of the patient to hospital, if the hospital is within reasonable distance and the method of conveyance suitable. The advantages of operation in a properly equipped theatre are enormous. In Dr. Winter's case there was some difficulty in suturing the perforation owing to the sodden condition of the tissues, and eleven days after the patient died of pneumonia. He cannot agree with the suggestion that Trendelenburg's position is a suitable one for the patient suffering from perforation with extravasation, it tends to throw the extravasated material on the lymphatics of the diaphragm and to promote septic poisoning by their absorption.

Sir CHRISTOPHER NIXON, before calling on Mr. TOBIN to reply to the criticism of his interesting and suggestive paper, would just like to say a few words on those cases that leave hospital as cured, as he finds that they are the cases which come back for operation. When being discharged from hospital they have none of the signs or symptoms of the disease, they are practically cured as far as can be made out, yet it is this class that furnishes the surgeon with material. The marvel is, in many of these cases, how they survive the digestion of their food, and that perforation is not more common. A patient came under his care who had lived some years in New York. During that time he had been on several occasions an inmate of the Bellevue Hospital, where he was treated for gastric ulcer. He came to the Mater Hospital very ill and emaciated, vomiting and in pain. As food would not rest on his stomach, he was fed by nutritive enemata and suppositories; after a time he got liquid food. He now craved for a mutton chop and said that it agreed with him in the Bellevue Hospital. He got the chop, eat it with a relish, and the diet was continued. He left the hospital, but soon afterwards came back and died. An ulcer was found near the pylorus, as large as a finger-ring. Why ulcers do not perforate the gastric walls

more frequently, may be explained by the fact that the majority of them are chronic and form adhesions to surrounding tissues; when perforation does occur its site is usually at the cardiac end of the viscus, where the ulcers are acute and speedily perforate the thin walled oesophageal extremity. Gastric ulcers tell us how necessary it is to give patients full and important directions as to their dietary. Of the symptoms discussed, he is of opinion that diminished hepatic dulness is more commonly met with in general peritonitis than in perforation of the stomach.

Mr. TOBIN in reply stated that the object of his paper was to try and induce physicians to bring the surgeon to the patient, not the patient to the surgeon. Not to send a case of perforated gastric ulcer to hospital, but to keep it at home and have it operated on there. He looked on the shock as being occasioned by the extravasation, and to be proportioned to the amount of the extravasation. Of course it may be due to something else, but holding the views he does he thinks the conveyance of a patient to hospital, when all the while more and more matter extravasated is passed into the peritoneum, decidedly injurious. Every one of his cases were diagnosed by the physician in attendance, and he quite agreed that the difficulty in such cases is the diagnosis. He has seen these cases within the past few months and they remain well. The omission of the toilet of the peritoneum was due to the fact that he was addressing the Section of Medicine. In two cases he flushed out the peritoneal cavity with sterilised water, and in one he used a mop of surgical wool on the end of a stick. He looks on the escape of gas on opening the abdomen as a most valuable sign of perforation. An ulcer on the posterior wall of the viscus would, undoubtedly, greatly add to the difficulties, but, happily for us, perforating ulcers are, as a rule, found on the anterior surface. He has operated more than forty hours after perforation had taken place. On admission to hospital, there was a diminution of the area of hepatic dulness in every one of the cases, though the symptom was absent in each one when first examined in their own home. He is in favour of keeping and carrying patients in the Trendelenburg position, when circumstances permit of it.

LARYNGOLOGICAL SOCIETY OF LONDON.

MEETING FRIDAY, APRIL 11TH.

Mr. E. CRESSWELL BABER, President, in the Chair.

Dr. W. H. KELSON showed a case of tumour of the larynx in a woman *æt.* 74, of nine months' duration, apparently springing from the left ventricle. It was rounded and greyish in colour; the cords moved freely. Various members expressed the opinion that it was a cyst.

Dr. ST. CLAIR THOMSON showed a case of Syphilitic Laryngitis, possibly complicated with tuberculosis.

Mr. A. H. CHEATLE brought forward an infant six weeks old with congenital absence of the front of the nose occlusion of the anterior nares. The nasal bones were present, but the framework of the nose in front of the nasal bones was absent. Mr. Cheatle also showed a rhinolith which had been removed from a woman *æt.* 60.

Dr. H. L. LACK showed a new form of laryngeal forceps which were a modification of Mackenzie's well-known instrument. Dr. Lack showed a case of thyrotomy for tuberculosis of the larynx. The operation was performed under the impression that the case was one of epithelioma. The patient was a man, *æt.* 66, in robust health. He was first seen in April, 1901, and on examination an ulcer with raised edges and some surrounding thickening was observed occupying the centre of the right vocal cord. The movements of the cord were considerably impaired. There was a little bronchitis, but no signs of tubercle, and no tubercle bacilli in the sputum. There were no enlarged glands. The diagnosis pointing so strongly to epithelioma thyrotomy was immediately performed, and the patient made a good recovery. Dr. Jobson Horne, after microscopical examination, reported the growth to be tuberculous. Four months later hard, somewhat fixed glands were noticed in the

neck. These were removed, and proved to be tuberculous. The patient had since remained in good health. The removed cord had not been replaced by the usual cicatricial band, and consequently the voice had remained aphonic. Dr. Lack considered the chief points of interest to be (1) the very localised character of the disease with the absence of any signs of tubercle in the sputum or chest; (2) the occurrence of hard enlarged fixed glands in the neck; (3) the good results of the operation, although performed for tuberculosis; (4) the absence even now of signs of phthisis; (5) the absence of the cicatricial band which usually replaced the cord.

Dr. L. H. PEGLER showed a specimen of cystic growth of the septum which had occurred in a male, *æt.* 30. Before removal it was seen occupying the left middle meatus and resembled in appearance a polypus but a distinct attachment to the left side of the septum had been traced by means of the probe. It had been removed by a Mackenzie's snare without difficulty, and proved to be a cyst with a short, hollow pedicle. Three days later the patient wrote saying he had a bad influenza cold, and could not attend hospital. Eight days after the operation he had called in a medical man on account of shivering, pains in the limbs and headache, which symptoms were thought to be due to influenza. Two days later symptoms of meningitis developed, and the patient died fifteen days after the operation. The question naturally arose whether the tumour could possibly have been a meningocele. The specimen had been submitted to Mr. Bland-Burton, who considered that the source of the cyst was a matter of conjecture. Dr. Pegler, supported by Dr. Wyatt Wingrave, thought that the microscopic sections strongly pointed to the fact that the cyst was not a meningocele. The Society, with Dr. Pegler's cordial concurrence, referred the specimen and sections to the Morbid Growths Committee.

Dr. W. HILL showed a case of epidermolysis bullosa with lesions in the mouth and throat, occurring in a woman, *æt.* 87.

Dr. J. DONELAN showed a case of tumour of the right vocal cord, which had formed during an attack of influenza in a man, *æt.* 50.

Dr. ST. CLAIR THOMSON thought it was probably tuberculous.

Dr. FITZGERALD POWELL showed a specimen of a large fibroma removed by intra-nasal methods from the left maxillary antrum in a male, *æt.* 18.

Dr. W. PERMEWAN showed a specimen of laryngeal growth.

Dr. DUNDAS GRANT showed a case of malignant growth in the nose in a male, *æt.* 61, probably of the nature of alveolar epithelioma, microscopic sections of which were exhibited. The question being raised whether the growth might not be one of sarcoma, the sections were referred to the Morbid Growths Committee.

Dr. WYATT WINGRAVE showed a case of paralysis of the left vocal cord in a female, *æt.* 27, and also a case of bulbar paralysis in a female, *æt.* 23.

LIVERPOOL MEDICAL INSTITUTION.

RUSHTON PARKER, B.S., F.R.C.S., President, in the Chair.

MEETING HELD THURSDAY, APRIL 10TH, 1902.

Dr. ARTHUR WALLACE related

TWO CASES OF CÆSAREAN OPERATION

which he had performed on two consecutive days. The first patient was a primipara, *æt.* 39, who had multiple fibro-myomata, one of which, seven inches in diameter occupied the right broad ligament. The pelvis was flattened, its conjugate measuring 2½ inches. The patient's condition did not permit immediate supra-vaginal amputation of the uterus, but this was successfully carried out six months later when patient was two months pregnant. The second patient, *æt.* 27, suffered from syphilis and was also a primipara. The pelvis was flattened and generally contracted as the result of hip disease in childhood; its true conjugate measured 2½

inches. A layer of greenish tenacious material lay between the membranes and the uterus, presumably diseased decidua. The feeble infant developed pemphigus on the sixth day and survived three months. The patient is again pregnant and has elected to have a second examination.

Dr. C. J. MACALISTER read a paper entitled

"A CRITICISM OF THE SANATORIUM TREATMENT OF PHTHISIS,"

in which he emphasised the necessity for inquiry into the after-histories of cases in order to obtain data concerning the permanence of the benefits undoubtedly derived by the majority of patients while under treatment. In his own experience a large number of patients had relapsed after periods varying from months to a few years. His impression from this fact and from the statistics of the German Imperial Health Bureau, was that, while the immediate results were good, the ultimate results were disappointing. He considered that in order to establish permanent benefits to the large majority, who evidently relapse and swell the percentage of those who become incapacitated and die, a percentage which grows in a direct ratio to the number of months succeeding their dismissal from the sanatoria, it would be necessary for them to live in conditions and surroundings similar to those to which they were subjected while under treatment.

Mr. ROBERT JONES read a paper on the

TREATMENT OF INFANTILE SPASTIC PARALYSIS.

The symptoms and pathology of the affection were discussed, and the subject divided into clinical types having reference to the suitability or otherwise of treatment. He maintained that the affection was strictly surgical, and that in suitable cases very marked improvement followed operative measures. In the hemiplegia variety the hand and arm were more seriously involved than the lower limb. If the paralysis was complete, and voluntary relaxation of the spasm impossible, treatment was futile. If the fingers of the affected hand could only be moved in conjunction with those of the opposite side, the results were generally discouraging. Wherever any degree of voluntary relaxation was possible, apart from associated movement on the opposite side treatment was strongly urged. Tenotomy, tendon transplantation, and hyperextension of contracted muscles combined with, and followed by, special exercises were the indications. For the limbs in spastic paraplegia ensections of portions of the adductor longus and brevis, the horizontal fibres of the adductor magnus, the gracilis, and any other structures opposed to free abduction should be practised. Ensections or division of portions of the hamstrings and each tendo-Achillis were necessary. The limbs were then kept in extreme abduction for three months. Mr. Jones described at length the nature of the exercises to be subsequently prescribed, and the methods in which walking should be attempted. A very large number of cases had been operated upon, varying in age from twelve months to twenty years. The benefit resulting was very great, and most children could be made to walk steadily without spasm and for long distances in from twelve months to two years. The classes outside remedial art were the idiot, the microcephalic and the irritable diplegic with incontinence of urine. Immediate paralysis of hands deprived the patient of an essential aid to walking. The effects of tenotomy and mechanical restraint in checking spasm and athetosis were discussed. The treatment of spastic paralysis should resolve itself into a system. It involved operative, mechanical and educational stages. Operations not followed by careful and prolonged after-cure were disappointing. Division of tendons followed merely by massage and electricity was worse than useless. In conclusion, Mr. Jones advocated scholastic institutes for the paralytic children of the well-to-do, where both mind and body could be developed under the scientific auspices of specially trained instructors.

The PRESIDENT noted the laborious character of the treatment, which would demand special hospitals, and specially trained nurses.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD THURSDAY, APRIL 10TH, 1902.

The President, Dr. C. H. WILLEY, in the Chair.

MR. SNELL related particulars of third nerve palsy coming on in a baby when seven weeks old. At birth nothing wrong had been noticed. The child was first seen when the palsy had been present for two weeks.

Dr. JOHN W. MARTIN showed, as specimens, (a) a solid fibroma of the ovary, and (b) a large cystic fibro-myoma taken from a young woman, *et. 24*. These specimens were shown at the meeting of the North of England Obstetrical and Gynecological Society, held at Sheffield, March 21st, and the notes of the cases are given in the report of that meeting published in THE MEDICAL PRESS and CIRCULAR, April 9th, 1902, page 379.

Mr. FAVELL showed a large ovarian tumour, and related a case of hysterectomy for fibroid of uterus.

Dr. WILKINSON read a paper on "Fractures of the Leg," and described a new method of applying a plaster-of-Paris case.

Mr. CONNELL showed specimens illustrating the conditions present in appendicitis, and made remarks on the histology and morbid anatomy of the affection.

Mr. FYE-SMITH opened a discussion on the

TREATMENT OF INFLAMMATION OF THE APPENDIX,

and maintained that the safest course in nearly all cases, whether mild or severe, was to operate as soon as the diagnosis could be made. He thought diagnosis could generally be made within twenty-four hours, whereas prognosis at that stage was very uncertain. Perforation rarely took place before the end of the second day, and abscess did not form till later still, so that by operating during the first twenty-four hours perforation and abscess were forestalled. On the other hand, mild cases were nearly as safely operated on at a very early stage as in the later quiescent stage, and if early operation were the rule we should not meet with the difficult dissections that are now often encountered in operating during the quiescent stage. Nearly all surgeons agree in recommending operation during an attack in severe cases, and after a single attack (if not during it) in mild cases, so that the adoption of the rule of early operation in all cases would involve scarcely any extra operations. The operation, which would almost invariably consist of excision of the appendix, would be a preventive one, and the general result of this early medical treatment would almost certainly be a saving of life and health. Almost the only contra-indications would be the impossibility of obtaining efficient assistance or the presence of such conditions as hæmophilia or severe cardiac or other disease.

Special Article.

INTERNATIONAL CONFERENCE OF THE MEDICAL PRESS.

THE International Conference of the Medical Press, which met in Paris in July, 1900, was intended to be the prelude to periodical congresses having for object to bring the members of the medical press throughout the world into touch with each other. So comprehensive a scheme requires considerable powers of organisation to make it a success, and subsequent events rendered it desirable to arrange for a meeting of delegates before proceeding further. Great difficulty was experienced in defining the precise objects of the association, and a very pronounced divergence of views made itself manifest, so much so, indeed, that at one time the project seemed likely to fall through. Thanks to the energy of a group of foreign pressmen it has escaped shipwreck, and a meeting of delegates was convened and actually took place at Monaco early this month under the patronage of the Prince of Monaco, who is well known as an enthusiastic supporter of scientific and literary movements. There exists in the Principality a medical society which is itself a sort of international association, since the medical men practising there belong to many different

nationalities. The President, Dr. V. Godineau, is a Belgian; the Vice-President, Dr. B. Price Mitchell, is an Englishman; and the General Secretary, Dr. H. Guimbail, is a Frenchman, while the other members comprise representatives of the Italian, Swiss, German and Austrian nationalities. The Prince offered every facility for the meeting, and contributed generously to make it both practical and entertaining. The object of the meeting of delegates was to ascertain whether a sufficient common ground of agreement could be found so as to establish definitely an International Medical Press Association, to elaborate a scheme for such an association, and to arrange for a general congress at which the draft scheme could be discussed and confirmed. These various objects have been attained. A set of rules was adopted, and it was decided to arrange for an International Congress of the Medical Press to be held a few days previous to the meeting of the International Medical Congress which is to assemble at Madrid in April of next year. Full details of the debates and resolutions will be published in the course of a few weeks, when those who are interested in the movement will be enabled to take cognisance thereof, and to decide upon their course of action. The delegates seem to have had a very good time of it, thanks to the hospitality of Prince Albert, whose domain lends itself so admirably to the festive side of such meetings, and the delegates availed themselves of the opportunity afforded them of inspecting the Oceanographic Museum and the various apparatus and appliances devised by his Highness for carrying on the marine investigations with which his name is intimately associated.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, April 20th, 1902.

HUMAN ACTINOMYCOSIS IN FRANCE.

At the Académie de Médecine, M. Poncet read a paper on actinomycosis in man, in France, in which he said that within the last few months he was able to collect twenty-one new cases published by different authors. The affection was met with in nearly every case (eighteen) on the face or the neck. In each case the clinical diagnosis was confirmed by the microscopical examination of the pus. To these twenty-one cases he would add eight others, noted by a friend of his in Paris, which, added to all those published, gave a total 146 cases of human actinomycosis known up to the present in France, of which seventy-nine were localised in the face and neck and sixty-seven in the viscera.

As regarded the prognosis of that affection, M. Duvaun, a military surgeon, was able to procure information on the final lot of 257 patients, both at home and abroad. By these documents it was found that the mortality, which was only from 2 to 3 per cent. in the cutaneous forms and 10 per cent. in the cervico-facial forms, rose to 30 per cent. when the malady was deeply situated in the temporo-maxillary region, to 65 per cent. in abdominal actinomycosis of intestinal origin, to 85 per cent. when localised in the thorax, and 100 per cent. when the liver or cerebro-spinal system were attacked. The gravity of the visceral forms arose from the difficulty of treating due to the extended infiltration of the malady.

ETHER v. CHLOROFORM.

M. Renaut, in alluding to the recent discussion on the administration of chloroform in cases where the patients were suffering from a cardiac lesion, said that chloroform affected the kidneys, and where these organs were diseased, as was frequently the case in cardiac affections,

ether, which had no action on the renal bodies, should be preferred. All points considered, the latter anæsthetic was always inoffensive, and should be substituted for chloroform generally.

HYPERTROPHY OF THE PROSTATE.

At the meeting of the Société de Clinique M. Potheral read a report on the treatment of hypertrophy of the prostate by resection of the vas deferens. Of four patients treated, one succumbed a few days after the operation, two were much relieved, while the fourth remained in *statu quo*. In his opinion the operation had but little efficacy against hypertrophy of the prostate.

M. Leguen considered that the operation procured only a temporary improvement, and that prostatectomy was much superior.

THE GRIPPE.

Dr. Bourget treats with constant success influenza by the following aromatic liniment:—

Salicylic acid, 3ij;
Salicylate of methyl, 3ij;
Ess. of eucalyptus, 3j;
Ess. of sage, 3ss;
Camphorated oil, 3j;
Spirit of juniper, 3iv.

The liniment is rubbed into the chest of the patient and on the back, after which the bedclothes are drawn up to the chin. The heat of the bed facilitates the evaporation of the aromatic ingredients and the absorption of the salicylic acid, which can be found in the urine at the end of half-an-hour. A considerable improvement in the condition of the patient rapidly follows.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, April 19th, 1902.

At the Dermatological Society, March 4th, Hr. Lessen reported a case of

SEVERE POISONING AFTER INJECTIONS OF SALICYLATE OF MERCURY.

The patient was a woman, æt. 36, who, having undoubted syphilis, had received three injections of solution of mercury salicylate at intervals of about five days. As a precaution the surgeon had injected at first only 0.05 gramme, and afterwards 0.1 gramme, the usual dose. As diarrhoea supervened no further injections were given and opium was administered. Three weeks after the injections a typical mercurial rash appeared. The patient was then sent into the Charité Hospital. The exanthem healed with exfoliation of large scales. The diarrhoea ceased after enemata of starch and tannin. The urine showed $\frac{1}{2}$ per cent. of albumin. On February 27th (about three weeks later) a large necrotic piece was expelled from the vagina, which was proved to be the whole mucous surface of the uterus and vagina. It appeared that there was a wide communication between the rectum and the vagina. At the time of reporting the patient's condition was so bad that an unfavourable prognosis must be given. The patient must have had an idiosyncrasy in regard to mercury. He thought in future that smaller doses should be administered.

Hr. Lippmann uttered a warning against the use of insoluble salts of mercury.

Hr. Jaffa reported a fatality after a second injection

of salicylate of mercury. After the second injection bloody stools appeared and the patient died. It appeared that intoxication had taken place for the reason that, on account of paralysis the patient could not get rid of the mercury excreted. In mercurial diarrhoea no efforts should be made to check it.

The *Berl. Kl. Woch.*, 5/02, has a report on an

ARTIFICIAL ŒSOPHAGUS,

by Dr. Speigel. The apparatus consists of a tube connected above with an opening in the œsophagus above the stricture and below with the gastric fistula. A small roller glides over the tube, so that on downward movement the tube is pressed flat, and by upward movement the flattened tube again opens out. By downward movement a vacuum is created in the tube through which nourishment is sucked downwards. By repetition of these upward and downward movements the food that the patient has masticated, tasted and swallowed is passed into the stomach. Such an apparatus will find its use mostly in cases of stricture from swallowing of caustics, and not in cases of carcinoma.

At the Medical Society Hr. Rosenheim spoke on

IDIOPATHIC DILATATION OF THE ŒSOPHAGUS.

He said the affection was much commoner than was supposed. He had seen nine cases, five during the last two years. Recognition of the disease was very important, as when it had existed for long it was incurable, but if treated early enough it could at least be materially improved. As far as his observation went the sufferers were mostly young men. Trauma was given as the original cause, a blow on the chest, or the swallowing of too hot or too large mouthfuls. It was certain that for the affection to arise two disturbances of innervation were very important: (1) atony of the œsophagus itself, and (2) cardio-spasm. Whether both together were necessary was at present doubtful, but he believed that either by itself might lead to the condition in question.

The diagnosis was at first difficult for the reason that the disease began with ill-defined gastric symptoms, lasting for years and defying all treatment until finally the difficulty in deglutition attracted attention to the œsophagus. Three patients complained for years of gastric cramps, even when both stomach and œsophagus were empty. Occasionally attacks of shortness of breath came on which were not necessarily in immediate connection with the condition of the sac as to fulness, but came on even when it was only moderately full and remained absent when it was quite full. In any case the only means of cutting the attack short is to wash out the sac. Patients are frequently disturbed in the night by shortness of breath and coughing; as in the horizontal position the contents of the sac run over and pass into the larynx, but this might happen even when the position is erect. There are also fetid belching, heartburn, eructations, nausea, vomiting, and similar ill-defined symptoms. In passing a sound the condition is sometimes determined by feeling the sound to move unusually freely in the œsophagus, but it is more typical when fluid escapes even before the tube has reached the stomach, the material containing no hydrochloric acid and no products of digestion. The differential diagnosis between diverticulum and dilatation is difficult, but of no practical therapeutical importance. The prognosis as to complete restoration is, in the case of a large sac, unfavour-

able. If the disease is not of long standing, not more than one or two years, a good deal of improvement may be hoped for.

In treatment it must be borne in mind that the sufferers are mostly exhausted, neurasthenic people, that the disease is, therefore, a partial symptom of the neurasthenia.

Treatment is symptomatic, but, properly carried out, of unmistakable benefit to the condition. Emptying and washing out of the sac are important. Washing out with carbonic acid acts favourably on the atony. Of medicaments that act as deodorants or disinfectants, nitrate of silver was the best, either by washing out with a 1 or 2 per cent. solution, or swabbing the walls of the sac with a 10 per cent. solution. As regarded diet only general hints were given. In cases of cardio-spasm it was dangerous to force the sound through. Rest in bed, opium, and regulation of the diet were better. In case of narrowing of the cardia a fine sound was to be introduced, with a hollow ball at the end. When through, this should be filled with water and withdrawn. When this was done a few times, further progress could then be made.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, April 19th, 1902.

COSMETIC TREATMENT OF SADDLE NOSE.

At the "Gesellschaft der Aerzte" Fein exhibited a case of saddle nose which he had dealt with by Gersuny's method of injecting paraffin subcutaneously. Fein recommends the commercial paraffin known as white vaseline, melting at 40° Cent. or 104° Fahr. It should be injected in neither too fluid nor in too hot a state, and, as in the present case, at intervals of five or six or eight or ten days each. It may be injected at the root of the nose in the middle line or at the tip.

Matzenauer remarked that this was only a temporary device, the improvement not lasting more than two years when it had to be repeated.

Ehrman thought that recurrence of the flattening might be prevented if the injections were rigidly kept to the middle line subcutaneously, and not under the muscle as was sometimes practised.

Weil said he had always obtained excellent results from paraffin melting at 40° Cent.

VOLVULUS.

Büdinger exhibited a young woman, æt. 24, on whom he had performed laparotomy, last January, for an unusual twisting of the bowel. About the beginning of November she had an abortion after heavy stair cleaning. About the middle of November great pain in the bowel, with cramp and vomiting set in, which continued to the middle of January. The diagnosis was pelvi-peritonitis with volvulus. Laparotomy confirmed the diagnosis, as the small bowel was twisted 180 degrees, causing the left tube to adhere to the base of the mesentery. After dividing all bands and replacing the gut she recovered rapidly.

MALFORMATION OF LEFT TROCHANTER.

Neurath showed a child, æt. 9 months, with a congenital defect in the upper part of the left femur. The Röntgen rays showed absence of the trochanter and neck of the femur, the epiphysis of the head of the bone

being directly implanted in the diaphysis. He considered this malformation to be amniotic in origin.

Weinlechner was inclined to attribute the malformation to premature adhesion of the epiphysis.

TRANSPLANTED KIDNEY.

Ullmanshowed a dog (which he had already shown at a previous meeting) with the kidney totally transplanted into the animal's neck, and the animal appeared to be in excellent health.

TALMA'S OPERATION FOR HEPATIC CIRRHOSIS.

Kretz showed several preparations of the liver which he had injected, showing degenerated areas in the parenchyma, while capillary anastomosis was maintained with the vena cava. Bielka's experiments on dogs, and Eck's fistula teach us that death may ensue when the normal liver is operated on, death being probably due to poison from the bowel.

Talma's operation is contra-indicated where there is slight icterus, alimentary glycosuria, reduction in the urinary constituents or an insufficiency of resistance in the liver. On the other hand, the best results can be obtained by removing the sclerosed area of the liver by operation.

PHYSICAL TREATMENT OF SKIN DISEASES.

At the "Doctoren-Collegium" Schiff read a long paper on the more recent methods of treating skin diseases and he exhibited a large number of cases to demonstrate his point. The first series were "cosmetic," or epilation for hypertrichosis, which can also be done by the Röntgen rays. Epithelioma and lupus could now be treated as cases in which an operation was impossible. He showed a case of favus that had persisted for two years, and another of acne follicularis faciei ulcerosa that he had treated by the Röntgen rays and unipolar static electricity.

The advantages of the Röntgen rays over Finsen's treatment are:—(1) Finsen's apparatus is expensive; (2) Röntgen rays require a shorter time of application—ten to fifteen minutes—while Finsen's requires one to two hours. The whole duration of the treatment under the Röntgen rays does not exceed two months, while Finsen's treatment covered as many years, even with eighty ampères. He is inclined to recognise three factors in the Röntgen treatment, neither of which will by itself effect a cure:—(1) physiological, (2) the action of the glass, (3) the electro-chemical action in the production of ozone. To prevent loss it is better to enclose the tube in a box lined with lead, with one side open to emit the rays. This isolation is an economical method of using the rays.

Franklinisation is a form of electricity with a double kind of action according to which side of the jar is discharged, and is thus described as the "unipolar" form of treatment. A discharge from the inner surface causes hyperæmia, and therefore hyperæsthesia; while the discharge from the external surface produces anæmia and therefore hyperæsthesia, and often relieves the pain associated with many skin diseases and the intolerable itching caused by many cutaneous affections. He related a painful case of hæmorrhoids in which he operated with the most beneficial results by the simple application of the electrode to the anus. According to several French authors, ozone is freely liberated and believing that this gas is one of the factors in the treatment of all cutaneous diseases, he has devised an

apparatus whereby this gas is mixed with carbonic acid gas and applied with the current through a trumpet shaped electrode.

BACTERIA AND RONTGEN RAYS.

Rieder finds that twenty to eighty minutes are necessary to kill microbes by Röntgen rays; but when reset in an inflamed tissue, they disappear in a much shorter time.

The Operating Theatres.

FRENCH HOSPITAL AND DISPENSARY.

OPERATION ON THE PREPUCE.—Mr. DE MERIC operated on a man, *st.* about 25, who, about seven weeks previously, had contracted syphilis. The patient had been first treated at another hospital where the prepuce had been freely slit up, as, from his description, the foreskin had been very tight, and a considerable amount of discharge had come away through it. When seen at the French Hospital the penis presented a very unsightly condition, the two halves into which the prepuce had been divided being very much hypertrophied, and hanging on each side and below the glans penis. On the inner side of the right mass was a very typical primary sore in a state of cicatrisation; the sore was slightly raised above the skin and mucous membrane, and presented an even, flat surface, which secreted a very slight discharge. The glands in the groin felt like marbles, and there was a secondary rash on the abdomen, chest and arms. Mercury, of course, was administered in the form of the green iodide; after the sore had nearly cicatrised, presenting a surface of less than the size of a threepenny-piece, the man was put under an anæsthetic, and Mr. de Méric trimmed up the prepuce, excising the two pendulous masses with forceps and scissors, the sore being necessarily included. After doing this he brought the mucous membrane and skin into apposition by means of sutures. Mr. de Méric said that the case was interesting because it demonstrated that there was no danger in slitting up the prepuce if the surgeon can be absolutely sure that the sore under it is a syphilitic and not a soft chancre, there being in the former a certainty that the edges of the wound will not take on the characters of the sore, and become themselves sores, which would be the case were the slight operation to be performed when simple (or soft) chancres were present. He pointed out that in the present case the prepuce had been slit up at another hospital, owing to the extreme tension produced probably by the infiltration and hardness of the sore with, in all likelihood, a co-existing balanitis, but whoever slit up the foreskin on that occasion must have felt a considerable uncertainty with regard to diagnosis, for, if a syphilitic sore, as it evidently was, had been diagnosed, no harm could have resulted in performing complete circumcision, indeed it might have gone towards demonstrating the fallacy of imagining that if a syphilitic sore be excised, no secondary symptoms will appear, but the foreskin had evidently been left as it was on the supposition that perhaps the single chancre exposed was a soft sore, which was very improbable. M. de Méric added that under the circumstances he waited till the sore had nearly healed, as he could then cut wide of it, and not irritate it.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 23, 1902.

A MEDICAL DEGREE FOR DIPLOMATES OF THE LONDON CONJOINT BOARD.

THE much-debated question of enabling the diplomates of the London Conjoint Board to assume the title of "doctor" has entered upon a new and interesting phase. The Committee of Delegates, having fully considered the subject as presented to them by a memorial signed by upwards of six hundred teachers, practitioners, and students in medicine, advocating the amalgamation of the two Colleges into one Royal College of Medicine for the purpose of granting degrees in medicine and surgery, unanimously passed resolutions approving the idea and affirming that the curriculum of study and the examinations required for the conjoint diploma are equal to those of most Universities, and the Committee add that, should the two Colleges approve these resolutions, means could be found for giving effect thereto. This is news indeed! It may be assumed that the Committee, which is composed of delegates in close touch with the corporations they represent, feel reasonably certain of the reception likely to be accorded to these resolutions so that we may look forward to the realisation of this project. The immediate effect of the *mise en vigueur* of the project will unquestionably be a depreciation of the esteem in which, with more or less reason, degrees in medicine have hitherto been held by the public. Admitting that the medical curriculum of the Colleges is fully equal to that of all but a few degree-conferring bodies, the fact remains that from the point of view of general and scientific education no such equality exists, and nothing is mentioned of any intention to improve on the present standard at present required by the Colleges. Unless this be done we should positively regret to see this unblushing instance of down-

ward competition pass into the domain of accomplished fact. Moreover, the example set by the London Colleges is certain to be followed by the other licensing corporations, and there is no obvious reason why the licentiates of the Society of Apothecaries, in London, and of Apothecaries' Hall, in Dublin, should be left out in the cold. Their curricula, at any rate, are equal to those of the Universities in so far as medicine is concerned, and their preliminary examinations are virtually the same as for the London Colleges. It comes to this, that should this scheme be realised the doctorate of medicine will become the "pass" degree, and not, as previously, the presumptive indication of a higher degree of culture. True, the source of the degree will remain to enable the curious to distinguish between the various titles, and that is a point worth bearing in mind. It must be admitted, on the other hand, that the diplomates of the various licensing corporations have come to occupy an invidious position in the medical world. They are, as one might say, neither fish, flesh, nor fowl. The public have never reached that standard of intellectual development which would enable them to distinguish between a medical practitioner and an M.D., consequently all medical men alike, not to speak of chemists and dentists, are universally dubbed "Dr." by their patients and their patients' friends. Moreover they have suffered in temper and dignity by the superiority affected by graduates of Universities even such as ought not, in conscience, to arrogate to themselves any such claim. Lastly, there is much to be said in favour of uniformity of medical title, though we should prefer to see the licensing bodies level upwards and not downwards in any changes initiated by them.

THE "DANGEROUS" OCCUPATION OF BARMAIDS.

A RECENT decision of the Glasgow authorities henceforth to abolish female labour at public-house bars has aroused a good deal of comment throughout the United Kingdom. As the matter is one of considerable importance to a large industrial class its health aspects are to that extent worthy of consideration in the columns of a medical journal. The ill consequences attached to the occupation in question are clearly of two kinds, namely, moral and physical. With the moral aspect of the calling we are not directly concerned, and it may safely be left in the hands of the philanthropist; but the physical results appear to merit consideration from more points of view than one. Barmaids are, for the most part, young women who are employed in a quasi-domestic capacity, which places them outside any of the ordinary rules as to length of hours of labour. In other words, they represent an unorganised branch of female labour, and are consequently at the mercy of their employers in much the same way as shop girls and domestic servants. The long hours of labour to which the average barmaid is subjected constitute a standing disgrace

to the manner in which the retail drink traffic of the United Kingdom is conducted. On all hands the tendency is to shorten the hours of labour, and the "Eight Hours' Bill" for miners has now come well within the purview of practical politics. There is no Eight Hours Bill for domestic servants, who are often on duty for sixteen hours daily for weeks together. The barmaid is on precisely the same footing, except that her work is even more laborious, inasmuch as it frequently involves standing for twelve or fourteen hours out of the twenty-four. To this may be added the fact that the sleeping accommodation is in most instances very imperfect, and the food none of the best. The result of this incessant strain and unwholesome environment upon young women must necessarily be bad, and the tale of damaged health is often recorded in unmistakable characters upon the anæmic and prematurely aged faces of girls engaged in this "dangerous" occupation. Indeed, it has always been a matter of surprise that nothing should have been attempted in the direction of regulating the labour of those engaged in this branch of commerce, both men and women. This, in truth, should occupy a prominent place in the much-needed reform of the drink traffic in this country. The principles involved are simple. It is alleged, on evidence that may be readily collected and examined, that there exists a class of workpeople whose health is damaged by the onerous and unfair conditions of the trade in which they are engaged. In the case of women workers in the potteries and in the match trade Parliament has interfered to protect them from the terrible effects of lead and of phosphorus poisoning. It may be questioned whether the total loss of life and damage to health is a whit greater in the two trades mentioned than it is among the barmaids by reason of the stress of occupation and associations. Barmaids are nearly all young women, presumably because personal attractiveness has a commercial value to the employer. It would be interesting to learn what becomes of barmaids in later life. Indeed, there is pressing need of authentic information bearing upon all the facts connected with this class of domestic service. A Royal Commission might be occupied with matters of less practical importance, and whatever the result of its inquiries, an investigation of that kind could not fail to provide valuable data for future guidance. Members of the medical profession would be able to afford a mass of testimony as to the sickness and mortality prevalent among this particular section of the community. A perfunctory examination of the hospital records of any great town would certainly furnish material for serious reflection by demonstrating to some extent the relative sickness and mortality statistics of barmaids as a class who had come under treatment. The alternative to female labour clearly suggests the question why men should preferably be subjected to such unwholesome conditions of labour. Under existing circumstances men would doubtless sustain less harm than women, but the fact remains that radical alterations are imperatively called

for at the hands of the Legislature with the object of regulating the hours of labour of all persons employed in public-houses, regardless of sex. The mortality amongst publicans' servants is simply appalling, and it is the duty of preventive medicine to inform the mind of the progressive legislator on all such points. The movement in Glasgow is to be commended inasmuch as it has drawn public attention to the disabilities and the sufferings of an important class of female workers.

Notes on Current Topics.

The Hairpin in Surgery.

THE humble but not always inoffensive hairpin appears to be a surgical implement with a wide sphere of usefulness in the hands of the dexterous surgeon who relies more upon his skill than upon the perfection of his armamentarium. Dr. Torrance Rugb, of Philadelphia (a) waxes eloquent in respect of the numerous purposes to which the hairpin can be applied. It is always at hand, it is of convenient size for manipulation, it is readily sterilised, and it can, in virtue of its flexibility, be twisted to any desired shape. It can be had in a practically unlimited number of forms, in regard to size, shape, stoutness, flexibility, rigidity and so on, and each variety is adapted for particular operative conditions. In its natural shape the finer varieties can be used for pinning on gauze dressings, to remove concretions, or foreign bodies from a sinus, natural canal or opening, and as a blunt curette for the removal of superabundant granulation tissue, &c. For diagnostic purposes its points, being adjustable by bending, can be turned to account as an æsthesiometer, for measuring the acuity of tactile sensation, and when that has been done the same instrument, turned upside down, may take the place of a catheter for the female bladder. Obviously, the hairpin lends itself admirably for passing beneath a wounded artery with the object of making the base of a figure-of-eight ligature, or by placing the vessel between the prongs it can be made secure merely by twisting them to the required degree. Straightened out, the hairpin makes a very good substitute for a probe, and if a little cotton be twisted round one end medicinal applications can be made to diseased surfaces. With it we can wire bones together in the absence of silver or platinum wire; heated, it can be used for the actual cautery, either punctate or linear, or on the flat. As a harelip pin it "yields to none," and it has even been made use of as a sound for detecting vesical calculus in children. A hairpin is capable of rendering invaluable service in the removal of foreign bodies from the ear, nose, &c., by using the curved end, and, when suitably bent, also as a tenaculum. When bent or twisted the number of things for which the hairpin can be used is limitless—as a retractor, as an aneurism needle, *vice* a tracheotomy tube, and to promote drainage. The edges of a wound can be approximated and kept in apposition

(a) *American Medicine*, April 5th, 1902.

by placing the hairpin so that the prongs on either side are parallel with each edge. Obviously it would be preferable to employ the instrument *ad hoc* were it to hand, but the best surgeon is unquestionably the most resourceful, and as the hairpin appears to be capable of replacing every instrument save the scissors and the scalpel there is likely to be a "slump" in dressing-cases.

The Illness of the Queen of Holland.

THE position of the physician who finds himself in charge of an illustrious patient in the early stage of typhoid fever is necessarily a trying one. He may suspect the nature of the disease from the outset; indeed, after the first two or three days he may regard it as approximately certain, but, in the absence of the characteristic symptoms, prudence obliges him to abstain from even a tentative diagnosis. This trying and anxious stage lasted some days before the physicians in attendance on the young Queen of Holland could venture on a positive diagnosis, but this became possible towards the end of last week. History shows that the highest social position affords no protection against typhoid infection although it is pre-eminently a preventable disease. The crisis through which our own King, then Prince of Wales, passed, now a quarter of a century or more ago, proved that wealth and position do not ensure attention to certain elementary hygienic precautions, in the absence of which infection is rendered possible. So far, there is nothing in the published reports of a nature to excite anxiety, but some time must elapse before any trustworthy opinion can be formulated as to the probable severity of the attack. This young and interesting sovereign will have the heartfelt sympathy of all, and we only voice the general hope that her youth and normally strong constitution will enable her to withstand the attack.

The Medical Inspection of Board Schools.

SIGNS of the times are not wanting to point to the coming of the daily medical inspection of all Board schools. The most powerful agency at work has, in all probability, been the immense spread of diphtheria during recent years, a disastrous wave that can be satisfactorily explained only by the increased aggregation of the children of the community following the development of the School Board system. Sooner or later the whole question must be handled decisively by the school authorities in all parts of the United Kingdom. Partial medical control has been established in a few places, but for the most part there is absolutely no system whatever aiming at the exclusion of infectious scholars from contact with the healthy school children. It is obvious that a few casual visits of a medical inspector would be of little use. What is wanted is a daily visit by an experienced man who would be prepared to devote several hours to the medical examination of all scholars noticed to be ailing or whose parents desired an inspection. In this way many cases of diphtheria, scarlet fever, measles, and other communicable

maladies might be excluded. Many infectious eye diseases would also be detected, to say nothing of ringworm, which is now simply flourishing in the Board schools as weeds spread in a neglected garden. Mr. Balfour's new Education Acts would deserve more support at the hands of the medical profession if they made some attempt to deal with the hygienic aspects of school life.

Street Music and Seaside Invalids.

IT seems extraordinary how any health resort can in its own interests permit piano-organs and other itinerant music to parade their streets. Take, for instance, a place like St. Leonards, which is more or less full of invalids all the year round, and where street music seems to have an equally evergreen season. Quiet and restfulness are often more than half the battle, not only in the actual combat with disease, but also during the slow and tedious stages of recovery. How are those healing and most invaluable therapeutic conditions to be secured? They are not to be bought at the chemist's, but can be to a great extent provided by prudent bye-laws excluding the whole race of roving musicians from the neighbourhood. From St. Leonards a medical correspondent writes telling of two patients who were disturbed daily by the sudden discordant outburst of a piano-organ. In one case the illness was of a critical nature, and recovery might have been said to hinge almost entirely upon procuring a good allowance of sleep. Of what use is it for the anxious physician to prescribe narcotics as a last resort if his patient, having sunk to sleep, is liable to be awakened any moment by a grinning Italian mendicant? At Bexhill, which is close to St. Leonards, they have been wise enough to exclude all street musicians, and to confine their musical entertainments to a band in the winter garden. Surely the whole question is worthy of careful consideration at all seaside and other places where invalids do congregate. In many such towns, however, the interests of the visitors appears to be the last thing that are looked after by the Corporations. That is shown by the bad drainage and bad water supply often found at the seaside, to say nothing of the inadequate provision for isolation and disinfection in infectious diseases.

An Ingenious Fraud on Medical Men.

THERE seems no limit to the ingenuity of misguided persons in their endeavours to obtain money, or its equivalent, from confiding medical men. The last bid for unpopularity in this direction is for a person to cycle to the house of a well-known practitioner, ostensibly for the purpose of engaging him to attend the wife at her confinement, and then to raise a small loan in the absence of the purse which has inadvertently been left at home "on the piano." It has been suggested by a newspaper commentator that any medical man who recognises this delinquent might, before handing him over to justice, invite him with simulated cordiality to partake of some light refreshment, which in the present state of medical science

it would not be difficult to render offensive. The only drawback to the experiment is that magistrates are apt to regard it as of the nature and quality of an assault, indeed, we can recall the disagreeable adventure of a practitioner in the west of London some years ago who, having succeeded in laying hands upon a small but sinful youth who had, with malice aforethought, rung the surgery bell, gave him the option of swallowing a nauseous powder or being handed over to the police. The youth chose the former alternative, but his inappreciative parents summoned the practitioner, who was fined for assault, and the magistrate added injury to indignity by refusing a summons against the lad for assaulting the doctor's door bell.

Spectacles and Failing Vision.

A POPULAR French lecturer, referring to his experience in the United States, observed that he regretted to have remarked so many of his audience wearing spectacles, adding that they had evidently worked their eyes so hard as to cause their sight to fail, and he concluded by urging that they should not allow their love for knowledge to damage their vision. The lecturer, with all his acumen, only re-edited a popular fallacy. We are familiar with the reluctance which many people manifest to resorting to spectacles at a time when age has rendered their use necessary to comfort, under pretext that it makes it impossible to do without them. It is obvious, or should be, even to the non-medical mind, that spectacles are aids to vision and by reducing the strain on the organs of sight tend to maintain and prolong functional activity. Refusal to make use of glasses does not modify or improve imperfect vision, and such refusal is based on mere prejudice. The fact that the more studious nations make most use of spectacles is due to the fact that it is not until the eyes are employed persistently for near objects that any defect is perceived to the extent of becoming uncomfortable. Eyes which are serviceable enough to guide a plough or sweep a street may prove inadequate to close study or fine manual labour. It is a pity that intelligent men should thus lend their influence to bolster up a prejudice which in the long run is productive of much discomfort and no small amount of mischief.

Hospital Statistics.

OUR contemporary, *American Medicine*, makes some interesting observations on the figures published by the State Board of Charities bearing on the number of in-patients at a particular institution therein referred to. It is stated that during the year 1900 this hospital admitted no less than 9,308 new patients. Now, the total bed accommodation for patients in that institution happens to be 292, and the average number of beds occupied during the year was 194. Taking the average stay in hospital of each patient to be eighteen days, an estimate which some pains have been taken to verify, the figures seem to show that at least 5,636 persons must have slept two in a bed; indeed, if, instead of the total bed capacity, we take the

average of bed days, as reported, it will be seen that a large number of patients must have slept three in a bed! Our contemporary naturally asks how this can have come to pass and suggests the following alternative explanations—either the average stay in hospital must have been less than eighteen days, although in other hospitals the average varied from twelve to twenty-one days, or the figures must have been falsified in order to influence the allocation of State funds. As the latter hypothesis is, of course, inadmissible we are thrown back upon the supposition that several persons must have slept in a bed. If so it may be remarked that disease, like poverty, makes strange bedfellows. It would be interesting to apply this method of investigation to some of our own statistics, and perhaps those of our readers with a taste for calculations will undertake the task and communicate to us the results.

The Cost of Revaccination.

As we anticipated, boards of guardians are growing restive at the formidable bills which they are called upon to pay for the services of public vaccinators, owing to the "rush" for revaccination which has taken place in consequence of the prevalence of small-pox. It must be admitted that the figures are calculated to make the mouths of other than public vaccinators water; witness one quarterly bill for nearly £1,500 and others varying from £500 to £700. Of course, if properly considered, these amounts are in no wise excessive. The fact is that public vaccinators have been making up for lost time and have had to catch up the arrears of twenty years and more in the short space of a few months. They have had to work early and late, and have in many instances broken down in health under the strain. Although we cannot help thinking that public vaccination might be better carried out by some other than the present system, and although public vaccinators have caused much heartburning by the unjustifiable way in which they have pushed themselves on public notice, to the detriment of the general practitioner, we cannot honestly say that they have not earned their harvest of fees, or that the sums paid for vaccination are other than reasonable.

Disinfection a Farce at Brynmawr.

THE Official Report of the Local Government Board inspector upon the pollution of Llanelly and neighbouring villages by the Brynmawr Urban District Council's sewage works, has recently been issued. The document discloses wholesale pollution of the water supply of a district with a population of 3,077 persons, among whom enteric fever has been prevalent for many years. The Commissioners recommend proper drainage and water supply to the various villages and that the Council's sewer should be made watertight. They add the caustic and scathing comment that the fact has been brought home to them in the course of their inquiry that, had the recommendations made by Dr. Gwynne Harris in

1872 been carried out, "many deaths and much suffering would in all probability have been prevented." They point out that the only attempt made at disinfection is a "farce." In one house where a woman lay sick of typhoid fever some similar fluid had been supplied in a bottle labelled "Scotch Whiskey." There was nothing to indicate that the bottle contained a disinfectant, or that the liquid was not intended for internal use. To place chemical disinfectants without distinctive labels in the hands of a rural population is clearly to court calamity. It appears that in this modern plague-spot no attempt is made to abate obvious nuisances existing on premises where infectious disease exists or has existed. All this reads like the description of some mediæval village where sanitation was unknown and filth diseases rampant. It is surely time that the Brynmawr local authorities were brought sternly and sharply to a sense of their responsibility in dealing with the lives of the population under their care.

The Seasonable Clothing of Children.

THE clothing of children is at all times a matter of prime importance in the region of domestic medicine. It may perhaps be to some extent doubted whether medical men, as a class, are sufficiently alive to the bearing of this detail of environment when called upon to advise in the care and management of children. In a climate so treacherous and variable as that which prevails in these northern islands the proper adjustment of the clothing of children to the variations of season really becomes a fine art. The first warm day in spring is only too often the signal for throwing off the warm winter clothing and letting the child go forth arrayed in muslins and other summer finery. The usual result is contact with an east wind round some sharp corner, and the familiar "cold" which, thus started, may last for many weeks or even lay the foundation for more serious mischief. A knowledge of matters of this kind is simply invaluable to every medical man who is called upon to deal with children. The principles of the food and the clothing of children might well be taught in our medical schools, where a short course of lectures by a competent lady expert would be of infinitely more value to the future practitioner than many an advanced course of practical physiology, or of other erudite subjects which can be of no practical use to him in after life. To be able to apply delicate physical tests to disorganised nerves may be interesting to the medical attendant, but the patient's friends would naturally prefer some information as to the underlying cause of the trouble, which, in the case of children, may often be traced to errors in diet or in clothing.

THE death is announced of Dr. Alexander McGregor, formerly of Aberdeen, but lately of Queen Street, Berkeley Square, Physician to the North London Hospital for Consumption and Diseases of the Chest. Death was sudden, and is attributed to angina pectoris.

Professor Whitla's Gift to the Ulster Medical Society.

THE members of the medical profession who live in Belfast or in other places throughout Ulster are at the present moment, and will be for many future generations, under a very considerable debt of gratitude to Professor Whitla for his generosity in presenting to them the proposed Ulster Medical Institute, the foundation stone of which was laid on April 13th. The great advantage which such an institute will offer to medical men does not require to be demonstrated. It will—as a speaker at the foundation ceremony said—prove of value not only to the medical profession at large, but indirectly to the poorest member of the general public, inasmuch as it will afford opportunities for the interchange of ideas, and consequently tend to the promotion of the higher intellectual standard which constant intercourse with our fellow-men brings about. Might we venture to hope that its foundation will also lead to the creation of a more cosmopolitan spirit in the Ulster Medical Society, and of a spirit which will lead it into a more open communication with the extra-Belfast members of the medical profession. It always appears to us to be the greatest pity that the Ulster Medical Society does not bring itself more into prominence. At present, an occasional odd quarter-column notice in a contemporary is the only link between it and the general body of the profession, and we do not think that the society can attribute this to lack of opportunity. Ireland is a small country, but it has always been well in the van in the advance of medical science. Why, then, should the Ulster Medical Society not only hide their light under a bushel, but even repel all attempts to lift the veil with which the bushel is covered.

An Indecent Advertisement.

A SHORT time ago a most extraordinary advertisement appeared in the pages of a well-known medical journal, published in America, in which two female nude figures were portrayed. One of these represented a case of elephantiasis; the other was that of a well-made woman of attractive appearance. If the pictorial part of the advertisement was objectionable, not less so was the letterpress which accompanied it. We do not intend to convey the impression that the wording of the notice was intentionally such as to allow of suggestiveness or indelicacy. That the advertisement appeared to many to be so indelicate and improper as to lead them to severely criticise it, indicates that the pictures alone were not the only or indeed the principal cause of complaint. They would have called for no adverse criticism had they appeared in the body of the paper in connection with medical description. We are glad to see that in the current issue of this journal an apology to the medical profession appears in place of the advertisement. It is ample, and is surrounded by a heavy black line suggestive of mourning. The terms of the apology, however, make it appear that the advertisers have

been led to believe that their notice was objected to on account of the manner in which it was illustrated. In all probability this would not have given rise to so much unfavourable comment, had the letterpress connected with them been more carefully drawn up.

A Fresh Source of Infection.

It is becoming difficult to know what any ordinary individual may do without running the risk of infection. Danger seems to lurk everywhere—indoor there are the many risks of dust-laden air, and outdoor, whether walking, cycling or driving, risks attend our every action. Now we learn from a German contemporary that for some forms of bacilli ordinary writing ink is little more than a cultivation fluid, and that the mouth and tongue troubles of early life, which are usually considered as brought about by dyspepsia, are in reality due to ink bacilli that the child gets from sucking its pen. Truly the inkpot has become as the flash of Cleophas. It was bad enough when it gave forth envy, malice, and scandal, but until now we never suspected it of adding a torture to childhood.

A Case of Curious Congenital Deformity.

THE lay public have always taken a lively and speculative interest in the study or, at any rate, the inspection of human congenital deformity or abnormality. Paragraphs in the lay press descriptive of such cases are eagerly scanned, and particular points noted for comment and reiteration in the tramcar, club, or home. The news of the definite conclusion of a treaty of peace between two belligerent nations can scarcely be more rapidly or industriously spread abroad than was the account of the surgical procedures which recently effected the separation of "Siamese" twins abroad. Few more interesting subjects can engage the mind of the scientific surgeon than that of congenital deformity. One of the most recent cases published is that of a lad fourteen years of age, who possessed three perfectly formed legs, two of which were used ordinarily in walking, but the three could be used together in standing. Beside perfectly developed male genitals, there was between the middle and third legs a well-developed penis with a non-patulous urethra, also two full-sized descended testicles, and a cleft scrotum, the cleft apparently leading to a bladder, which was quite independent of the normally situated bladder.

The William Smyth Memorial Fund.

THE fund for the family of the gallant Dr. William Smyth, who, as our readers will remember, contracted typhus fever while attending fever-stricken patients and transporting them in a boat from the island of Arranmore to the mainland, has been finally closed. The total amount collected is £7,629 1s. 7d., towards which the Dublin collection supplied £3,636 17s. 9d.; the Belfast collection, £1,705 10s. 8d.; the Londonderry collection, £1,507 13s. 2d.; and the London collection, £779—£7,629 1s. 7d. This sum has been lodged in the Bank of Ireland to the credit of the trustees to the

fund; and the terms of the trust deed assign the interest on one-half the whole sum to Mrs. Smyth for her life. The interest on the other half is assigned for the present to the maintenance of the children, while the trustees have the power to utilise a proportion of the capital sum for the further advancement of the children, as they may from time to time deem advisable. We rejoice to hear that so substantial a sum has been collected, and congratulate the treasurers of the Fund most heartily on their success. Dr. Smyth's gallant action will be long remembered both by the general public and by the medical profession, whose traditions of self-sacrifice and devotion to duty he so nobly maintained.

Second-Hand Clothes.

THE trade in second-hand clothes is a flourishing one as can readily be ascertained by a visit to the markets where they form the staple article of commerce, to say nothing of the thousand and one "wardrobe dealers" who eke out what is by no means invariably a precarious living by finding customers for articles of attire which, for some reason, have ceased to please their original proprietors. The odour of these derelict garments of itself is suggestive of infectious possibilities and the circumstances under which they have come into the market would doubtless, if we could only ascertain them, confirm the uneasy suspicion that in many instances such articles must be the means of disseminating infectious disease. These garments are often those discarded by persons who have gone to their long home as the result of acute disease, and in a certain but unascertainable proportion, no doubt, of infectious disease. Unfortunately, the premises of the second-hand clothes dealer are *ultra vires* so far as sanitary officials are concerned, and no means have yet been devised by which this danger can be removed or even minimised. Short of the impossible step of forbidding dealings in such articles, it is not easy to suggest a method of ensuring their freedom from infection. Beggars, we know, must not be choosers, but it is hard that to the indignity of wearing these borrowed plumes the unhappy customer should also be exposed to the risk of contracting disease, a risk the reality whereof has been amply demonstrated.

Small-pox in London.

THE outbreak of small-pox in the Metropolis continues at about the same figures that marked the slight diminution of the previous week. On Friday last the total number of cases under treatment in the Asylums Board hospitals was 1,446. The amount of decrease can be accurately estimated from the fact that the hospital admissions for the past fortnight numbered 605 as against 792 during the previous two weeks. It is necessary to impress upon the public the fact that the decline is due to seasonal influences, merely, and that it by no means entails any diminution of the necessity to be revaccinated. A very large

unvaccinated residuum among the inhabitants of London still leaves ample pabulum for the disease when, with change of season, it again comes to the fore, as, according to precedents, it is likely to do when summer gives place to the lower autumnal temperature. We insist upon this point because a tendency has already made itself manifest in sundry quarters to relax the pressure in favour of general re-vaccination. The total number of metropolitan and extra-metropolitan admissions were 7,145 since the beginning of the outbreak, and of that number 1,108 have died. The Essex County Council still continue their objection to the hospital ships moored on the Thames within their jurisdiction. Although it is unfortunately impossible to doubt that a good many small-pox cases have been contracted from the ships, yet it seems equally clear that the Metropolitan Asylums Board must find some place of refuge for small-pox cases. Isolation on a great river appears to afford the best and most reasonable means of obtaining the sort of accommodation needed. The body of the patient who escaped from one of the hospital ships in a delirious condition has been found in the Thames. The latest returns of small-pox have been: On Sunday 29 fresh cases.

Reunion of Obstetricians and Gynæcologists.

SPECIAL arrangements have been made for a meeting in London of obstetricians and gynæcologists of the Empire during Coronation Week. There will be a reception, followed by a dinner, at which Sir John Williams, Bart., will preside. All medical practitioners from the United Kingdom and British Colonies and Dependencies will be welcomed. Further details will be found in our advertising columns. Details of the reception will be published later.

The Registrar-General on Vaccination.

THE recently-issued report of the Registrar-General confirms in the most conclusive way the conclusions already forecast by the fragmentary statistics hitherto available in regard to the present epidemic of small-pox. The returns show that of 398 cases in which death occurred in unvaccinated persons, 56 were of infants under twelve months of age, 112 between the age of one and five years, 58 between five and ten, and 37 between ten and fifteen. Of persons not vaccinated since infancy 158 died between forty and sixty years of age, and no less than 260 between twenty and forty. Not a single death occurred among those vaccinated in infancy under the age of ten, and there were only 5 between ten and fifteen. If these statistics are not conclusive it is difficult to suggest by what process of reasoning waverers are to be convinced.

Birmingham Consultants and the Working Classes.

DR. ROBERT SAUNDBY forwards us a long correspondence, for which we are unable to find space, but which shows how baseless are the statements made

in the Press to the effect that the Birmingham consultants have shown themselves indifferent to the desire of working men to be allowed to pay half-a-guinea for a "consulting advice" rather than resort to hospitals. As a matter of fact, as this correspondence shows, the consultants have shown every willingness to accede to this reasonable request, although, of course, precautions have had to be taken to avoid the abuse of a concession which is restricted to the *bona-fide* wage-earning working man. A list of fifty-three consultants and specialists willing to further grant this concession has been drawn up and placed at the disposal of friendly societies and similar bodies.

PERSONAL.

DR. W. J. COLLINS, L.C.C., has been elected President of the newly-constituted Medico-Legal Society.

DR. LAIRD, Assistant Medical Officer of Health for Lanark, has been appointed Medical Officer of Health for Crewe.

MR. J. TELFER THOMAS, L.R.C.P., M.R.C.S., of Penven, Camborne, has been sworn in as a Justice of the Peace for the County of Cornwall.

DR. G. B. FERGUSON, Surgeon to the Cheltenham General Hospital, has been elected a Fellow of the Royal College of Surgeons of England.

DR. JAMES CRAUFORD DUNLOP has been appointed Inspector of Certified Inebriate Reformatories in Scotland and Inspector of Licensed Retreats.

THE LORD MAYOR OF LONDON, Sir Joseph Dimsdale, M.P., will preside at the sixty-sixth annual dinner of St. Mark's Hospital, City Road, which is to take place on the 24th inst.

MR. C. T. RITCHIE, M.P., will be the Unionist candidate for the Lord Rectorship of the University of Aberdeen, in opposition to Mr. Asquith, who is the Liberal candidate.

DR. GEO. P. O'CONNOR, late of Chatteris, Cambridge, who has held the office of District Surgeon in Natal South Africa, has been appointed Justice of the Peace for the Alfeld Division, during the pleasure of His Excellency the Governor.

DR. DUNCAN McDONALD, late Medical Officer of Mull, has been presented with a purse containing a hundred guineas on the occasion of his leaving the district for Oban. As Dr. McDonald had only been in the parish for a little over six years he had evidently lost no time in ingratiating himself with the inhabitants.

THE vacancies which have existed for some time among the Surgeons-General have been filled by the appointment of Colonels Burnett, Townsend, McNamara and Sir Thomas Gallwey. The claims of a large number of senior Colonels for promotion have been passed over because they are of an age which would preclude their putting in the regulation period of three years as Surgeons-General.

PRESENTATIONS AT THE LEVEE.

The following members of the profession had the honour of presentation to the King on Monday last, the 21st inst.:—Captain John Allison, M.D., Captain J. W. Bennett, R.A.M.C., Dr. John Broadbent, Lieut. L. Cotterill, R.A.M.C., Surgeon-Lieut.-Col. D. Cowie, M.B., Lieut. B. A. Craig, R.A.M.C., Lieut. H. S. Collier, R.A.M.C., Lieut. Thomas F. Devane, R.A.M.C.; Deputy-Inspector-General A. G. Delmage, M.D., on his appointment as Honorary Surgeon to the King; Dr. G. B. Ferguson, President of the British Medical Association; Lieut. A. J. M. Cuddon-Fletcher, R.A.M.C., Staff Surgeon Wm. E. Home, M.D., Lieut. W. J. S. Harvey, R.A.M.C., Lieut.-Col. H. E. B. James, R.A.M.C., Surgeon-Major C. E. Kilkelly, C.M.G., Lieut. P. S. Lelean, R.A.M.C., Lieut.-Col. C. A. MacMunn, R.A.M.C., Surg.-Lieut. J. M. B. McKie, Surg.-Lieut. L. J. H. Oldmeadow, M.D., Dr. Henry Owen, Major S. E. Prall, Indian Medical Staff, Staff Surgeon E. B. Pickthorn, R.N., Surgeon-Lieut. B. Roche, Surgeon-Lieut. Charters J. Symonds, M.D., Lieut. B. H. Smith, R.A.M.C., Lieut. H. Fulham-Turner, R.A.M.C. (Vols.), Lieut. T. Barton Unwin, R.A.M.C., and Dr. Whitelegge.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

NATALITY IN GREAT BRITAIN.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—“Neoplasm’s” letter seems permeated with the pessimism of the day, and is so far interesting. Few, however, will agree with him that “a decreasing birth-rate is merely an indication of (national) senility.” The nations which seem started on a course leading surely to destruction would be better described as only just reaching the adult intellectual age. For the first time in history science has advanced to a point which gives mankind the conscious control of their physical and moral future. Ancient dead peoples—the Egyptians, the Greeks, the Romans—had learning, philosophy, and poetry, but virtually no science; they as nations committed what “Neoplasm” calls “automatic suicide,” but they did it blindly. Civilised nations of the present age if they destroy themselves will do it with their eyes open, or at least with the full comprehension of their act by all those who have mental eyes to see. To avert physical degeneration and decay the eradication of preventable disease would seem the first step called for. Not only is the birth-rate low in France, but the preventable destruction of infantile life is enormous. If this were put an end to the population would be no longer shrinking, whilst the physical standard of the nation would probably be raised all round. For it must be remembered that high juvenile mortality means damaged constitutions in a large proportion of the survivors; they escape with their lives, but sorely wounded. If the nations would put their sanitary institutions on a level with science most of the diseases which tend to deterioration of the species might be done away with. Tuberculosis, in all its phases, syphilis, rickets, typhoid fever, and most, if not all other zymotic diseases might be made within comparatively a few years in civilised lands as rare as the plague. A properly arranged system of emigration would carry the surplus populations to colonies crying out for them, and with territories wide enough to support countless myriads. Western civilisation—peace, law, and human freedom—would thus in time dominate the habitable globe. At least all that would be further needed to ensure such an approach towards the Millennium would be an advance with equal steps in moral improvement. Every nation will decay when its members as a body lose the capacity for self-sacrifice, when their highest ideal becomes mere egoism—a life free from toil, strife, and pain, and of renunciation for the good of the family, the community, the State, and posterity. In teaching and proving these truths science here comes to the aid of

religion. The nations which reject such teachings are surely doomed.

I am, Sir, yours truly,
April 16th, 1902.

S.

LATENT PNEUMONIA AND BAD WHISKY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In looking over a very interesting article in the *Edinburgh Medical Journal* for April, on fatal cases of latent pneumonia, appreciation of the statistical tables of the cases lead me to offer a few suggestions. Some two years since, I went to Manchester on the outbreak of the beer-poisoning cases, and visited the infirmary there to see the patients, and was shown that the symptoms and fatalities were due to arsenic contained in that intoxicant. It seems to me, then, that these cases of fatal latent pneumonia might probably come under much the same category here in Edinburgh as in Manchester, and might be the result of poisonous whisky imbibed by the victims of intoxication, and not the result of alcoholism simply.

About two months ago a full detailed article appeared in the *Scotsman* on the “Analysis of Modern New Whisky,” which showed that it consisted not of pure grain spirit, but of a mixture of aldehydes, fusel oil, ferfusel, naphtha, beryl, &c., and some had been distilled with glucose. This concoction could not be termed Scotch whisky, but more appropriately German whisky, and may therefore prove deleterious to the native stomach and constitution, and may have other poisonous ingredients in it yet undiscovered. I might therefore suggest that in future well authenticated fatal cases that samples of the whisky that had been used as a regular intoxicant by the party might be got and analysed for deleterious ingredients suspected. It is of common repute that the vile new whisky used by the slumming classes now tends to incite to violence and rioting and it may therefore be well imagined that this effect might be due to irritant poisons contained in its course of manufacture.

One peculiarity of this latent pneumonia about Edinburgh seems to consist in its ingravescent character, the gradual invasion of consolidation of the lungs, without reflex cough and dyspnoea or sanguineous expectoration, till the circulation comes to a stop, and a fatal issue takes place by collapse.

Yours very truly,

W. G. BLACK, F.R.C.S.E., S.M.
2, George Square, Edinburgh.

THE MANIPULATION OF MILK.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In a London daily newspaper of the 10th inst. is published some remarks about milk with the heading “Pure Milk is Coming,” but on reading the effusion to the end I find it really explains that more drugged milk is coming; milk drugged by the infusion of manufactured oxygen into its nature. Now if such milk keeps for six months, as it is stated to do, the editor of an English paper is encouraging the probable importation of more stale milk produced and (incorrectly) preserved in France and other Continental countries, under no sort whatever of early British control as to cleanliness, purity, or safety of production, by the process and treatment of what they assume to be a French invention! In their writing up of this imaginatively wonderful process they seem to forget, or to be unaware (1) that oxygen exists in all pure air to the extent of 23 per cent.; (2) that there is excellent pure air at English milk-supplying farms wherewith to purify and aerate the warm milk of the cow quickly after being milked; and (3) plenty of portable, handy, and automatic appliances for the purpose in existence for use at farms that can not only aerate but cool the milk, with the aid of ice, or intensely cold water, down to a non-fermenting temperature; (4) that such milk can be conveyed so cooled to the consumers’ doors absolutely free of ferment or germs, in a natural sterile condition—fresh, pure and sweet; while (5) it may be that this new French invention will be found to infringe an American patent, now in use for

some time, for preserving milk in syphons and bottles by the process of natural aeration in a pure atmosphere with Nature's oxygen versus the manufactured article! It seems to me that they have acted very imprudently and unguardedly in announcing, advertising and encouraging this French invention for artificially preserving milk, and, with due respect to their further mistaken teaching, in direct opposition to the conclusions of the Expert Committee of your Local Government Board for investigating these matters of drugging milk, who finally, and correctly, decide and publish in the Blue Book of your country, that "it is idle to pronounce it impossible to supply London with milk not artificially preserved." Yet, in the face of this, that journal has the audacity to recommend a French system of drugging milk by the "artificial" process of infusing manufactured gas into its nature. It is truly most astonishing how peculiar and thoughtlessly inconsiderate English people can possibly prove themselves to be. Englishmen should remember that the French systems of Pasteur they hang on to so unwisely are all plans for the late curing of evil in milk, that the word "prevention" does not apply, but that all of them alter and impair its nature. This latest fad, however, of drugging milk with gas should open the eyes of the British farmers and public to the folly they are being led into, like a ringed-nosed bull led by a Frenchman's chain! Prevention of evil in milk by early purification and effective refrigeration—as an improvement upon, and development of, current methods of mere cooling—is all that is wanted. You in England are already on the right tack and principle, all that is required is its betterment by the aid of ice, proper appliances, conveyances, and cold storage. Chuck the Frenchmen and all belonging to them, and support M. A. Robinson (the most unselfish, best, and truest friend the English dairy industry has ever possessed) and me in our endeavours to substitute a supply of sound versus unwholesome and impaired milk throughout the British Empire. Prevention is better than cure.

I am, Sir, yours truly,

L. J. SEERIN, A.E., State Agricultural Expert.
Mont-sur-Marchienne, Charleroi (Belgium),
April 19th, 1902.

THE HOSPITAL OF ST. FRANCIS.—AN ANTI-VACCINATIONIST HOSPITAL.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The attention of the Council having been drawn to an article in your issue of April 9th, in which you criticise the remarks made from the chair at our Annual Court held on March 25th I am instructed to say that we have communicated with the gentleman who occupied the chair, and that he has in reply written to us "I am solely and entirely responsible for the views I expressed."

In these circumstances it is manifestly unfair to attribute to the Council or staff the views and opinions for which the chairman himself states that he alone is responsible. I enclose a copy of the rules under which the hospital is conducted, in which you will observe that the particular views you complain of find no place.

I am sir, yours truly,

HARRY COCKING, Secretary.
Hospital of St. Francis, New Kent Road, S.E.,
April 21st, 1902.

[Either the views expressed by the chairman are endorsed by his colleagues on the Board or they are not, and in the latter case we would suggest that it is incumbent upon them and on the medical staff to disassociate themselves from views so absurd and indefensible.—Ed.]

An Extraordinary Death.

A CURIOUS incident is reported to have taken place a few days since at the South Devon and East Cornwall Hospital. A man who had come for an injury to the head while under the influence of acute alcoholism found his way into a ward and swallowed the contents of the medicine stock bottles with promptly fatal results. A verdict of death by misadventure was returned at the inquest.

Obituary.

THOMAS MORE MADDEN, M.D., M.R.C.P.I.,
F.R.C.S. Edin., J.P.

It is with sincere regret that we announce the death of Dr. Thomas More Madden, which took place on Monday, the 14th inst., at his country residence, Tynede, co. Wicklow. By his death one of the few remaining links with the past is severed. It is more than half a century since his apprenticeship to that great surgeon, James Cusack commenced. He knew all the mer. who gave the Dublin school a European reputation. He was born in the island of Cuba, in the thirties, at which time his father, Dr. E. B. Madden, was British Commissioner at the International Congress for the Abolition of the Slave Trade, and he ever referred with pride to the part his father took in carrying out Stanley's Emancipation Act. Born at such a time, whilst as yet the world echoed with the voices of Johnson, Freeman, Wilberforce, and Buxton, and learning, at his father's knee of Grenville Sharp and others, Madden commenced life with the high ideas of an heroic and philanthropic age, which were strengthened by his being named after the author of "Utopia." As a boy he learned Spanish, and throughout life it remained dear to him. The last time the writer heard his voice, it was the *muy gracias* of the sonorous Spanish for some slight favour shown him. His early studies ran down his health, and in 1859, after obtaining his first qualifications, he commenced travelling for health sake. He, however, returned in time to stand amongst the little crowd that saw and admired Marion Sims' first operation, when that great Southerner demonstrated his operation for vesico-vaginal fistula. He spent a session at the Montpellier School of Medicine, and sought out the site of lecture theatre of Albinus and the room of the "*Anglin lumen*," Sydenham. He rambled throughout Spain and studied the Moorish architecture, and visited the ruins of the old medical schools, in some of which medical instruction was still carried on in the sixteenth century manner. From Spain he journeyed through Northern Africa, from Morocco to Egypt, and hence he went to Australia. These journeyings were not without result, and on his return he published "Change of Climate," "The Spas of Germany, France and Italy," and "Health Resorts of Europe."

He finally decided on commencing practice in Dublin, became assistant to the Master of the Rotunda Hospital, gynaecologist to the Mater Misericordia Hospital, consulting physician to St. Joseph's Hospital for Children, and consultant obstetrician to the National Lying-in Hospital, Halles Street. On the outbreak of the Franco-Prussian War, Dr. Madden organised an Irish ambulance company, which he accompanied to Paris and offered his and their services to the French. For his services on this occasion the Republic conferred on him the decoration of the Bronze Cross. At the termination of the war he returned, and was soon afterwards elected an examiner in obstetrics in the Q.U.I. For his writings on gynaecology he was accorded a gold medal by the Associazione die Benemeriti Italiani. He was honorary President of the first International Congress of Obstetrics and Gynaecology at Brussels in 1872.

From the commencement of his professional career to its end Dr. Madden was an industrious and facile writer. It is almost forty years since he became a contributor to the MEDICAL PRESS AND CIRCULAR, since then his articles appear in almost every volume, and are to be counted by the hundred. As might be expected, in later years his papers were principally devoted to questions connected with his own speciality. Occasionally, however, he dealt with matter outside it, as in his papers on the "Medical Lore of the Early Irish," and his address on "Irish Medical Schools," delivered some years since at the Mater Misericordia Hospital, on which occasion he was complimented by Mr. Justice William O'Brien as "one in whom eloquence was hereditary, and like a river the current flowed more full and strong as it passed onwards."

He was a constant attendant at the gynaecological meetings of the R.A. of M. in Ireland, and the Transac-

tions from their first number bear evidence of his industry as a writer, his acumen as a practitioner, and his grasp of the scientific knowledge of his profession. As a man, Dr. Madden was courteous to all, tenacious of his rights, withal punctilious in recognising the rights of others, of decided opinions, and a passionate lover of his country. His likes and dislikes were strong, and once he gave his friendship he was ever afterwards a trustworthy friend. There are many who will grieve that they will see his face no more.

ALEXANDER MACGREGOR, M.D. Aberd., M.R.C.P.
London.

THE sudden and altogether unexpected death of Dr. MacGregor has come to his friends and colleagues as a great shock. Dr. MacGregor was a man of active habits, vigorous intellect, charming personality, an able physician, and a true friend. In Aberdeen he filled several important posts with distinction, and was at one time candidate for the Chair of Medicine. As one of the physicians to the Mount Vernon Hospital for Consumption he was enthusiastic in the study and treatment of phthisis, and greatly respected by his patients. To pass from an active and useful career at the early age of 48 leaves life's work unsatisfied. Much sympathy will be extended to the widow and her infant daughter.

INSPECTOR GENERAL ALEX. WATSON, R.N.,
M.D.

THIS gentleman, who died at his residence, at West Derby, Liverpool, last week, was a graduate of Edinburgh University. Having obtained his M.D. degree in 1847, he entered the Naval service the year following, and was engaged as Assistant Surgeon of the *Highflyer* in the Black Sea during the Russian War, and was present at the principal operations, receiving for his services the Crimean and Turkish Medals, with Sebastopol clasp. He was Surgeon of the *Cormorant* on the China Station, and was again mentioned in despatches for services rendered at the capture of the Peiho Forts in May, 1858. In the following year he was wounded, and his vessel sunk in action at the second attack on the same forts. He was subsequently in medical charge of the seriously wounded till their arrival in England, for which he had the China medal with clasp for Taku. As Staff Surgeon of the *Challenger* on the Australian station, he was present at the attempted assassination of the late Duke of Edinburgh at Sydney in 1868, and extracted the bullet from, and was in constant attendance upon, his Royal Highness till his recovery. He was a third time mentioned in despatches, and was specially promoted to be Fleet Surgeon in July, 1868. He subsequently served as Fleet Surgeon in the *Galatea* and on the staff of the Duke of Edinburgh on his visit to India, China, and Japan, and as Fleet Surgeon in the *Serapis* with the King, when as Prince of Wales he visited India in 1876-7. In 1881 he retired on promotion, with the honorary title of Inspector General of Hospitals and Fleets.

Literature.

GRAY'S ANATOMY. (a).

EVERYONE will have a hearty welcome for the fifteenth edition of the friend of their youth—the celebrated Gray's "Anatomy." It has served as the teacher of generations of students, and will in all probability, serve as the teacher of generations more. In the present edition the entire work has undergone a careful revision. The section on Embryology particularly has been improved by the introduction of some sixty additional illustrations after his and others. We confess that we

should like to see a still further revision of the illustrations in a few instances. Figure 563, representing a vertical median section of the female pelvis, does not ornament the pages of a standard work on anatomy. It is incorrect in its anatomical representations, and is besides by no means on a par with the other illustrations when viewed from the standpoint of the artist. Such illustrations however are entirely exceptional, and the editors and their assistants must be congratulated on the manner in which they have discharged what must have been a most difficult and laborious task. In the sixteenth edition we shall look forward to seeing a chapter on the anatomy of the human body as determined by skiagraphy, an innovation which must sooner or later find its way into works on anatomy.

Medical News.

A Medical Witness's Fees Disputed.

DR. GEORGE R. LORIMER, of Burton, was the plaintiff in a recent County Court action, in which he sought to recover the sum of £25 12s., being his fees as witness in a Chancery action in reference to the will of a deceased patient. The sum comprised five guineas for preparing the case and five guineas a day for attendance, exclusive of travelling and other expenses. The defence urged that Dr. Lorimer was merely a witness as to fact and not an expert and offered £8 8s. in settlement. The Judge held that the plaintiff was called as an expert witness, adding that his time was certainly worth more than the fee charged, and he gave judgment accordingly.

A Meeting of Philosophers at Carlsbad.

THE seventy-fourth annual congress of the Association of Natural Philosophers and Physicians will take place at Carlsbad in the last week of September. It is officially announced that the meeting is for purely scientific purposes, and there will consequently be no "social side." It speaks volumes for the popularity of natural science that some 8,000 persons from all parts of the world have already intimated their intention of being present.

Sleeping Sickness in Central Africa.

A MEDICAL Commission is shortly to proceed to Uganda to investigate the epidemic of sleeping sickness, which has broken out in the Protectorate, and on some of the islands and country places in Uganda it has carried off hundreds of victims. The disease is characterised by a gradually increasing drowsiness, with prostration, and no authentic case of recovery from the disease has yet been recorded.

Mortality in Foreign Cities.

ACCORDING to official returns supplied to the Registrar-General, the death-rate of the various populations per thousand for the latest week to hand was: In Calcutta 42, Bombay 112, Madras 44, Paris 22, Brussels 16, Amsterdam 18, Copenhagen 18, Stockholm 19, Christiania 12, St. Petersburg 24, Moscow 24, Hamburg 15, Munich 20, Vienna 23, Prague 24, Budapesth 20, Trieste 30, Rome 23, Venice 27, Cairo 26, Alexandria 32, New York 19, Philadelphia 19.

Meath Hospital.

AT the annual meeting of the Governors of the Meath Hospital held on April 14th, Mr. Arthur Andrews, J.P., in the chair, the Secretary presented the 148th annual report, which showed that at the commencement of the financial year there was a debit balance of £1,171 10s. 9d. The total expenditure was £5,991 19s. 4d., and the ordinary income £5,542 13s. 10d., thus showing a deficiency on the year of £449 5s. 6d., and leaving at the close a balance against the hospital of £1,620 16s. 3d. The Committee much regret this unsatisfactory condition, which has been occasioned by their desire and efforts to meet to the utmost the great demand made by the sick poor who daily seek admission. There were in the wards on April 1st, 1901, 113 patients, 1,312 were admitted during the year, making 1,425; of

(a) "Anatomy, Descriptive and Surgical." By Henry Gray, F.R.S., F.R.C.S., Lecturer on Anatomy at St. George's Hospital Medical School. Fifteenth edition, edited by Pickering Pick, F.R.C.S., Consulting Surgeon to St. George's Hospital, &c., and Robert Howden, M.A., M.B., Professor of Anatomy in the University of Durham, &c. Pp. xliii. (148) and 1096. London: Longmans, Green and Co., 1901.

these 1,248 were discharged, cured or relieved, 66 died, and 111 remained on March 31st, 1902. The mortality was 5.02 per cent. on the total treated to a termination. There were also 5,177 accident cases treated as out-patients, and the dispensary cases numbered 18,009. There was, therefore, a total of 19,611 persons who received medical or surgical treatment during the year. The report concluded with an earnest appeal for funds. The medical report was presented by Dr. Lennon and the surgical by Mr. R. Lane Joynt, F.R.C.S., both of which were of a very satisfactory character.

In a return issued by the Hospital Sunday Fund, the total expenditure per bed per year was given in the case of six hospitals. In five of these the figures were £83 6s., £80 5s., £83 8s., £83 3s., and £79 10s. In the sixth hospital, the Meath, the return was only £53 16s. It might be said that their economy consisted in starving their patients, but from the figures published by the fund they would see that in the hospital which cost £83 per bed per year provisions cost £13 15s. 11d., whereas in the Meath Hospital, with an expenditure of £53 16s., the provisions cost £16 0s. 6d., which supported the contention of the managers that its economies were effected in other directions. The hospital was stated to be in a thoroughly efficient condition, and the report was, on the motion of Dr. Craig, adopted unanimously, and after the transaction of the remaining business the meeting terminated.

The New Ulster Medical Institute.

ON April 12th last the foundation-stone of an institute in connection with the Ulster Medical Society was laid by Professor Redfern, M.D., F.R.C.S. The Society, though in existence for a considerable number of years, has had no regular meeting-place of its own, and the need of such a building, where the members could assemble, either for professional or educational purposes, was keenly felt. Professor Whittle, M.D., J.P., who is well known to his professional brethren, came to the rescue, and at the last annual dinner of the Ulster Medical Society, of which he is the president, he signified his intention of erecting and equipping an institute. A site for the building has been leased from the governors of the Royal Belfast Academical Institution, and, when erected, the new institute will be fitted up in the most complete manner with all necessary requisites. The front of the building facing College Square North is designed in Perpendicular Gothic work, and consists of Scarbo rock faced ashlar and Dumfries red sandstone dressings. It presents a frontage of 45 feet to the street, by about 46 feet high to the top of the parapet, with a gable in the centre. It is expected that the building, which will cost about £6,500, will be ready for opening before the end of the present year.

University of London.

In the list of medical schools of the University and of hospitals and institutions recognised by the Senate of London University for the complete course of medical education, including clinical medicine and surgery, appears the University of Birmingham, with the General Hospital, or Queen's Hospital, as well as the University College of South Wales, with the Cardiff Infirmary (for first three years only), and the University College, Bristol, with the Royal Infirmary or General Hospital. These are in List I., while List II.—which is that of hospitals recognised for the attendance on medical and surgical practice required for the degrees of M.D. and M.S.—includes among the general hospitals unconnected with medical schools the Wolverhampton and Staffordshire General Hospital, the North Staffordshire Infirmary, Stoke-upon-Trent, and the Cardiff Infirmary.

Royal College of Surgeons in Ireland.

THE annual dinner will be held at the College on Saturday, May 10, at 7.45 p.m. His Excellency the Lord-Lieutenant, K.G., has graciously accepted the invitation of the President and Council to be present. The President and Council having voted the Honorary Fellowship of the College to Surgeon-Captain Thomas Joseph Crean, V.C., for his distinguished services in

South Africa, the formal presentation to him will take place at 7.30. As the accommodation will of necessity be limited Fellows desirous of being present at the dinner should send their names and those of any guest they may wish invited to Mr. G. F. Blake, Registrar, Royal College of Surgeons, before May 1st, 1902.

A Vaccination Scare.

A RUMOUR having gained currency that the children attending the elementary schools at Newhall, Burton, were to be vaccinated one morning of last week, very few scholars put in an appearance, and the schools were besieged by angry or tearful parents. The school had to be closed for want of pupils, and other schools, some miles distant, had likewise to be closed on account of the threatening attitude of the crowds. This occurrence shows to what a degree the pernicious influence of the mendacious statements, distributed broadcast by the anti-vaccinists have inflamed the minds of the ignorant and unreasoning.

Strange Misadventure.

A CABMAN was admitted to the Hôpital Dubois one day last week complaining of intense gastralgia. No diagnosis could be made, and it was decided to perform an exploratory operation, but before this could be done he had a violent fit of vomiting, which resulted in the ejection of a piece of rubber tubing. He died on the following day, and it is asserted by his friends that the tubing was left in the stomach by his medical man after a lavage.

War Medals.

WE are informed by the War Office that South African medals are now ready to be issued to those members of the Medical, Staff, Rhodesian Field Force, and Cape Stretcher Bearers attached thereto who are entitled to them. Applications for these medals by men of this corps who are resident in this country must be accompanied by the applicant's discharge certificate or other papers of identity, and addressed to the Director-General, Army Medical Service, 18, Victoria Street, London, S.W.

Death under Chloroform.

A MAN, aged 38, who was about to be operated upon for varicose veins at the Royal Albert Hospital, Devonport, became violent and died after only five minutes' inhalation, the explanation being "spasm of the respiratory muscles, due to chloroform," a new symptom in chloroform narcosis! The stereotyped verdict was returned, and no reference is made in the report to the quantity used or the mode of administration.

Royal College of Surgeons, Ireland.—Election of Examiners.

A MEETING of Fellows will be held on Tuesday, May 6th, in order to elect the following Examiners:—Two Examiners in Anatomy, to examine in Surgery when directed. Two Examiners in Surgery, to examine in Anatomy when directed. Two Examiners in Physiology and Histology. Two Examiners in Ophthalmology. One Examiner in Pathology and Bacteriology. One Examiner in Pathology. One Examiner in Midwifery and Gynaecology. One Examiner in Biology. One Examiner in Sanitary Law and Vital Statistics. One Examiner in Engineering and Architecture. Two Examiners in Chemistry and Physics. Two Examiners in Dental Surgery and Pathology. Two Examiners in Mechanical Dentistry. One Examiner (not being a Fellow or Licentiate of the College) in Languages. One Examiner (not being a Fellow or Licentiate of the College) in Mathematics, Physics, Dictation, and English Essay. Candidates must lodge their applications with the Registrar, at the College, on or before Tuesday, April 29th, at 10 a.m.

The following is the prize list for the winter session 1901-1902:—

Stoney Memorial Gold Medal in Anatomy.—J. J. Connolly. Descriptive Anatomy.—Junior: W. St. L. Moorhead, first prize (£2) and medal; L. Lucas second prize (£1) and certificate; senior: E. Bury, first prize (£2) and medal; I. Allaun, second prize (£1) and certifi

cate. Practical Anatomy.—First year: J. B. Kelly, first prize (£2) and medal; J. Prendiville, second prize (£1) and certificate; second year: E. Bury, first prize (£2) and medal; R. A. Brown, second prize (£1) and certificate; third year: J. J. Connolly, A. N. Crawford, and J. Parker (equal first prize (£1) and medal. Practice of Medicine.—M. Lochrin, first prize (£2) and medal; J. S. Sheill, second prize (£1) and certificate. Surgery.—J. S. Sheill, first prize (£2) and medal; W. R. Ormsby, second prize (£1) and certificate. Midwifery.—J. J. Connolly, first prize (£2) and medal; F. O'D. Fawcett, second prize (£1) and certificate. Physiology.—R. A. Brown, first prize (£2) and medal; E. Smith, second prize (£1) and certificate. Chemistry.—L. Lucas, first prize (£2) and medal; E. F. Ward, second prize (£1) and certificate. Pathology.—R. W. Burkitt, first prize (£2) and medal; W. R. Ormsby, second prize (£1) and certificate. Physics.—L. Lucas, first prize (£2) and medal; E. W. Greene, second prize (£1) and certificate.

Pass Lists.

University of Birmingham.

The following candidates have passed the first and second examinations for the degree of Bachelor of Medicine and Bachelor of Surgery during April:—

First Examination.—Class I.: Herbert Charles Horace Bracey.

Class II.: John Staines Austin, Henry Neville Crowe, Lionel Chattock Hayes, Richard Stuart Wathen Hunt, G. Frederick Jotham, Walter Rowland Southall Roberts, Spencer Graham Walker, Edmund Stanley Whitcombe.

Second Examination.—Class II.: Fred Thomas Holloway Davies, Fred Newton Walsh, Herbert Henry Warren. Royal College of Physicians, Edinburgh, Royal College of Surgeons, Edinburgh, and Faculty of Physicians and Surgeons of Glasgow.

TRIPLE QUALIFICATION.

The quarterly examinations of the above Board, held in Edinburgh, were concluded on April 8th, with the following results:—

First Examination, four years' course.—The following two candidates passed the examination: James Henry Allan and Isa Charan.

First Examination, five years' course.—Of twenty-four candidates entered, the following eleven passed the examination: Ernest Averell, Hector Graham Gordon Mackenzie, Herbert Bower, Henry Albert Pascoe, William Wallace Dunlop, James Sullivan, Robert James Martin, Elizabeth Mary Cardozo, Daniel Kennedy, Patrick Raoul Eskell, and James Noonan. Three passed in Physics and three in Chemistry.

Second Examination, four years' course.—Of seven candidates entered the following five passed the examination: Isa Charan, Robert Gibson, Lewis Pemberton Anderson, Alexander Wood, and Ernest Arthur John Eraser; and one passed in Anatomy and Physiology.

Second Examination, five years' course.—Of twenty-seven candidates entered the following sixteen passed the examination: John James Gillis, Gideon Hendrik van Egl, Alexander Douglas Fox, James Watson, Ernest Saunt, Martin Arnold Gibbs, James Grieve Cormack (with distinction), James Wilson, Maurice Michael Fitzgerald, Elizabeth Mary Cardozo, Robert Murray Fraser, James Augustus Robertson, George Waller Meade, Ernest Howard Edward Coghlan, Edward Herrick Knowles, and Emile Reboul; and one passed in Anatomy.

Third Examination, five years' course.—Of thirty-five candidates entered the following twenty-six passed the examination: Fritz George Heyer, Donald Cameron, William Ernest O'Hara, Archibald Monteath Laurie, Leonard Bushby Hopper, Michael King, William John Morton, John Archibald Turnbull, William Black Andry, Joseph van Someren Taylor, William James Arves, Thomas McMaster Glen, Terence Owens, Patrick Law, Mutyala Sriramulu Naidu, James Cullen, Leo Ferdinand Bianchi, Andrew Malachy Walsh, Minnie

Green, George Alexander Paulin, William Charles Maasy Burnside, Thomas Russell, Behram Burjorjee Bharucha, Everard Clave, Eileen Fitzgerald, and Kaikursroo Jehangir Bhangara.

Final Examination.—Of sixty-eight candidates entered, the following thirty-eight passed the examination, and were admitted L.R.C.P.E., L.R.C.S.E., and L.F.P. & S.G.:—Alice Esther Gilford, Wilfred Edwyne Knight, Frank Edward McGee, Hastings Footman Everett, Henry Ayrton Chaplin, James Linton Johnston, John William Cross, Elisha Preston Mead, Alan Leslie Fielding, Philip Henry Mules, Robert Walter Joseph Pearson, Martin Francis Cusack, Arthur Thomas Hoskins Linton, Farris Nusser Jaboor, Howard Horace Homer Hurdman, David Patrick Johnstone, Alfred Lambré White, Leonard Bushby Hopper, John Quin Donald, Thomas Albert Mendes, Robert Methuselah Stimpson, Reginald Herbert Brierley, Wilfred Albert Wilson, Thomas Roberts Griffiths, Daniel Randolph Gonsalves, Roger Llewellyn Williams, Sylvester Lawson Clindinin, Valiant Galfred Ffrost, Evan Bidie, Edith Boomgardt, Lionel Walpole Thomson, Thomas Longmore Ashforth, Thomas Glasbrook Davies, Debendranath Banerji, Thomas Jones Evans, Timothy Francis Heas, Donald Burrows, and John Anthony Freeman Hatch; and three passed in the division of Medicine and Therapeutics, two in Surgery and Surgical Anatomy, seven in Midwifery, and eleven in Medical Jurisprudence.

Conjoint Examinations in Ireland.

The following candidates have passed the first professional examination:—

A. Honours in order of merit.—I. I. Hogan, L. Lucas, T. P. Byrne, M. I. Coyne.

B. Passed in all subjects; alphabetically.—A. Hipwell, P. F. J. Leyland, R. Martin, E. Punch, P. J. Rooney.

C. Completed the examination.—B. N. Blood, C. Gordon, E. J. Higgins, R. V. Murphy, N. E. Sampey.

Preliminary Examination.—B. Bassett, W. J. Berne, P. Blake, F. G. Blood-Smyth, T. A. Buchanan, P. J. Cleary, J. D'Alton, T. Fitzgerald, B. Foley, H. D. Gilmore, W. J. Kennealy, W. Owens, C. W. C. Robinson, G. F. Shepherd, D. McC. Smith, J. F. Walsh, A. E. Weinstock.

Society of Apothecaries of London, April, 1902.

The following candidates passed in:—

Surgery.—W. Ball, B. M. Dunstan, J. W. Elliott, A. F. Heald, A. Holroyde, E. A. Houchin, W. St. A. F. Hubbard, G. R. Lucas, S. A. Rowley, T. Scatchard, P. Southan, J. A. W. Webster.

Medicine.—A. H. Bell, G. F. G. De Laubenque, A. Holroyde, E. A. Houchin, T. G. Miles, O. Millauro, G. Roper, C. J. Taylor, H. C. S. Woodward.

Forensic Medicine.—G. F. G. De Laubenque, A. Holroyde, T. Scatchard, C. S. Scott, C. J. Taylor, W. H. Tomlinson.

Midwifery.—G. R. Hannon, E. A. Houchin, W. St. A. F. Hubbard, A. H. Hughes, P. C. W. Laws, C. H. Osmond, A. L. Walters.

The diploma of the Society was granted to the following candidates, entitling them to practise medicine, surgery, and midwifery:—A. H. Bell, A. Holroyde, W. St. A. F. Hubbard, G. R. Lucas, and P. Southan.

Pharmaceutical Society of Ireland.

The following have passed the Pharmaceutical Licence Examinations:—A. N. Yoxall, H. I. Gorman, B. Connolly, H. N. Forsythe, H. C. Thackeray, H. J. Owgan, H. Todd, H. I. Grubb, P. L. Doyle. Fourteen candidates were rejected.

Registered Druggist Examinations.—A. M. Gamble, T. Hanna, W. H. Howe, D. O. Perry, R. Verner passed. Four candidates were rejected.

Pharmaceutical Assistant Examination.—G. H. Batt, H. T. Grindley, J. Hunter passed. One candidate was rejected.

Notices to Correspondents, Short Letters, &c.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate, providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning corrected proofs.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

A. B.—We regret the information came too late to be utilised. A note has been made, however, for future reference.

LINCOLN.—The book was not sent us for review or we should have spoken very plainly as to its nature. Our attention was drawn to it by a patient, hence the editorial reference in our last.

MR. CROLY ON THE LIGATION OF THE EXTERNAL ILIAC ARTERY.

We regret that owing to delay in the post the corrected proof of Mr. Croly's interesting paper on "The Ligation of the External Iliac Artery for Aneurysm, &c.," did not reach us until subsequent to the publication of the issue in which it appeared, and that consequently a couple of obvious errors in it escaped correction. In connection with this, we would impress on all contributors the necessity for returning corrected proofs sufficiently early to enable them to reach our office on or before the Monday prior to the date of issue. Otherwise it is impossible to ensure absolute accuracy.

Meetings of the Societies, &c.

LONDON.

THURSDAY, APRIL 24TH.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND (20, Hanover Square, W.).—5 p.m.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m. Mr. R. Johnson: Some Points in the Treatment of Tuberculous Disease of the Knee. Dr. L. Guthrie: Congenital Hereditary Hematuria. Clinical Cases.

FRIDAY, APRIL 25TH.

CLINICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8 p.m. Exhibition of Clinical Cases followed by Discussion. Patients will be in attendance from 8 p.m. to 9 p.m.

EPIDEMIOLOGICAL SOCIETY (11, Chandos Street, Cavendish Square, W.).—8.30 p.m. Dr. Thresh: Small-pox Hospitals and the Spread of Infection.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—Demonstrations will be given at 4 p.m. as follows:—Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, throat.

DUBLIN.

WEDNESDAY, APRIL 23RD.

ROYAL UNIVERSITY, IRELAND.—Second Examination in medicine.

THURSDAY, APRIL 24TH.

ROYAL UNIVERSITY, IRELAND.—M.B., B.Ch., B.A.O. Exams. commence.

FRIDAY, APRIL 25TH.

ROYAL ACADEMY OF MEDICINE IN IRELAND.—Section of State Medicine. Royal College of Physicians.—8.30 p.m. Papers:—Dr. Maitley: On a Case of Lead Poisoning. Prof. E. J. McWeeney: Concluding Remarks on the Infectivity of the Milk of Cows, which react to the Tuberculin Test but are not Clinically Tuberculous. Sir C. A. Cameron, C.B.: Inspection of Dairy Herds.

Appointments.

BRANDON, B. J., M.D., C.M. Manitoba, Clinical Assistant to the Chelsea Hospital for Women.

CARLESS, ALBERT, M.B., M.S. Lond., F.R.C.S., Consulting Surgeon to St. John's Hospital, Twickenham; and Honorary Consulting Operative Surgeon to the Ealing Cottage Hospital.

DASHWOOD, HOWARD A., B.A. Cantab., M.D. Brux., M.B.C.S., L.R.C.P. Lond., Public Vaccinator for the Parish of Hampton Hill by the Kingston Board of Guardians.

DUNLOP, JAMES CRAUFURD, M.D. Edin., Inspector of Certified Inebriate Reformatories in Scotland under the provisions of the Inebriates Acts, 1879 to 1900; and also Inspector of Retreats licensed under these Acts in Scotland.

HARVEY, FRANK, M.B.C.S., L.S.A., Medical Officer of the Padstow (Cornwall) Fort Sanitary Authority.

HORN, MATTHEW, M.A., M.B., B.C. Cantab., M.B.C.S., L.R.C.P. Lond., Assistant Anaesthetist to the National Orthopaedic Hospital, Great Portland Street, W.

HUNTER, JESSIE B. M.B. Glasg., Assistant Medical Officer to the Lawn Hospital for the Insane, Lincoln.

LARWILL, JOHN, L.R.C.P., & S. Edin., Medical Officer at Boonal, Queensland.

LOGAN, R. B. W., M.B.C.S., L.S.A., Certifying Surgeon under the Factory Acts for the Ashby-de-la-Zouch District of Leicestershire.

MATSON, J. A., B.A., M.D. Dub., L.R.C.P. Irel., Assistant Physician to the Richmond, Whitworth, and Hardwicke Hospital.

PURNELL, RICHARD, M.D. St. And., M.B.C.S., L.S.A., Medical Officer of Health of Wells (Somerset) for three years.

SODHI, BABA M. SINGH, M.B., Ch.B. Edin., Assistant Medical Officer at the Borough Asylum, Portsmouth.

TAYLOR, F. E. M.B., Ch.B. Vict., M.A., M.Sc., M.B.C.S., L.R.C.P. Lond., Pathologist to the Chelsea Hospital for Women.

TUKE, G. M., M.B.C.S., Medical Officer of Health to the Hollingbourne Rural District Council.

Vacancies.

Cumberland and Westmorland Asylum, Garlands, Carlisle.—Junior Assistant Medical Officer. Salary £130 per annum, with board, lodging, &c. Applications to the Medical Superintendent.

Down County Infirmary.—House Surgeon. Salary £60 per annum, with apartments, &c. Immediate application to Dr. Tate, Downpatrick. (See Advt.)

Durham County Asylum.—Junior Assistant Medical Officer. Salary commences at £150, with board, laundry, and attendance. Applications to the Medical Superintendent, Durham County Asylum, Winterton, Ferryhill.

Durham County Hospital.—House Surgeon. Salary £120, with board and lodging. Applications to Wm. B. Wilson, Secretary, 68, Sadler Street, Durham.

Fisherton Asylum.—Assistant Medical Officer. Salary £150 per annum, with board, lodging, and washing. Applications to Dr. Finch, Salisbury.

Greenwich Union Infirmary.—Second Assistant Medical Officer. Salary £100 per annum, with board, lodging, washing, and attendance in the Infirmary. Applications to Samuel Saw, Clerk to the Guardians, Union Offices, Greenwich, S.E.

Metropolitan Asylums Board, Caterham, Surrey.—Assistant Medical Officer. Salary £150 per annum, with rations, lodging, attendance, and washing.

Sir Patrick Dun's Hospital.—Assistant Physician. Applications to Secretary of the Medical Board. (See Advt.)

Wallasey Dispensary and Victoria Central Hospital, Liscard.—House Surgeon. Salary £100 and board. Applications to Mr. Andrew Lindsay, Newbold, Liscard, Liverpool.

West Norfolk and Lynn Hospital, King's Lynn.—House Surgeon. Salary £100 per annum, with board, residence, and washing. Applications immediately to the Chairman of the Weekly Board.

Births.

THOMSON.—On April 14th, at 14, Coates Crescent, Edinburgh, the wife of John Thomson, M.D., F.R.C.P. Edin., of a daughter.

SELLORS.—On April 7th, at 14, Emmanuel Road, Balham, the wife of T. B. Sellors, L.E.C.S., L.S.A., of a son.

WISE.—On April 15th, at 23, Plumstead Road, Woolwich, the wife of Harry M. Wise, M.B., of a daughter.

Marriages.

ADDISON—STUTFIELD.—On April 12th, at St. Lawrence, Wormley. Hugh Cecil Addison, M.B.C.S. Eng., L.R.C.P. Lond., of Bedford, only son of William Addison, of Broxbourne, to Margaret Mary, eldest daughter of the late Barton Stutfield, of Wormley.

DAY—COCHRANE.—At St. Peter's Church, Dublin, by the Rev. S. Robinson, M.A., Lieutenant-Colonel J. D. Day, late R.A.M.C., son of the late A. M. Day, Dublin, to Margaret Louise, daughter of Sir Henry Cochrane, D.L., Woodbrook, co. Dublin.

GRINDROD—HIGGINSON.—On April 15th, at St. Peter's Church, Rock Ferry, Cyril John Grindrod, Vicar of Alne, Yorkshire, and of the late Rev. W. Grindrod, to Emily Bingham, daughter of H. B. Higginson, of Rock Ferry, Cheshire.

JAMES—BURNABY.—On April 17th, at St. Stephen's Church, Fiddington, Arthur James, M.D., D.P.H., of 69, Gloucester Terrace, Hyde Park, son of the late John James, of Plymouth, to Gertrude Hilda, daughter of the Rev. Henry Fowke Burnaby, of 29, Kensington Gardens Square.

PISSO—MOORE.—On April 17th, at Holy Trinity, Bournemouth, Ernest Douglas Pisso, M.B.C.S., L.R.C.P., of Langford, Somerset, younger son of Francis Pisso, of London, to Emma Elizabeth (Elsie) Moore, elder daughter of Joseph Moore, Melford Lodge, Bournemouth.

Deaths.

ANDERSON.—On April 12th, at Lochengair, Stonehaven, N.B., John Hector Anderson, M.D. Aberd., aged 48.

FELL.—On April 2nd, at Bibiana, Ashantee, in his thirty-first year, William George Fell, M.B., B.S. Durham, eldest son of John Fell, 5, Eslington Road, Newcastle-on-Tyne.

MACGREGOR.—On April 12th, suddenly, at 8, Queen Street, Berkeley Square, London, Alexander MacGregor, M.D. Aberd., M.B.C.P. Lond., J.P.

MAYO.—On April 7th, at Spitalgate House, Grantham, Eleanor, wife of A. C. Mayo, St. George's Park House, Great Yarmouth, aged 59 years.

SHELLSWELL.—On April 13th, at Alkerton, William Arthur Shellswell, M.B.C.S., L.R.C.P. Lond., formerly of Shenington, aged 39 years.

WILLIAMS.—On April 10th, at Hill House, Clay Cross, in his thirty-ninth year, Evan James Williams, L.R.C.P., M.B.C.S., youngest son of the late James Williams, Esq., J.P., Cardigan.

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THE

ETIOLOGY AND TREATMENT OF OBESITY.

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[SPECIALLY TRANSLATED FOR "THE MEDICAL
PRESS AND CIRCULAR."]

We have on various occasions discussed the treatment of adiposis or obesity in connection with the case of a man who, at the time of his admission, weighed 147 kilogrammes, but under a specially devised regimen lost fifty-three kilogrammes in less than a year. I will not dwell upon his history, which I laid before the Academy of Medicine last year, and which was published in detail.

I think it well, however, to draw your attention once again to the problems which are raised by the study of obesity, especially in respect of its pathogenesis and treatment. An opportunity is afforded me by a patient whom I have been treating for nearly a year, whose clinical history I will first of all lay before you.

The patient, a man, *æt.* 44, was predisposed to obesity by his hereditary antecedents; his father was gouty, his mother and grandfather were obese. Lastly, a great-grandmother on the maternal side was obese to such a degree that towards the end of her life she could not enter any public vehicle, and did not dare to go out because everyone turned round to look at her. With such antecedents the man required a strictly moderate diet and a great deal of exercise to escape obesity. He, however, ate freely. He himself described his appetite as good, and passed for a high liver. He had a special predilection for fat meats, farinaceous food, macaroni, pudding, pastry, sweetmeats, &c., not to mention bread, of which he consumed large quantities.

The results of this mode of living were the more serious since the patient, whose profession was of a sedentary character, took very little physical exercise. He married early and passed most of his time at his own fireside, rarely going out. I am of opinion that to this laziness, due to his constitution, is due in great measure his regularity of conduct. Rather delicate in his youth, he only commenced to grow corpulent towards his eighteenth year, at which period his obesity was not remarkable. Corpulency in infants is generally due to special causes which do not concern us at the present moment. As he was not regularly weighed I cannot trace his progressive increase in weight; but when I saw him in March, 1900, his corpulency had become very embarrassing.

He weighed 147 kilos, a weight too great for his waist, which measured 1 m. 66, and which only ought to support about 66 kilos; thus he weighed 51 kilos beyond the normal.

This degree of obesity not only affects the agility and external shape but also and above all causes functional disturbance in the various systems. More especially obesity obscures the mental faculties.

Those suffering from obesity had not a good name in the time of the Lacedemonians, who thought them wanting in intelligence and memory, and who excluded them from all positions in the State. Shakespeare did not think any better of them when he wrote—

"Fat paunches have lean pates."

Our patient had not fallen as low as this, although he was a victim of marked intellectual apathy, and suffered from attacks of genuine narcolepsia. Retiring to bed at 10.30 p.m., he sleeps till 2 a.m.; from this time his rest is usually disturbed, and he gets up four or five times an hour; he ultimately leaves his bed at 6 a.m., but a few minutes after he is seized by uncontrollable drowsiness, and goes to sleep for several hours on the sofa.

During the day, whilst writing, he is often seized by an irresistible desire to sleep, from which he is aroused by his pen falling from his hand. It is not unusual for him to fall into deep sleep in the middle of a conversation, his friends being obliged to pinch him or slap him on the shoulder to awaken him.

It even happened occasionally that he went to sleep standing and fell down. Some of these falls had serious results; once he broke a pane of glass against which he was leaning; another time he fell down stairs and sustained a contused wound, of which he still bears the marks.

The cerebral troubles which worried him, and his family even more, were not the only source of anxiety. The least movement became troublesome, and caused genuine fatigue; it was very hard work for him to have to go up to his room on the fifth floor. Other actions calling for much less energy had become fatiguing; for instance, he could no longer lift his arms up, and it was only with great difficulty that he could wash his neck; whenever he went into a urinal he was obliged to lean against the walls. The respiratory movements were performed very inadequately, and the least effort provoked dyspnoea.

The fat had doubtless invaded the heart as it had invaded the muscles of external movement and the respiratory muscles, for the pulse was soft, compressible, and slightly quickened; the fatty overcharge of the heart was probably, to a certain extent, the cause of the dyspnoea under slight provocation. Digestion was slow and accompanied by gaseous fermentation, which obliged the patient to loosen his waistband during the period of digestion.

As to the sexual functions it is hardly necessary to speak of them; you know the proverb, "A good cock is never fat"; the Latins, speaking of corpulent people, say they are "*... in venerem segnes nocturnaque bella.*"

Hippocrates had already noticed that among the complaints caused by too pronounced corpulency must be mentioned sterility. This is a fact applicable to the females of all other species of animals as well as to the human species. The distended skin had become very thin and was readily irritated; the patient had a very pronounced intertrigo of the genital folds and of the gluteal folds, and some patches of eczema on his legs. The urine contained neither sugar nor albumin.

Thus our patient presented in a marked degree all the symptoms of obesity and all the disturbances known to arise from the fatty invasion of the various tissues a

difficulty in the external movements, shallow respiratory movements and defective peripheral circulation with cerebral troubles.

This abnormal adiposity had a predisposing cause—heredity; there had been several members of the family who had suffered from obesity. The precipitating causes were too copious nutrition and insufficient exercise; the patient accumulated fatty reserves, his income being much larger than his expenditure within the organism.

The real, determining cause had up to now always escaped us, for though we can always make a fat man lose flesh, we cannot make a thin man gain in weight. I have seen many thin patients resist all sorts of treatment, having for object to make them grow fatter. We do not know, therefore, what it is that makes a man obese, although we know that the tendency is transmitted by heredity. That, indeed, is the extent of our knowledge.

We are prone to mask our ignorance of causes by emitting theories. Theories, indeed are, admittedly, indispensable to the progress of science; I will mention one of them; it does not pretend to be definitive—no theory can be—it is sufficient that it accounts for the clinical facts observed in this connection.

To my mind, it is due to a peculiar state of the nervous system, by which I mean that the quantity of nourishment that we ingest every day is not exactly proportionate to our wants. When we overstep the maintenance ration, a certain portion of the food absorbed is destroyed by a series of changes and oxidations. If it were otherwise, a person who overstepped, however little, his daily maintenance ration, would increase in weight indefinitely. There is, however, a regulating apparatus which brings about the destruction of substances absorbed in excess of requirements, and which moderates combustion during the periods of fasting, so as to maintain the equilibrium of nutrition. Now every regulating apparatus, in whatever way it performs its function, belongs to the nervous system; therefore it is the nervous mechanism that is disturbed in corpulent people.

The influence of the nervous system over nutrition is established by observations so numerous that our only difficulty is to make our choice.

We have seen hysterical subjects completely deprived of nourishment who could reduce their oxidation to a minimum, eliminating only seven grammes of urea per day and only losing 4,300 grammes weight in fifteen days. In opposition to this, I have known a woman, the prey of a violent grief, who took food every day at each meal-time, small in amount it is true, and who lost 15 lbs. in two weeks, thus losing more than a patient on starvation diet. The first observation proves that under the influence of the nervous system the expenditure may be reduced to a minimum; the second that under the same influence denutrition may be produced, followed by rapid emaciation.

Thus there is a nervous apparatus which regulates the processes of combustion, either accelerating or slackening them, which causes the oxidation of the absorbed aliments or provokes their deposition in the form of fat.

That which I attribute to a nervous trouble, M. Bouchard describes as due to mere slowing down of nutrition. From his theory to mine is but a step, or more exactly, it is the same theory formulated in another way. Obesity is always due to a slowing down of nutrition. But we must, I think, to explain this slowing down, take into consideration the nervous trouble, the nervous system being, as I have pointed out, the ultimate regulator of nutrition.

This nervous trouble is primary and secondary; primary when it appears under the influence of an unknown cause, secondary when it appears as the result of an easily determined cause, such as gout, diabetes, chlorosis, the menopause, arrest of the development of the testicles, myxœdema, &c.

If obesity be due to a disturbance of the regulating apparatus of combustion, its treatment will comprise two periods. I will call the first the period of insufficient nourishment, the second, the period of voluntary regulation. In order to make a patient lose

weight he must be put on a low diet; his income must be cut down so as to compel him to use up the reserves which he has accumulated by a sort of exaggerated economy. But what is a low diet? Evidently one which is not sufficient to cover the output of the organism; and this leads us to estimate of income and expenditure.

The food which we take sustains the body, enables it to grow, maintains animal heat, in addition to voluntary expenditure of energy.

We will dismiss growth, which only takes place at certain ages. We will assume that we are dealing with adults. The quantity of nourishment necessary for the physical maintenance of the tissues is really rather small and may even be dismissed from consideration in certain cases. Most of the food is employed in the production of heat and muscular energy. You are aware that heat and energy are identical terms, therefore it follows that the value of a food is represented by its thermic value and the maintenance ration can be represented by a given number of heat units. This is reckoned as 43 units per kilogramme for a man at rest, and a quarter more, that is to say, 54 units, in the case of a man doing hard work.

Thus nutrition is insufficient when it is obviously below 43 units per kilogramme of body weight. I say "obviously" below because there is a certain degree of automatic adjustment. A person who is receiving less nourishment diminishes automatically his combustion, just as a man whose income grows smaller can still maintain the equilibrium of his budget by reducing his expenses.

Thus the nutritive value of a substance may be expressed by a thermic formula. Now the number of units furnished by 1 gramme of a nutritive substance is, for carbo-hydrates and albuminoids from 4 units, and for fatty substances from 9 units. All foods can take the place of each other in isodynamic proportions, and whatever be their nature, are apt to give rise to the formation of fat.

There are nutritive substances which cannot directly produce fat and yet cause fattening; as an example I will mention alcohol, which has a high thermic value, for the combustion of 1 gramme of alcohol produces 7 units. But a man who takes alcohol fattens, because in burning the alcohol which furnishes the units necessary to his maintenance, he does not burn the other food stuffs, which therefore remain in excess, and are used up in the formation of fatty deposits in the tissues.

This makes it easy for you to appreciate the nutritive value, or if you prefer it, the calorific or "fattening" value (excuse this barbarism) of the various foods, by referring to one of the tables, among others that of König, which indicate the chemical composition of each foodstuff.

By remembering that the maintenance ration is from 43 units per kilogramme at rest, it is very easy, if you know the thermic value of a food and the weight of the subject, to calculate his maintenance ration.

Take, for example, a man who weighs 70 kilogrammes. His maintenance ration is $70 \times 43 = 3,010$ units. Suppose a man is fed on milk which contains per 100 grammes 3.50 grammes of albuminoids, 4.90 grammes of carbon and 3.70 grammes of fat. We can take the albuminoids and carbo-hydrates together since they possess the same calorific value (4.1), which makes 3.50 grammes + 4.90 grammes = 8.40 grammes. Their combustion will furnish 8.40×4.1 grains = 34.44 units. The combustion of fatty matters will give a further $3.70 \times 9.3 = 34.41$ units.

Adding up these two quantities we find $34.44 + 34.41 = 68.85$ units, that is to say, the combustion of 100 grammes of milk furnishes 68.85 units.

Since 3,010 units constitute the full ration of a man weighing 70 kilogrammes, by an easy calculation it will be seen that he requires to take rather more than 4 litres of milk a day.

Remember also that the combustion of the fat in milk on the one hand and the albuminoid constituents and carbo-hydrates on the other, represents very nearly the same number of units; thus the skimming which takes away the fat diminishes by one-half the nutritive value of milk, and skimmed milk is, therefore, an ex-

cellent nourishment for the cure of obesity. If the milk is not skimmed a man of 70 kilogrammes would have to take less than 4 litres in order to get thin.

A calculation might easily be made for all kinds of food on similar lines. You need only refer to König's table and determine the thermic value of the ingested nourishment.

These calculations were necessary in order to establish the theory; but in practice it is not necessary to work it out on every occasion.

In order that a person may lose weight he must be put on an insufficient diet, without, however, allowing him to suffer from hunger or indeed from even the slightest constitutional disturbance. To assuage hunger whilst on an insufficient diet, all we have to do is to resort to aliments possessed of low thermic value, even when given in large quantities. I usually order milk, preferably skimmed, mixed with water or tea, green vegetables (cabbage, spinach, salads), and fresh fruit.

A peculiarity to which I wish to draw your attention without being able to explain it, is that persons who feed on fresh vegetables, raw meat, &c., in fact, on what I may call living substances, are much better able to support an insufficient diet than others.

I allow the patients to drink as much as they wish, and this for several reasons. The pangs of hunger are not very painful, but those of thirst are frightful. When patients are restricted as to eating, it is necessary to let them drink as much as they wish. Since water washes away the products of organic combustion we cannot with impunity, by reducing the intake of water, reduce the secretion of urine, in certain subjects.

Privation of drink may provoke attacks of nephritic colic, to which obese people are specially predisposed. Moreover, drink does not fatten (I am speaking of water, and not of alcoholic drinks). Observations carried out on a hysterical subject and on one of ourselves, showed that equilibrium of weight having been obtained, it was not disturbed by variations in the quantity of water ingested.

This statement appears to be in contradiction with what one observes in persons put on a dry diet. These lose weight, it is true, but this is because when deprived of drink they eat less. Place an obese person before an appetising meal, allow him to eat as much as he wishes of each dish but forbid him to drink, and you will find that he will not do justice to the food. The privation of drink, therefore, acts indirectly by diminishing the appetite.

Great care should also be taken to keep the bowels freely open. The cure is accelerated by the use of mild laxatives, which get rid of a part of the surplus food, for a person is not fattened by what he swallows but by what he digests, and purgatives provoke slight indigestions which cause the stools to eject all that is not already digested.

Having enunciated these principles, we will now proceed to see how they apply to the patient. When he was first put under treatment on March 21st, 1900, he weighed about 235 lbs. He refused milk, which he loathed, and took as much fruit and greens as he cared to. When he was hungry he ate an orange or a banana, and drank weak tea. Before each meal he took 10 drops of tincture of aloes to keep the bowels free. Between March 21st and April 23rd he lost 22 lbs. in weight.

At this stage I allowed bouillon freed from fat, and coffee, after lunch. The treatment was continued till June 30th, by which time the patient only weighed 189 lbs. From June 30th to August 10th the treatment was relaxed owing to his going into the country; but even then, on his return to Paris, his weight had further fallen to 178 lbs. Although from this time the treatment was never strictly followed, his weight had fallen to 159 lbs. by December 9th, to 157 lbs. by December 14th. Since then it has risen to 163 lbs. Thus our patient lost 72 lbs. in nine months, i.e., nearly a third of his weight, or more than 125 grammes a day. The loss was more rapid at the commencement, as it always is.

These results are similar to those obtained in the case of the first patient, whose case I alluded to earlier. He discontinued all treatment, and has only increased a few pounds in weight. His actual weight

is still 50 kilogrammes less than his weight at the time when he came under treatment.

I could relate many more observations. I will, however, only relate one observation made by a doctor, *et. 39*, on himself. He belonged to an obese and gouty family. Under the influence of a restricted diet he lost more than 30 kilogrammes in fourteen months; weighing at the commencement 119.5 kilogrammes, he now weighs 89.4 kilogrammes.

Breakfast.—A cup of tea with milk.

Lunch.—One or two slices of meat, a little vegetable, 100 to 150 grammes of bread, a little cheese, as much fruit as he wished, and a cup of black coffee without sugar.

Dinner.—Half a litre of sweetened hot milk, 30 to 50 grammes of bread, and as much fruit as he desired.

The loss in weight was borne without fatigue. The only inconveniences caused were five or six violent attacks of gastric acidity, and these were overcome by chalk and bicarbonate of soda. There was at no period any constipation; on the contrary, after the milk at night there was moderate diarrhoea.

The treatment was not difficult to follow. The patient himself affirmed that he followed it with pleasure; the marked improvement observed at the end of ten days encouraged him greatly, and he affirms that he never experienced either lassitude or repulsion.

The majority of people are not so easy to treat, and satisfactory results are only obtained under certain conditions. One of the first is to compel the patient to eat by himself, for it is painful to be restricted when surrounded by people who are eating their fill. It is also preferable, when possible, to place the patient in an institution; he will not be exposed to temptation and banter.

As to the permanence of the results, this depends on the subject. Once the loss in weight obtained, the patient ought to follow a modified treatment, based on the weighings. His nervous regulating apparatus no longer acting normally he must substitute voluntary regulation for automatic regulation.

I know of no drawbacks to this treatment. Certain patients complain of disagreeable sensations, the more so in proportion to their lack of will power.

I ought, perhaps, to refer to physical exercise. This often gives very unexpected results. Theoretically, exercise stimulates combustion, but it is not unusual for the appetite of corpulent people to increase after prescribed exercise; and a more copious nourishment is followed by a further increase of weight. To cause loss of weight exercise would have to be pushed to the point of exhaustion, and this can never be advised.

Now, as to the thyroid treatment. This certainly causes certain people to grow thinner, but the marvellous results obtained by it in certain cases all occurred in individuals whose obesity was in direct proportion to the inadequacy of the thyroid functions, and represented a sort of mild myxœdema. The thyroid treatment, therefore, is indicated in but few cases of obesity; in fact, it is dangerous, because it sometimes gives rise to grave cardiac disturbances; it has even caused death when incautiously resorted to.

The patient whose history I have given in detail, had two years previously tried the thyroid treatment. He followed the treatment for eight days, but he was attacked by palpitation, his pulse rose to 100 and even 110 and on the advice of his doctor he discontinued the treatment. The acceleration of the pulse continued for a further eight days. The loss in weight caused by this treatment would at most have been 2 or 3 lbs. per week. Lastly, even if successful, when the thyroid treatment is discontinued the obesity infallibly returns.

By conforming to the rules which I have just laid down, you will assuredly be successful in curing obesity, but do not forget that this success depends much less on you than on the determination of the patient. There are some who will never be cured, because they will not make up their minds. This is what happened with a patient of mine who declared that she would not follow my treatment because she got fat on it and that as a matter of fact, the less she ate the fatter she became. With such patients nothing can be done.

RHEUMATIC NODOSITY IN INFANTS. (a)

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THERE are two varieties of rheumatic nodosity: the first is dependent on chronic rheumatism, and is, as a rule, independent of articular inflammation; the second is an epiphenomenon of acute articular rheumatism, and forms with chorea one of the most curious sequelæ of infantile rheumatism. This latter form has been fully described, in France, by Professor Jacoud, and vaguely written of in Germany by Froriep (1863), more clearly in England by Hillier (1868). But the first clinician to clearly demonstrate that the nodosities were of rheumatic origin was Meynet, of Lyons (1875). Afterwards Rehn (1878), Davaine (1879), Hirschsprung, Troisier and Brocq (1881), Briessaud (1886), Barlow and Warner (1887) contributed papers supporting Meynet's theory.

Two cases of the disease were admitted to the Bretonneau Hospital. The disease is not common, and we, therefore, thought the clinical notes worth printing.

The first case: D. Albert, æt. 1½, was admitted on May 8th, 1901. The patient's father enjoys good health; the mother is in good health, but she is nervous, and occasionally suffers from joint-pains. He has one brother, who enjoys good health.

At eight years of age the patient had an attack of measles. He has had no other sickness; but he is nervous, impressionable, and sensitive to a fault. The present illness commenced suddenly, one month prior to his entering hospital. The child was seized with a sore throat, with a high fever, and a swelling of the maxillary and sub-maxillary regions which extended to the ears. Two days afterwards an eruption followed which, commencing at the face, spread to the neck, trunk, and the whole body. It consisted of reddish-copper-coloured plates, which did not run together but were separate, each patch being surrounded by a ring of healthy skin. The eruption was associated with an intense itebiness of the skin; and though the rash continued on the body for eight days the individual patches appeared, blurred and faded more than once during that time. Eight days after the total disappearance of the rash the pains in the joints commenced. They commenced in the arms, beginning in the elbow-joints and then attacking the shoulders. Shortly after the knees and the ankles became the seat of pain. These pains were unaccompanied by redness, swelling or movement of the joint. He now complains of palpitation of the heart, and of a pain in his præcordial region.

Eight days before coming into hospital it was noticed that his movements were irregular, choreiform, and he complained of a pain over the seventh cervical vertebra of a very severe character, intensified by pressure. The pain was well marked all over the cervical spines, and the least movement of the head caused agony. This spinal pain caused the physician in attendance to suspect Pott's disease.

The choreiform movements were intense, so much so that there was considerable difficulty in feeding this child. The arms were more affected than the legs, withal the patient could not walk. His speech was also affected, so that it was with difficulty he pronounced his words. At this time the parents noticed little knot-like bodies under the skin, and a peculiarity of the child's hands. The four outer fingers were firmly flexed on the palm of each hand.

On admission the little patient was found to be greatly emaciated, weighing only 26 kilos; his skin was of a uniform brown colour without any rash. His parents said the child's skin was always dark-coloured. The head and the superior and inferior limbs are in a continuous state of choreiform movement. His head was constantly moving from side to side and the muscles of the face ever twitching in irregular grimaces, which

greatly distorted his features. The arms were always moving, alternating pronation and supination. The shoulders were being shrugged up and down. It is with difficulty a glass can be carried to his mouth, or a drink be given to him.

The movements of the legs are not so violent or incessant. Resting unobserved the movements are continued, but they become worse when he sees he is noticed. Under no circumstances do they cease, and the child is deprived of sleep by them. He speaks in monosyllables. Deglutition is not affected. Both hands are flexed strongly, phalanges on phalanges, and even the metacarpals are in a position of flexion. The thumb on being drawn out will remain in the normal position for some time. On attempting to draw out the other fingers the action is resisted by a force resembling that of an elastic band. Any attempt to overcome this resistance causes a choreic crisis and great pain. No deformity of the phalangeal articulations is to be found. On opening the hands nothing abnormal is to be seen, the joints of the whole body move freely without crepitation, swelling, or redness. A careful examination will, however, detect slight nodosities at the extremities of the members.

All these nodosities appear over the skin, which, however, moves freely over them; their deep attachment seems to be to the tendons, or fibrous sheaths, or to the periosteum.

In the first group of these the nodosities move freely, moving with the tendon of the finger; in the other cases they appeared to move more with the bone. Slightly painful on pressure, these nodosities varied in size from that of a grain of hemp seed to that of a lentil, though at the seventh cervical spine two were found that were as big as a small hazel nut. The colour of the skin immediately over them is normal, but when stretched they appear under it as small white patches or points. In number they are very considerable, fully 250 being present; in the neck they in some places have formed masses of nodosities from the union of their margins.

Their distribution is as follows:—Face, none; phalangeal articulations, right side, 2 to 4; left side, 2 to 3; metacarpo-phalangeal articulations of the thumb, right side, 4; left side, 4 to 8; the metacarpo-phalangeal articulation of the index finger, of the right side, 8; of the left side, 4 to 8; the metacarpo-phalangeal articulation of the other digits, on the right side, 4 to 5; on the left side, 4 to 8; at the extremity of the metacarpal bones on the tendon of the common extensor of the fingers, on the right side, 5 to 6; on the left side none; at the level of the metacarpal extremities on the exterior indices, on the left side, 15; on the site of the long abductor on the metacarpals of the right side from 5 to 6. In short, there are 60 to 70 nodosities found on the upper extremity of the right side, and some 80 on the left side. On the inferior extremities there were 60 on the right side and 70 on the left side. Some 5 or 6 were found in the helix; in the temporal, the temporo-parietal and temporo-occipital regions, nodosities, resembling grains of shot, were found; at the great occipital protuberance two nodosities that had attained the size of a small hazel nut.

A few other nodosities were found on the vertebral column and at the points of the pelvis. The lymphatic ganglia are not increased in volume.

An examination of the child further showed the following:—

The apex beat of the heart was felt in the fourth intercostal space, with a purring tremor, and a great blowing sound as if a jet of steam was blown out; this was heard in the back of the chest. The pulse was 80, full and regular.

The tongue is slightly furred, there is loss of appetite, the bowels are regular. The liver and the spleen are normal in size. There is nothing special to note regarding the lungs.

Prior to the present the child never suffered from any nerve troubles. The corneal and pharyngeal reflexes are absent; there are no hyostrogenetic points nor troubles of sensibility. The urine containing neither sugar nor albumin. The temperature which on the child's admission was 104°F., fell to normal, at which it has remained.

(a) A paper read before the National Congress of Obstetrics and Pediatrics at Nantes.

TREATMENT.

The Treatment consisted of thirty grain doses of the salicylate of soda and seven and a half-grain doses of bromide of potassium. May 13th.—The patient is better, the choreiform movements are less marked. The child is able to feed himself, but he is not able to walk. The abnormal flexion of the fingers continues; complete extension is possible, but very painful. The general condition is good. The nodosities remain as described. May 20th.—Complete cessation of the choreic movements. The patient is able to rise up from his bed and walk alone. He is in good spirits. The flexion of the fingers is less marked.

The nodosities which existed on the tendons of the flexor muscles of the fore-arm in the position of the wrist are notably less in size.

The treatment now consists of small doses of arsenite of sodium, and a discontinuance of the salicylate of sodium.

May 28th.—The choreic movements have ceased, and the boy passes the day playing with his companions. The nodosities are disappearing. We cannot find any on the palmar tendons, or those of the fore-arm. The nodosities found at the digital articulations have passed away, those at the elbow still remain. At the cervical prominence the nodosities are still numerous, but they are more easily moved. The two large nodosities on the occiput are in no way lessened; those on the ear are less prominent. The fingers are extended more easily. Cardiac trouble persists; weight, 28 kilos.

June 2nd.—There are not one-tenth of the number of the nodosities on the superior extremity. A fresh one, however, was found on the wrist.

The nodosities on the inferior extremities now number 7 or 8 on the right and 10 on the left side. The nodosities of the ear have disappeared. On the occiput the two nut-like nodosities have not lost bulk, but they are less adherent to the bone. In the temporo-parietal and temporo-occipital regions the few nodules seem to have increased so much that these regions are studded with them.

The general condition continues good. On June 5th we ablated one of the occipital nodes. On raising it we found the consistence of the node to be soft, although it felt, before cutting through the skin, of bony consistence. June 18th.—The nodosities have disappeared from the skull, and those of the extremities are almost all gone. A fresh nodosity has appeared at the base of the right thumb eminence; it is as large as a pea. The pathological condition of flexion of the fingers has altogether ceased.

July 6th.—A fresh crop of nodules has appeared; they number some 20, and are found at the metacarpophalangeal articulations, on the elbows and on the knee-pans. The heart trouble persists. The general health of the child is good, and to-day he quits the hospital.

Second case: F. M., set. 13, entered hospital on June 29th, 1901. His father enjoys good health and never had an attack of rheumatism. His mother died of tuberculosis. His maternal uncles are living and are healthy. The infant had good health for the first two years of his life, when he had a severe attack of rheumatism, which became localised in the wrists, elbows, and knees. The child was confined for eight days to bed, but the pain did not disappear for four months. One month after the beginning of the rheumatic attack the patient had a crop of nodosities at the points of his elbows and knees, and as he now presents, they remained for two months and then they faded away. Five months after the attack the little patient had a fresh one, the severe pains being most marked in the ankles, knees, wrists and elbows. The articulations were neither red nor swollen, and the child continued to walk about. Fifteen days afterwards there appeared a crop of small nodosities. Two months after he had an eruption of red plaques at the groin, followed by shortness of breath.

On admission the child was found to be very anæmic, emaciated, and on his chest and belly a circinate erythema, which appeared to be fading. At the fold of the groin there were taches, purple and red, apparently of different ages. An examination of the joints showed the

presence of numerous nodosities. Their size varied from that of a grain of hemp seed to that of a lentil. They are subcutaneous, easily movable, and attached to the deeper tissues. They are not at all painful on pressure. The child complains of pains in the knees when he has walked for some time. The joints are neither red nor swollen, and passive movement gives no pain.

A general examination gave the following results:—Tongue moist and red, appetite good, bowels regular, lungs normal. Heart apex beat in the fourth intercostal space, a finger-width beyond the left nipple. The apex stroke strong and free of any purring sensation. On auscultation a double bruit was found, the first is prolonged to the second sound and is badly masked; the second is heard best at the base and is continued in the direction of the aorta. The pulse is full, bounding, 80 in the minute, and the papillary pulse is very clearly marked on the nails. Temperature normal. Urine free from albumin. Treatment, thirty grains of the salicylate of sodium.

July 10th.—The nodosities lessening in number and size.

August 18th.—The child convalescent and all nodosities disappeared.

Histological examination of the occipital node excised from the first patient:—A fragment of the node was fixed by the liquid of Muller and then mounted in collodion, coloured by eosine and hematein.

A section through the thickest part of the nodosity showed that the structure was not uniform throughout. Certain parts consisted of a lax areolar tissue of a rose colour, and others of a dense tissue of a dark colour. Elsewhere we found the cells of the same type ranged in series and separated by very fine fibres. The intercellular tissue in places appeared homogeneous, and in others slightly fibrillar. In the midst of the fibrous tissue of the different varieties we found:—

1. Islets of cells irregularly disposed, some in strings, others in circles, regularly irregular.

2. Numerous vessels found permeating the cell masses: arterioles with one wall greatly thickened and their lumen almost occluded. In no part of the tissue did we find necrosed cells, and cartilaginous tissue was absent. At one point in the substance red cells distended the meshes of the tissue.

BACTERIOLOGICAL EXAMINATION.

A fragment of the nodosity, fixed and mounted in paraffin, was examined bacteriologically. Our results were negative. The specimens were coloured with thionine, by the gentian violet dissolved by the method of Gram. Of the 75 cases published of nodosity of the joints, 60 occurred in subjects under 20 years of age, and the greater number of them occurred in girls. Seldom do the nodosities appear during the first attack of rheumatism, as in our first case. They usually make their appearance in the second or some succeeding attack.

The following table, which we borrow from Garrod, gives the points of selection of the nodosities in 50 cases:—About the elbow in 37 cases; hand, 30; knee, 20; ankle, 16; spine, 10; head, 10; shoulders, 9; shoulder blades, 6; pelvis, 7; clavicles, 5.

Our first patient had nodosities on the pinna of the ear. This position is unusual, we find it mentioned once only (M.M. Trosier and Brocq). The nodosities are neither adherent to the skin nor to the deep part; their connection to the periosteum is not close enough to consider them of exostotic genesis. In size they range from the size of a head of a pin to that of a hazel nut. Occasionally they attain the size of an almond or of a walnut. The very largest are very easily moved about. In consistence they are firm, elastic, and sometimes truly bony. Nodosities nevertheless sometimes consist of a soft substance which offers little resistance to the pressure of the finger. This difference in the character of the nodosity is principally due to the growth or otherwise of vessels in its substance and the thickening of its walls. The number of the nodosities in any given case is very variable. In our first case the number was large, in the second there were not nearly

as many. Indeed, on the extremities in the first case we counted 250.

The first of these cases had on the pinna of the ear two nodosities. This localisation is unusual; we found only one such case recorded, that of M.M. Trosier and Brocq. The nodosities were not adherent to the skin nor to the deeper tissues; all their attachments were too loose to justify them being considered as exostoses. Their size ranged from that of a head of a pin to that of a hazel nut. Occasionally, however, they attain to the size of a sweet almond or that of a walnut.

The largest of them are readily moved to and fro; they give on palpation a sense of containing semi-fluid contents, which is not present in those of a small size. Their consistence is firm, elastic, and sometimes feels as if osseous. This firm feel of the nodule prior to its excision is principally due to the thick walls. In number they usually average thirty. On our first patient we found more than 250 on the extremities alone. At the cervical prominence they were so numerous that they became confluent; a very exceptional condition. In one case, that of Fletcher, there were 140.

The nodosities may appear when the joint pains are dying away, or they may not appear until convalescence. The case of Meyer is not an exception to this rule; the nodosities, it is true, preceded the rheumatic attack by twenty days, but before they came the patient had suffered from joint pains. Nodosities appear suddenly in a good large crop, which from time to time is succeeded by smaller crops which appear irregularly. The duration of the nodosity is very variable, some come and go so quickly as to be named ephemeral. Others remain a long time, eighteen months in some cases, and in one case, Duckworth's, they lasted for thirty months. As a rule they persist for one or two months. Those which remain a long time, finally fade away without leaving any trace, and they never undergo suppuration.

The articular phenomena which precede nodosities are, as a rule, slight, the acute form is the exception. Sometimes there are muscular pains and no joint pains, and occasionally they co-exist with rheumatic phenomena. Cutaneous eruptions are frequently present. They consist generally of polymorphic erythema. In our cases urticaria and purpura were present.

The flexion of the phalanges on the phalanges and on the metacarpal bones, which was so marked a feature in our first case, is noted by three authors as having occurred in their experience. Chorea is a more frequent complication; it has been noted in five cases. In general it assumes a grave form and may precede or follow the eruption of the nodosities.

In our two cases the heart was affected; in one with mitral insufficiency, and in the other with aortic insufficiency. This frequency of cardiac lesions in cases of nodosities has not escaped the notice of authors who have written on the subject. Cardiac troubles seem to occur during infancy only; they were found in everyone of the sixty recorded cases in patients under twenty years of age; but in those over twenty years of age the cardiac lesions were found but four times only.

This correlation of the attack of nodosities with cardiac disease during infancy requires of the physician a careful examination of the heart in every case of the disease. Hirschsprung cites a case in point. A patient, *et. 9*, was brought to hospital for a tenotomy of the tendon Achillis. He happened to observe a nodosity, about the size of a pea, over the fourth dorsal vertebra of the child, and at once auscultated the heart, where he found a marked case of mitral insufficiency.

Endocarditis is the most common form of cardiac lesion found in these cases, its usual site being the mitral valves. Pericarditis is unusual, it occurred in six cases only. Endo-pericarditis is still more infrequent. Weilh and Galavardin report a good example of interstitial myocarditis. This association of cardiac disease with nodosities ever darkens the prognosis in infancy.

Cheadle did not hesitate to say:—"I regard an eruption of nodosities as almost equivalent to a sentence of death. It tells of an affection of the heart against which we are powerless, one which is infallibly going to a fatal termination."

The cardiac affections are not always quickly fatal; in fourteen cases of the sixty reported in childhood death did not take place for a considerable time. Our cases go to shew that Cheadle takes too gloomy a view of the prognosis.

Histological examination of the nodosity is too often neglected. The authors who found them to contain some hyaline cartilage interspersed among the fibrous tissue are Angel Money, and Grawitz. Masses of necrotic cells were found by Bang and Nepveu. In our cases the characteristics were the many thick-walled vessels, the groups of young cells, and a great nest of vividly coloured cells. Our bacteriological examination of the nodosal contents gave negative results.

Nepveu is said to have found in one case bacilli and micrococci, but his observations were made on a patient who at the time was suffering from acute endocarditis, and are therefore of little value as to the bacteriology of nodosities.

The most plausible hypothesis of the disease is that which likens the subcutaneous nodosity to the nodosity found on the mitral valves in endocarditis. In both cases the cellular proliferation is due to the same cause. It is, however, strange that the appearance of the endocardial nodosities and of the subcutaneous ones does not synchronise. Endocardial nodosities may exist without any subcutaneous ones appearing. But subcutaneous nodosities are never present without a similar condition co-existing in the endocardium.

The intimate association of endocarditis in youth with chorea has long been known, and in three of the reported cases of nodosities chorea appeared as a complication.

TWO CASES OF MULTIPLE TELANGIECTASES ASSOCIATED WITH RECURRING EPISTAXIS.

By R. H. KENNAN, M.D., M.Ch.,

Assistant Surgeon to Sir Patrick Dun's Hospital.

Two patients, John D. and Maggie D., twins, *et. 10*, were brought by their aunt to the Out-patient Department of Sir P. Dun's Hospital last autumn suffering from a mild attack of influenza. Multiple telangiectases on the faces of both children were at once noticed, and, replying to inquiry regarding them, the children's aunt stated that this condition was first observed about four years before, immediately after the children had had measles and had returned from the fever hospital. The little *nævi* were scattered thickly over the face without forming any definite pattern in their arrangement. Each group of capillaries formed a spot as a rule distinct from neighbouring groups. The spots were of various sizes. They formed no elevation, they seemed to have avoided the cutaneous margins of the eyelids, openings of the anterior nares and the ears. They presented no similarity to the common *nævus araneus*, the central vein which is usually such a conspicuous feature of these was not present in any, nor were the venules so definitely arranged in a radial direction. The boy had a "capillary" *nævus* behind his left ear measuring about half an inch by three-quarters of an inch area, and a larger one on his back in the sacral region; these had been noticed immediately after birth, and were then of about the same size as at present. Their aunt did not think that any fresh spots had appeared during the last four years, but it had been observed that they became more evident at times, particularly when the children were indisposed.

Opportunity has arisen since they came under observation of proving the truth of this, but the difference in appearance seems to be due to the more marked contrast afforded by the intervening areas

becoming paler rather than any great tendency on the part of the nævi to become brighter. In a few places small pigmented areas were detected by Dr. Walter Smith, who kindly saw the cases with me, chiefly on the face of the boy, lying among the telangiectases; they varied among themselves in depth of brown coloration. It was stated that the boy's nose frequently bled, and that he was constantly "picking" it. Examination of the nose revealed no areas of marked abnormal vascularity. A few spots were seen on the mucous membrane of the lower lips of both children.

While these cases were under treatment a paper by Professor Osler in the *Bulletin of the Johns Hopkins Hospital* for November, 1901, entitled "On a Family Form of Recurring Epistaxis, associated with Multiple Telangiectases of the Skin and Mucous Membranes," came under my notice. In the opening paragraph it is stated that "The association here described is rare, as, after a careful search through the literature, I can find but one reference to a similar case." Subsequent to reading Professor Osler's very interesting account, inquiry was made as to the occurrence of epistaxis and telangiectases in relatives of these children. It was found there was no history of the occurrence of telangiectases in any of them, but their father, æt. 43, has bled occasionally from the nose all his life. He has three brothers, each of whom bleeds frequently from the nose, but his sister has never done so. The patient's father is the only one of his family who has had children. His wife died shortly after the birth of the last child. Nothing is known by the children's aunt of their mother or her relatives as regards their medical history. There are six children in the family: Michael and Mary, twins, æt. 15. The boy has frequently had epistaxis. Jane, æt. 14, has frequent epistaxis. Lizzie, æt. 12, has occasional epistaxis. The patients Maggie and John, twins, æt. 10. The girl has, since coming under observation, suffered from epistaxis; the boy frequently, during the last four years, since the nævi were noticed on his face. In none of these cases has bleeding occurred from anywhere except the nose, and all enjoy excellent health except John, who is described as "delicate" by his aunt, though no organic lesion can be found apart from those already mentioned.

Clinical Records.

ST. GEORGE'S HOSPITAL.

A Case of Chronic Nephritis treated by "Drainage and Feeding." (a)

By WILLIAM EWART, M.D., F.R.C.P.,

Senior Physician to St. George's Hospital and to the Belgrave Hospital for Children.

A. P., æt. 31, single, cook, temperate, and otherwise healthy, had suffered for twelve months from recurring attacks of renal œdema. No definite cause for the nephritis could be made out. When admitted to St. George's Hospital on August 3rd, 1901, there was moderate urinary output, 30 to 40 ozs., sp. gr. 1010, and albuminuria 1.45 per cent., with slight puffiness and anasarca. The pulse was rather tense, the breath heavy; there was debility, anorexia, malaise, and some headache. A milk diet and purgatives were prescribed with some general improvement; but no great change took place in the albuminuria. Towards the end of August, whilst still in bed, she had another unexplained nephritic attack, and the œdema of the legs became considerable. The "drainage and feeding treatment" being now available, both feet were incised on August 31st, and a liberal diet was allowed. The right leg was again incised, at the ankle, on December 5th, as the previous incision had ceased to run a few days before.

(a) Patient exhibited before the Medical Society of London on April 14th, 1902.

The usual improvement was obtained as regards general strength, appetite, and digestion. The albuminuria was lessened, but did not disappear. The pulse became softer, and the body weight and the complexion improved. Massage was subsequently added to the treatment, and she was allowed to walk about the ward, fluid still discharging from the incisions.

Importance attaches to the case in connection with the long persistence of the œdema, and the long duration of the drainage from the legs (from August 31st, 1901, to January 14th, 1902, a period of four and a-half months). During that time, whilst the kidney function remained inadequate, as clearly shown by the persistent œdema, the patient was steadily improving instead of degenerating, and it is not improbable that the nutrition of the kidney may also have improved. At any rate, she is much better instead of worse than six months ago, and better able to meet the strain of a fresh attack if it should occur. She is still able to take the same liberal mixed diet, and this is encouraging, my experience being that where little secreting substance remains, a generous diet quickly leads to uræmic symptoms after the vicarious relief of artificial drainage has ceased. At the present time the albuminuria persists (about 0.5 per cent.) and slight œdema also persists, fluctuating in its degree. She is now taking, in rotation, mercury with iron, arsenic with strychnine, and an alkaline stomachic with nux vomica. Under this treatment she is gaining strength, and she declares that she is feeling quite well, although it is obvious that the condition is one of improvement only, not of recovery.

The principles of this treatment were first published four years ago before the Royal Medical and Chirurgical Society (a), where they were somewhat adversely criticised. The patients submitted to it are, however, conscious of its value. Prior to its publication others, including Dr. Hale White (b), had advocated an abundant and mixed dietary. I believe that in bad cases this cannot be carried out without the protection afforded by drainage. Unfortunately, the benefits of this treatment are limited to those cases in which chronic nephritis is accompanied with anasarca.

Case of Peculiar Pigmentation of the Oral Surface of the Lower Lip. (c)

By H. D. ROLLESTON, M.D., F.R.C.P. Lond.,
Physician to St. George's Hospital, London, W.

THE patient, a man, æt. 40, was admitted under my care in St. George's Hospital with abdominal pain, constipation, and some tenderness over the right iliac fossa. When the lower lip was turned down vertical lines of black pigment were seen running in the same direction as, but superficial to, the blood vessels. Pressure on the pigmented streaks did not remove the discoloration, so although at first sight the appearance resembled that of varicose vessels, it cannot be explained in this simple manner. The pigmentation was best marked around some raised and somewhat enlarged buccal glands, and was strictly limited to that part of the lower lip opposed to the lower incisor teeth, which were loose, very foul, and coated with much tartar. At the margin of the receding gums of these teeth there was a blackish blue line resembling a "blue line"; my colleague, Mr. H. L. Albert, who kindly saw the patient with me was inclined to doubt whether it was a true blue line due to lead. In the upper lip which opposed a toothless maxilla there was no pigmentation. There was no pigmentation elsewhere in the mouth or palate, an abnormality seen in Lascars, and there was no reason to believe that the patient was the subject of Addison's disease.

Remarks as to the Nature of the Pigmentation.—The most plausible explanation seemed to be that the black

(a) Cf. "Proc. Roy. Med. Chir. Soc. 1898." "The Treatment of Chronic Bright's Disease (Tubal Nephritis) Reconsidered."

(b) Cf. "Trans. Roy. Med. Chir. Soc. 1893." "On the Influence of Various Diets upon the Composition of the Urine and the General Condition of Patients Suffering from Chronic Bright's Disease."

(c) A case shown at the Medical Society of London on April 14th, 1902.

pigmentation was due to sulphide of lead deposited in the mucous membrane, and that it was the outcome of the action of sulphuretted hydrogen, derived from the tartar on the adjacent incisor teeth, on lead carried by the capillaries to the mucous membrane. It may be mentioned that, according to Dr. T. Oliver (a), the black granules of sulphide of lead are in the deeper cells of the epidermis and not, as Fagge taught, in the small blood vessels. There was, however, no clear history of lead poisoning. The patient was a french polisher, and to his knowledge was not exposed to the action of lead, though he admitted to drinking beer at public-houses in the early morning. Moreover, he had never had wrist-drop, or gout, and though anæmic and subject to constipation and abdominal pain had no increased arterial tension or abnormality in his urine or heart. His urine was kindly examined chemically by Mr. F. T. Addyman, who reported that after most careful examination by various methods no trace of lead could be found.

It is difficult to exclude lead absolutely as a factor in this pigmentation, but at the same time it may, as was suggested at the meeting by Dr. Poynton, be due to mechanical infiltration with some extraneous body, such as Bismarck brown, which is used by French polishers in the ordinary course of their work.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

CLINICAL EVENING.

MEETING HELD FRIDAY, APRIL 25TH, 1902.

MR. HOWARD MARSH, F.R.C.S., President, in the Chair.

Left Parietal Meningocele or Cephalhydrocele.—MR. H. BARNARD showed a male infant, 2 weeks old, with a swelling on his head, which was noticed two days after birth, and had not increased in size. It was about the size and shape of half a small egg, and situated on the upper and posterior part of the left parietal bone, distinct from the anterior and posterior fontanelles and the sagittal suture. A bony edge can be felt around its site on the skull. It fluctuates, and becomes more tense on crying and coughing. An attempt to reduce it led to cessation of respiration and pallor.

Multiple Chondromata or Osteomata, with Synostosis of the Lower Epiphyses of both Ulnæ and Fibulæ.—MR. BARNARD also showed a lad who presented numerous tumours projecting from the ribs, scapulae, clavicles, and femora, &c. These are bony, hard, knob-like, and firmly fixed to the bones. The epiphyses are for the most part enlarged. The lower epiphysis of the ulna has undergone early synostosis on both sides, leading to ulnar displacement of the hand at the wrist-joint. The fibulæ are in the same condition. The internal malleolus is on the same level or a little lower than the external, and the foot is displaced outward as in talipes valgus. For this condition the patient has to wear irons. He suffered from severe rickets when an infant.

Tumour of Abdominal Wall.—MR. BARNARD showed another very interesting case—that of a woman, æt. 45, who had a large tumour of her abdominal wall of many years' standing. It had undergone no recent change. It is the size of a large orange, lobulated, very hard, uniform in consistency, and situated to the right of the umbilicus. When the patient raises her shoulders from the couch the tumour becomes partly fixed and more prominent. She had also an umbilical hernia.

Delayed Growth and Development.—MR. HASTINGS GILFORD showed a male dwarf, æt. 28, who came of a healthy and well-grown family. It was first noticed that he was not growing when he was between one and two years old. When first seen, just five years ago, he was three feet six inches in height, and has since grown about three-quarters of an inch. His height and proportions resemble those of a boy of between six and seven. A radiogram of the hand shows that the ossification is no farther advanced than is usual at the age of

ten, while the dentition is like that of a child of the same age, though the teeth are crowded and irregular. The contour of the body and the appearance of the head and face are all childish. But the sexual organs are the most backward in development, for the testes have not descended, and the external genitals are infantile. There is no hair on the body or face. The intelligence is good, but his behaviour and conversation are more like those of a child than of an adult. The voice is more treble than that of an adult, though it is not quite childish in tone and pitch. The thyroid gland can be felt. The imperfect development does not appear to be due to heart disease, syphilis, or defective action of the thyroid gland, or hypoplasia of the sexual organs. The condition is certainly not one of normal infantilism.

A Case of Ethmoidal Mucocoele.—MR. ANTHONY BOWLEY showed a man, æt. 28, who when five years old suffered from "an abscess in the left eye." This condition lasted for thirteen months, and was followed by a persistent swelling in the region of the upper part of the nose on the left side, remaining constant in size and free from pain. The swelling in the inner side of the right orbit he remembers to have had in its present state for the last ten to fifteen years, he has suffered no inconvenience from it whatever. On March 10th, 1902, he first noticed that he was unable to breathe through his left nostril, and at the same time he experienced pain at the inner side of his left eye, and noticed the swelling there to be increasing in size. Since then this swelling has progressively increased in size, become more tender, and accompanied by greater pain. He has never had headache, vomiting, or diplopia, and sees as well with one eye as the other.

Case of Congenital Absence of Nose and Anterior Nares, with Deficiency of Hard and Soft Palate.—DR. BECK WYNTER was represented by a female infant, 6 weeks old, the first child of healthy parents, who showed this very unusual deformity without "harelip" or deficiency of premaxilla. The child suffers from difficulty in feeding and respiration.

A Case of Probable Congenital Atelectasis.—SIR HUGH BENYON, Bart., showed a single woman, æt. 22, whose heart was on the right side, the apex or maximum impulse being in third axillary interspace. The right lung appears to have upper lobe almost solid, the bronchi not being patent, and the breath-sounds being almost absent. No previous illness from birth. A double coloboma of iris and developmental changes visible in lens and retina suggested that the case might be one of congenital atelectasis of lung or apneumotosis.

Excision of the Right Wrist for Tuberculous Disease by a Posterior Median Incision.—DR. W. G. SPENCER showed patient, æt. 26, who three years ago was suffering from tuberculous disease of the right wrist, which had already broken down, the wrist-joint, the carpus, and the tendon sheaths of the lower forearm being involved. Excision of the wrist-joint and carpus by a posterior median incision was done in April, 1899. In March, 1900, some sinuses in the right forearm were scraped, and arthrectomy of the left knee performed. Since then the patient has remained in good health.

A Case of Congenital Morbus Cordis, with Extreme Clubbing of Fingers and Toes.—DR. J. WALTER CARE showed a girl, æt. 10, who had always suffered from cyanosis and much dyspnoea on exertion, and feels the cold so much that she has only been able to attend school in the summer. There has never been any œdema. She is fairly well developed and well nourished, but shows a high degree of cyanosis, notably of the fingers, toes, cheeks, lips, and tongue. Clubbing of the finger-ends is excessively marked; the toes, especially the great toes, are also clubbed, though to a less extent than the fingers. The heart is considerably enlarged transversely, mainly to the right, but the exact nature of the lesion is obscure, as the only murmur heard is a very faint systolic one over the left border of the sternum, and most distinctly heard at the inner end of the second and third spaces. The heart intermits irregularly at times. The other organs appear to be normal.

Arthropathy in a Case of Pulmonary Tuberculosis.—

(a) T. Oliver, "Allbutt's System of Medicine," vol. ii., p. 972.

Dr. PERCY KIDD showed a man suffering from pulmonary tuberculosis who also exhibited swelling of both hands and feet, the enlargement affecting the fingers and toes, as well as the various joints. He states that he has had "gout."

A Case of Urticaria Pigmentosa.—Dr. BEVAN (introduced by Dr. Archibald Garrod) showed a child, the skin of whose trunk and limbs was covered with brown maculae, pinkish in some parts, which do not disappear on pressure. No irritation. Especially on the back, the spots become raised if the skin is rubbed briskly. No pigmentation of mucous membrane; no induration of skin; no blood change; no eosinophilia; no sign of visceral disease.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF OBSTETRICS.

MEETING HELD AT THE ROYAL COLLEGE OF PHYSICIANS, ON FRIDAY, APRIL 18TH, 1902.

Dr. W. J. SMYLY, President of the Section, in the Chair.

BEFORE the business of the meeting commenced, Dr. PUREFOY, Master of the Rotunda Hospital, proposed a vote of condolence and sympathy with the family of the late Dr. Thomas More Madden, a foundation Fellow of the Academy, and for many years one of its most regular attendants. His contributions to the Obstetrical Section were numerous and valuable, and his pathological exhibits were among the most interesting. For some years past, ill-health prevented his attendance at their meetings, a distinct loss to their discussions. In his death, the Academy has lost one of its most accomplished and literary members, and an able and judicious obstetrician and gynaecologist.

Dr. GEORGE FOY having seconded the resolution, which was supported by Dr. W. J. SMYLY, it was passed in silence.

Dr. PUREFOY exhibited a large fibroid polypus uteri, and a uterus removed by pan-hysterectomy.

Dr. E. H. TWEEDY exhibited a large myoma removed by abdominal hysterectomy.

Dr. PUREFOY congratulated Dr. Tweedy on his successful operation; he would like to know if it would have been possible to excise the tumour from the uterus?

Dr. E. H. TWEEDY, in reply, stated that the tumour had no pedicle, but sat so down in the tissues of the broad ligament as to make either myectomy or enucleation impossible.

ROTUNDA HOSPITAL REPORT.

Dr. MACAN then opened the discussion on the Rotunda Hospital Report for 1901, and congratulated Dr. Purefoy on the satisfactory nature of the report, comparatively far more in the putting together of it than in the facts. There were some few points in the report which he thought called for observation. In Table III, he found that of 286 abortions it was thought necessary to curette 200. This is a very large proportion—two out of three cases. What were the indications that justified so many? To-day, the danger from plugging is almost nil, thanks to our antiseptic measures. Curetting is attended with danger in the puerperium; he has seen the principal assistant in the Munich clinic perforate the uterus at the very beginning of the operation. The application of the forceps in the extern maternity has the low proportion of 1 in 57.2 cases. Personal considerations enter so largely into the greater or less proportion of cases in which they should be used that we cannot say much on the question. But he cannot understand why it was necessary to have such a high proportion as one in 24.5 of the forceps for cases in the house, where the patient was throughout under observation, and the forceps could, if necessary, be applied at any moment considered advisable. In his own practice he now seldom applies the forceps, and he thinks the less they are used the better. Table V., cases of contracted pelvis, records the case of A. M., with an antero-posterior measurement of 7.5, who, unaided, gave birth to a living child, 8½ lbs. in weight. This case is remarkable, for the measurement is below

that which is considered necessary for the birth of a living child. Equally interesting is the case of M. H., whose child weighed 8½ lbs. In the treatment of accidental hæmorrhage he finds that the oxytocic properties of quinine are believed in; as for himself, he never found evidences of the alkaloid possessing such properties, and he thinks that five grains of it would not have much effect. He would, however, like to hear from Dr. Purefoy how the drug was used by him. The phrase inconsiderable bleeding as applied to *post-partum hæmorrhage* seems strange; he would not feel inclined to call an "inconsiderable" bleeding *post-partum hæmorrhage*. The frequency with which a red discharge is found to follow retroflexion of the uterus should be impressed on students. Too often it is thought that as the uterus is pressed down behind the pubis, there is a firm contraction, when the truth is that the uterus has become retroflexed and a red discharge follows. In the case of an anencephalic child exhibiting congenital luxation of both knee-joints, he regrets that Dr. Purefoy did not more fully describe the luxation, and he would like to get some particulars of the case. McClintock's case was characterised by the limbs flexing anteriorly at the knee-joint. The sub-division of forceps cases is not wholly satisfactory. In cases of episiotomy, he prefers the lateral incision, as if it does not give all the space necessary you can incise the opposite side; it gives better results than the mesial incision, and its after results are better. *Icterus neonatorum* is much more common than is generally supposed; fully 80 per cent. of children suffer from it, and as a rule they get well without any treatment at all. Withal, students should be told to be careful in their prognosis, for one of his cases died of it. He looks on the bad cases as due to malformation, and if for that reason alone they should not be too sure that every case will turn out well. He thinks that there is little use in setting up a morbidity table for yourself if with such a table you cannot make a comparison with other institutions; the report, however, showed extremely good results, in such cases a morbidity of 12 to 20 per cent. is considered a very good return. The case of Cæsarean section is rather obscurely reported. "Large fibroid lifted out of pelvis; pedicle transfixed and tied." Was it the pedicle of the tumour or of the uterus?—if of the latter the operation performed was that of Porro. To him, there is no evidence of any connection between the case of aphasia reported and the puerperal state. Lots of cases of aphasia occur, and they all get well; there is no necessary connection between the confinement and the recovery of the speech. If you can show a case in which during several consecutive pregnancies aphasia occurred and disappeared on the termination of labour in each case, it will be seen that some correlation exists, not otherwise. Of the case of pulmonary embolism we read: "Examination of the chest showed a patch of dulness at the base of the right lung, and the other signs of pneumonia." But we are not told when the examination was made—before she left the house or after her return.

Dr. JELLET congratulated Dr. Purefoy on his interesting report. There were just a few points left for criticism. He thought as he read it over that somebody had worked very hard at it for twenty four hours in collecting a great mass of materials, and then had neglected to spend a couple of hours in putting them into shape. At the very beginning, he finds that the mortality table was forgotten; while in the section on accidental hæmorrhage it is recorded that two mothers died, but there are no particulars given of them in the list of interesting cases. In the case of rupture of the uterus and vagina he considered that the accident was due to the plugging, the tampon being allowed to remain after the uterine contraction had commenced. He considered that the tampon should be removed when the uterine pains are well begun. Quite recently a student of the Rotunda told him that the plug was allowed to remain in position until expelled with the child. The measurements as given in the table "contracted pelvis" appear to show that they get round pelvis in the Rotunda, and he cannot help thinking

that the measurements must be wrongly taken. Menstruation appears to him to be a misnomer for the red discharge that occurs in newly-born female children. It is an isolated hæmorrhage, not a menstrual flow. He congratulated Dr. Purefoy on a mortality equal to any since the hospital was founded.

The PRESIDENT (Dr. Wm. J. Smyly) congratulated Dr. Purefoy on his excellent report and the very low mortality of three out of 1,600 cases. He does not approve of curetting after abortions—it is not good practice. But a good deal depends on the kind of curette used: sharp, semi-sharp, dull. In all abortion cases where curetting is called for, he uses the dull instrument. The uterus during the puerperium is abnormally soft, especially its mucous lining; if you curette it all thoroughly there is the risk of perforating the wall, and if you curette imperfectly you leave septic matter close to a raw surface, a nidus of infection. In no case should a sharp curette be used. He recommends postponing the operation for six weeks. At the end of that time, the risks attendant on the operation are considerably lessened and you then can recognise the firm muscle tissue under the instrument as you use it. In reference to the use of the forceps we read that the indications for their use are (1) danger to the mother, (2) danger to the child. But how are you to tell? They sometimes have to be used to save the mother unnecessary pain. He cannot see that all the women on whom they were used in the house were in danger. He, however, thinks that we differ more in expression concerning them than in practice. The taking of the pelvic measurements is not always easy of performance. Skutsch's pelvimeter, which he prefers, is an awkward instrument and very inconvenient to use. He would like to learn from Dr. Purefoy something more of his case of transverse narrowing at the outlet, which is a condition of great interest. In cases of narrowing of the pelvis, he was formerly inclined to practice version, but latterly he allows the head to mould; he would like to hear what the present teaching is. Thirty-seven cases of accidental hæmorrhages seems an extraordinary number for one year; they formerly looked on concealed hæmorrhage as almost fatal; here it seems to signify little. He looks on the plug as dangerous if left in the vagina long after labour has commenced. But he cannot agree that in the reported case the plug occasioned the tear. The injury may have been due to one of three things: (1) plugging the vagina; (2) pressure of the head on the cervix; (3) pulling up of the vagina. *Ophthalmia neonatorum* was one of the troubles he prided himself, while Master of the Rotunda, on keeping the house clear of, and yet in that section on one occasion when some ophthalmic surgeons were present he heard that their hospital clinics were crowded with cases of the disease in children who came from the Rotunda Hospital.

Dr. PUREFOY begged to thank the members of the Section for the reception they had given his report, and particularly those who pointed out its defects. Dr. Macan had waxed eloquent on the unwisdom of curetting, but he did not agree with him at all. He had had a very large experience both in the Coombe and in the Rotunda, and he was of opinion that the sooner you curetted and removed all septic matter from the womb the better. Of the wisdom of this procedure, he was quite satisfied. The dangers of the operation were known to all. As to the question, Should it be necessary to curette two out of every three cases? He would answer: Curetting is expedient, even if not necessary. He did not mention that he used a blunt curette, for he took it for granted that the members were too familiar with the fact that a sharp curette should not be used in a parturient womb. Forceps were used under the indications plainly pointed out; they acted on the nature of the case and the condition of the patient. The state of the patient, not the length of time, regulated their conduct. Pelvic measurements were carefully taken and accurately noted, but all who take such measurements must be conscious of the difficulties of such work. The transverse narrowing of the outlet was due to approximation of the tubera ischii; he regrets that the patient was

allowed to leave before measurements were taken. The oxytocic properties of quinine are known and advantage taken of them to stimulate uterine action. He finds five-grain doses of the alkaloid every four or six hours an excellent oxytocic remedy. *Post-partum* hæmorrhage is a relative quantity; it may be severe or slight, and a small discharge is quite as much entitled to the designation *post-partum* as the most profuse. The lateral and bilateral incisions in episiotomy advocated by Dr. Macan are not at all equal to the mesial incision he practises and recommends; the single lateral incision does not give as much space and the bilateral incurs the risk of gangrene. Dr. Macan takes exception to his morbidity tables. When he became Master in the Rotunda he found them as they had been drawn up by Dr. Smyly; he liked them and adopted them, and he had heard nothing that would cause him to change his opinions. As for his case of aphasia and of its connection with the puerperal condition, he commends it to Dr. Macan's leisurely study; that he (Dr. Macan) should ask unequivocal proof is natural. He recently saw his patient, and he is happy to say she is quite well, speaking quite freely. The lungs of his embolic patient were not examined immediately on her readmission; the woman was in a state of collapse, but they were examined within forty hours of the time, and he might add that there was an early pyrexial stage in the case. Dr. Macan was not satisfied with the success of their prophylactic treatment of *ophthalmia neonatorum*, although they had only four cases out of more than 1,600 children. All he could say was that Dr. Macan is hard to please. They used from one to three drops of a 2 per cent. solution of nitrate of silver. Dr. Jellett stated that the table of mortality was forgotten, but there was no forgetfulness in the matter at all. Three patients died during the year, and on the sixth line of the report they are recorded. Of the two cases he cannot find in the "interesting cases," one is told with the necessary fulness in Table III. and the other is included in the "interesting cases." He had already stated that pelvic measurements are very carefully taken. His teaching as to the plug is that when strong pains begin it is to be removed; there are, however, multipara whose pains expel the plug before its protrusion has attracted attention. As for the objection to the term menstruation, it is futile; for all he (Dr. Purefoy) knows the child may have menstruated at the next monthly period. The question of version or allowing the head to be moulded to the passage is decided in every case by its circumstances. If the head is in a favourable position and the patient in good state the case is allowed to proceed; otherwise version is performed.

NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

MEETING HELD AT MANCHESTER APRIL 18TH, 1902.

Dr. S. BUCKLEY, President, in the Chair.

SPECIMENS.

Dr. WM. WALTER (Manchester) showed a specimen of "Adenoma of the Uterus" treated by vaginal hysterectomy. There had been almost continuous uterine hæmorrhage for three months in a single patient, æt. 39. Curetting had failed to arrest it. He performed anterior colpotomy and incised the front wall of the uterus sufficiently to explore the condition of the endometrium. Finding a villous growth attached to the fundus, the uterus was removed. The after history was uneventful. Histologically the growth proved to be an adenoma.

Dr. ARCHIBALD DONALD (Manchester) showed a "Uterus Extirpated per Vaginam" from a widow, æt. 47, for recurrent polypi. There had been metrorrhagia. Numerous polypi were found originating from the cervical wall. They were freely removed by scissors and scraping. Four months afterwards the polypi had returned, but were more numerous and larger, almost filling the upper third of the vagina. Owing to the rapid recurrence the case was looked upon as clinically malignant, and hysterectomy was therefore done.

The patient made a good recovery. On opening the uterus several polypi were found in the true uterine cavity. On microscopical examination of the growths in no part was there any appearance of malignancy. The uterine wall was not involved in the growth.

Dr. E. O. CROFT (Leeds) showed a "Placenta Duplex" from a single gestation. The specimen was obtained from a case of albuminuria with eclampsia at full term. The placental tissue was divided into two equal portions united by a thin membranous band about two inches wide. The cord entered the centre of this membrane, and its vessels then spread out into two groups to the placental portions. The fœtus was small and stillborn.

EXTIRPATION OF THE UTERUS FOR CANCER OF CERVIX.

Dr. W. J. SINCLAIR (Manchester) described a case in which he had extirpated the uterus for cancer of the cervix by the para-vaginal (Schuchardt's) operation. The patient was a married woman, æt. 46. The disease was somewhat advanced, and was on the boundary line between radical and palliative treatment. There was some induration of the parametrium on the left side. The bladder was free and could be separated. By the method adopted a larger accessibility to the disease is obtained by widely opening up the ischio-rectal fossa and so reaching the parametric tissues. Dr. Sinclair was able to see the left ureter and to remove some growth which was beneath it. The ovaries and tubes were removed with the uterus. A few stitches were placed in the peritoneal flaps to prevent prolapse of the bowel, and the vagina loosely packed. Dr. Sinclair thought a tight packing of the vagina in vaginal hysterectomy was harmful and sometimes caused sloughing perforation of the bladder. He considered that in a case where radical operation was justifiable the paravaginal method was most satisfactory and he did not approve of extensive abdominal operations for cancer of the cervix.

Dr. J. E. GEMMELL (Liverpool) related two cases of double

SOLID OVARIAN TUMOURS.

(1) A nullipara, æt. 45, had been said to have an ovarian tumour seven years previously, but it was not treated. For twelve months she had severe abdominal pain, much gastric disturbance, and floodings. There was much ascites; the liver was enlarged. An irregular solid mass was felt in the lower abdomen. A fibroid nodule was also felt in the posterior uterine wall. Owing to a history of excessive indulgence in spirits and to the condition of the liver, the ascites was thought to be possibly cirrhotic, but the long existence of an ovarian tumour also suggested the possibility of fibroma or malignant tumour of the ovary. The presence of the fibroid nodule and the metrorrhagia caused further difficulty in diagnosis. The gastric trouble was relieved and the abdomen opened. Much blood-stained fluid escaped and two ovarian tumours removed; the small uterine fibroid was also enucleated. The ovarian tumours were mainly solid, but contained some cystic portions. The growths were carcinomatous. Malignant deposits were seen on the intestines, omentum, and liver. The patient was much relieved of her symptoms, but died about three months later.

(2) A married woman suffered from pelvic pain and much dyspepsia, which did not yield to medical treatment. The menses had become more frequent and profuse. A solid ovarian tumour was diagnosed. On opening the abdomen some clear ascitic fluid escaped, and a large solid ovarian tumour was removed from the right side, and a smaller growth of similar nature from the left side. The larger growth presented a cyst about the size of an orange at one part. The microscopical sections which were exhibited showed the growths to be true fibroma.

Dr. W. WALTER said that when the abdomen was explored and secondary malignant growths discovered, it was a question whether the primary growth should be removed. Such cases bear operation badly. When, as in Dr. Gemmell's first case, the tumour is partly cystic and can be removed with reasonable safety, it is

better to do so. The cystic portions if left are liable to perforate speedily and lead to peritonitis.

Dr. LLOYD ROBERTS described a case of

DEATH FROM URÆMIA AFTER OVARIOTOMY.

A patient, æt. 58, multipara, was found to have a large ovarian tumour extending to about three inches above the umbilicus. There was a considerable cloud of albumin in the urine. The patient was kept under treatment by diet and medicine until the urine contained a mere trace of albumin. Abdominal section was performed and an ordinary multilocular ovarian tumour of the left side removed. After operation the quantity of urine decreased and the albumin increased again. The patient became restless and sleepless, and vomited frequently. Death from uræmic coma took place on the tenth day, only eight ounces of urine loaded with albumin having been passed during the last forty-eight hours of life. There were no signs of septicæmia or peritonitis. Post-mortem, double nephritis was found, the other organs being healthy. The case demonstrates the gravity of the risk in performing major operations in cases of renal degeneration.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, April 26th, 1902.

STRICTURE OF THE COLON.

At the meeting of the Société de Chirurgie, M. Terrie communicated an interesting case of stricture of the colon in a woman of forty. At the left angle of the transverse colon a tumour was felt, while that portion of the intestine appeared dilated; the patient seemed to suffer greatly at times. Believing in the existence of an obstacle due to the presence of a neo-plasm at the left angle of the colon, M. Terrie performed laparotomy. When the abdomen was opened he remarked that the descending colon was much smaller in calibre than in the normal condition. On the other hand, the transverse portion was drawn down so that the left angle of the intestine was absolutely acute, forming a kind of fold. There was no neo-plasm. The operator established a communication between the transverse and the descending colon, and the patient made a good recovery.

ANEURYSM AND GELATINE.

M. Reynier related a case of arterio-venous aneurysm of the cavernous sinus treated successfully by injections of gelatine. A woman of 41 fell heavily on her head a year ago, sustaining a fracture of the base of the skull. Soon afterwards all the signs of aneurysm of the cavernous sinus appeared. The speaker ligatured the right carotid artery two months after the accident; the operation seemed to have at first a good effect, but soon the bruit de souffle reappeared, and at the same time cerebral troubles due to the ligature of the carotid artery set in. M. Reynier had thought of placing another ligature on the left carotid, but hesitated before the gravity of the operation. As a *pis aller* he advised the medical attendant to inject morning and evening gelatinised serum. By degrees the aneurysmal souffle diminished under the treatment, and ultimately disappeared. The woman has since enjoyed perfect health.

HÆMOPTYSIS.

Another surgeon said that injections of sterilised gelatine solution succeeded with him in cases of obstinate hæmoptysis occurring in consumptive patients, and where the usual remedies, such as ice, opium, hippo, ergotine, failed. He injected a drachm of a 5 per cent.

solution morning and evening in the gluteal region. On the second or third day the hæmorrhage ceased.

TREATMENT OF RICKETS.

Dr. Carrière spoke on the treatment of rickets by cod liver oil, to which he added lecithine. For the past year he had treated in this manner five children under two years of age, for whom he ordered each day from one to four tablespoonfuls of cod liver oil, containing one grain of lecithine to the tablespoon. Each of the five children was completely cured in a period varying from four to six months.

LOCAL TUBERCULOSIS.

Dr. Bue publishes several cases of tuberculous ganglions cured by injections of chloride of gold. He says that chloride of gold, which had hitherto been employed in various affections, had for a long time fallen into undeserved oblivion, as it possessed advantages equal to iodine. M. Bue used it as injection in cases of non-suppurating glands and in cold abscesses. The solution he uses is composed of chloride of gold and chloride of sodium, of each one gram, water fifty grams. He injects from five to ten drops every eight days into the non-suppurative ganglions. After a few weeks the glands wither up and finally become absorbed, without leaving any trace of a cicatrix. Where the ganglion is in process of suppuration he removes the abscess and fills the cavity with a small plug of antiseptic cotton steeped in the chloride solution.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, April 26th, 1902.

At the Society of Psychiatry Hr. Jolley reported on three cases of

TRAUMATIC DISEASE OF THE SPINE.

The level of the disease was different in all three cases. Two of the cases were shown as improved, the third died. The first case was one of spastic paresis of the lower extremities. The patient could only move forward when led. Nine months ago he was kicked by a horse on the neck; he did not lose consciousness, but was at once unable to walk. Soon there was paralysis of the lower extremities with pronounced gibbosity in the neck, the prominence being formed by the first and second dorsal vertebrae. When admitted into hospital there was flaccid paralysis of both legs and absence of patellar reflex; these returned in the course of two months, and then a condition of spastic paralysis developed. Movements of the legs were best in the morning. There were strong cutaneous reflexes, which led to frequent passing of urine; above the dorsal segment everything was intact. There was probably fracture of the vertebrae with displacement of the parts. There was also probably hæmorrhage compressing the anterior parts. The symptoms had gradually improved, and still further improvement was not impossible.

The second patient showed flaccid paralysis of the lower extremities. The injury was in the lowest part of the vertebral column. The patient fell from a scaffolding a distance of eighteen to twenty feet, a year and a-half ago. He fell on the feet, doubled up, and struck on the sacrum and ischia. In trying to save himself with the left arm, the forearm was broken. He did not lose consciousness, but could not walk. Three days

after admission the flaccid paralysis was noted, and he had a mild attack of delirium tremens.

On lumbar puncture bloody fluid with degenerated blood corpuscles was drawn off. Hæmorrhage had therefore taken place into the spinal column. Voluntary movement both in toes and the thighs was still present, but ceased during a second attack of delirium with pneumonia. Sensibility was retained. There was also incontinence of urine and faeces, but this passed off as the delirium got better. There was also a rather sharp cystitis which also improved. The first spontaneous movements of the upper parts of the legs began three months afterwards. The patellar reflexes had not yet returned, and the legs still had but little power. The left leg was more affected than the right. No doubt alcohol had helped to make matters worse, but comparative recovery might still take place.

The third case was that of a mason who fell on to his back from a third story. He lost consciousness, and on awakening had complete paralysis of the lower extremities. The injury affected the fifth to eighth segments of the dorsal vertebrae. Complete flaccid paralysis, with absence of patellar reflex, paralysis of bladder and bowel. Loss of sensibility to pressure, pain, touch, temperature up to the sixth ribs, and priapism. After improvement in the local symptoms there was distinct gibbosity. The paralysis continued, but the reflexes returned. Cystitis and pyelitis came on, and the patient died with symptoms of uræmia. At the autopsy no displacement of vertebrae was found, but the intra-vertebral cartilage between the sixth and seventh vertebrae was very thin and fibrous.

Hr. Henneberg reported two cases of

SPINAL SYPHILIS.

In the first case there were meningitis, neuritis, and gummata with secondary degeneration of the posterior columns. The patient denied syphilitic infection. The symptoms first appearing with headache after a fall four months before admission.

Condition on admission: Very imperfect pupillary reaction, optic neuritis and paresis of the left abducens, imperfect hearing on the left side, uncertain gait, exaggerated patellar reflex, no disturbance of sensibility, dementia.

Course during the first months: Frequent vomiting, then complete blindness and deafness, epileptiform attacks. Death in two and a-half years. There was marked gummatous infiltration of the arachnoid and of the posterior dorsal roots, these being seen to be thickened by the naked eye.

The second case was one of meningo-myelitis of the cervical cord; initial tabes. The patient was a woman, æt. 32, admitted in 1898. She had never before had any serious illness. She was infected by her husband seven years ago. The sores healed after inunction treatment. For a year she had had formication and numbness in the hands and pain in the neck, increasing paresis of the arms and legs, latterly frequent vomiting; no anti-syphilitic treatment. On admission: Pupils unequal. No reaction to light in the right; in the left, slight. Fundus normal; cerebral nerves intact; movements and pressure on the cervical spine painful; paresis of arms and legs; no atrophies or changes on electrical stimulation. Reflexes of arms and legs retained; no exaggeration; no ankle clonus. Slight

lowering of sensibility on the arms and thorax. Death suddenly, a week after admission. Autopsy: Chronic leptomeningitis fibrosa on convexity and base. Meningomyelitis of the upper and mid-spinal cord. No great vascular changes. In the upper dorsal cord intramedullary degeneration of the posterior roots. In the lumbar cord slight degeneration of the mid-root zone. In the case described, along with the meningitis was a commencing true tabes. Both affections were co-ordinated, and obviously of syphilitic origin.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, April 26th, 1902.

PATHOLOGICAL CHANGES IN NUTRITION.

At the last meeting of the "Gesellschaft der Aerzte" Freund engaged the attention of the members on the subject of medical or physiological chemistry of the fats and carbo-hydrates. Beyond the amounts taken in and eliminated very little had been added, he said, to our knowledge on this subject, although the albuminates had been well discussed and followed in the course of assimilation and transformation in the different organs, with the net results of ingress and egress. These are not unfrequently fallacious, as in the case of gout, where one would expect the uric acid to be suppressed or lowered, and not equally balanced as is usually the case; in many cases increased. In leucocythemia the uric acid is greatly increased without any formation of calculi, as there is sufficient alkali present to keep the acid in solution.

In diabetes it is the reduction of the power of the hepatic cell and not a chemical change, which is but a physical alteration, that causes the absorption of the glycogen.

To accomplish this nutrient transformation of the hepatic secretion the pancreatic action is an absolute necessity, since it prevents the glycogen entering the hepatic vein to be eliminated by the kidneys. To prove the fallacy of the clinical analysis being relied on we have very good examples of the hepatic cells being found perfectly healthy, as in the foregoing case, and when the cells are found altered and degenerated the products are found to be healthy and in normal quantity. From a closer examination of diabetes we may conclude that the presence of sugar in the urine is due to an abnormal dilatation of the hepatic capillaries, by which a quantity of the glycogen escapes and is eliminated. This dilatation may be artificially produced through the nervous system as by "pique," or by poison, as in the case of phloridzin.

Fevers cannot be explained by chemical analysis any more than uræmia or diabetes. Peptone, when injected into the blood, will produce fever, although the cells and contents of the bowel are at all times loaded with peptones without there being any fever. From this we may conclude that this substance *per se* does not cause the fever, but that it is present in the wrong place.

A careful consideration of the whole facts connected with obesity and lithiasis convince us the raw material cannot be put into the machine as a manufacturer does, and extracted minus so much water and waste.

The Operating Theatres.

ST. THOMAS'S HOSPITAL.

CHOLECYSTENTEROSTOMY.—Mr. BATTLE operated on a patient, a labourer, æt. about 60, who had been sent to the hospital suffering from obstructive jaundice. He was a big, stoutly-built man, with a deeply jaundiced appearance, conjunctivæ being a deep yellow, whilst the dilated capillaries in his cheeks gave him the appearance of what is known as black jaundice. He gave a history of eighteen months to two years' duration of attacks of pain of varying intensity, which took him in the region of the gall-bladder, and were accompanied with vomiting. They had got more severe of recent months, though not numerous at any time. Jaundice had appeared gradually about two months before and had increased somewhat rapidly, and during that time he had had more or less continuous pain in the region of the gall-bladder; he had not lost flesh. Examination of the hepatic region showed a rounded tender swelling, which descended on inspiration, situated in the position of the gall-bladder. The liver was also enlarged and firm. Nothing abnormal could be discovered in any other part. It was suggested that the obstruction to the common bile duct might be due to the pressure of a gumma, and the patient was placed on iodide of potassium for a fortnight, but no improvement followed, and during the last week he complained of increased pain in the gall-bladder, and that organ could be felt larger from day to day. Accordingly exploration was carried out through a perpendicular incision which divided the right rectus; this was necessarily a long one, as the patient was so fat. Examination of the ducts and head of the pancreas showed a definite thickening about the latter part, but nothing in the nature of calculus. Not far from the tumour in the pancreas some enlarged glands could be felt. As this was evidently a condition which could not be removed, it was decided to make a communication between the gall-bladder and intestine, so as to bring the bile into the bowel by another route. A convenient portion of intestine (jejunum) was selected and emptied with pressure; the gall-bladder was emptied and brought into apposition with the loop of bowel; a continuous stitch was then passed, after Lembert's method, so as to form a curved line of junction between the two. An incision about an inch and a half long was made above this into both intestine and gall-bladder, and the openings so made adjusted one to the other by means of a continuous stitch which united the edges in their full thickness all round. The part was washed with saline solution, and the first continuous stitch carried round the front, uniting the two structures together about a quarter of an inch from the opening. By this means two circles of suturing were completed. The opening through which the gall-bladder had been emptied was sutured, the packing removed, and the parts returned to the abdominal cavity, the wound in the abdominal wall being afterwards sutured in layers. Mr. Battle said that he had been rather in favour of the view that the obstructing cause in this case was a gall-stone in the common duct, and he had come to this conclusion because the history was a long one and the patient showed none of those signs which the surgeon is accustomed to associate with the presence of malignant

disease in the abdomen. The gall-bladder itself was not much hypertrophied, and this condition pointed rather to the presence of a growth than to the probable presence of a gall-stone, and enlargement of glands also pointed to malignant disease. The patient was intensely jaundiced, and the dangers of an acute cholemia developing after operation had to be faced as well as the likelihood of unusual bleeding during the operation, but it was not possible to avoid operation. Chloride of calcium was given for a couple of days beforehand, and it was possible, he thought, that this prevented undue loss of blood, as there was nothing remarkable in that respect.

Since the operation the jaundice has gradually got less marked and the patient's condition is much better; he has lost all pain, and expresses himself as much relieved.

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WEDNESDAY, APRIL 30, 1902.

THE PURE BEER BILL.

THE second reading of the so-called Pure Beer Bill was last week rejected by a large majority of the House of Commons. Its very title seems opposed to the instincts of sound legislation, inasmuch as it begs the question of purity. The avowed aim of the proposed measure, as set forth by the member who moved the second reading, was to make it compulsory for brewers to brew their beer from barley malt, coupled with such an amount of other ingredients as was necessary to make the article saleable and suitable for consumption. The Bill provided that eighty-five per cent. of the total saccharine yielding materials was to be malt, that there should be no substitute for hops, and that means should be taken to make it known whether or not the consumer was drinking home-made or imported beer. To impose conditions of that kind upon the brewers, it is urged, would be to sound the death-knell of scientific brewing in the United Kingdom. The term "beer" is somewhat wide

and general, and applies to an alcoholic product of sugar fermentation that may vary widely in quality and flavour, and yet still fall within the original definition. The difference between mild lager and old strong ale is almost as great as that between wine and brandy. It would not be difficult to accept the position of the promoters of the defeated measure were it possible to show that the consumers of sugar-brewed beer were injured in health or defrauded in pocket by the use of substitutes for malt and hops. Beer is beer, and the majority of consumers, apart from flavour, would have to call in the aid of an analytical chemist to say from what materials the beverage was made. The objections are not on that account to be dismissed as merely sentimental, because flavour in a beverage is almost as important an element as its slaking quality; indeed, it is the flavour one pays for in certain highly-rated French wines. If he were to go back to Anglo-Saxon and Norman times, however, he would find that ale, or a very analogous beverage, was brewed from honey and a variety of things other than barley, while the hop is a comparatively modern ingredient of beer. The fact of the matter seems to be that the Pure Beer Bill is to a great extent a political measure based on a popular sentiment. Mr. Chaplin wants us to go back to barley, whereas modern science has shown us how to make chemically similar beer from barley substitutes. In other words, he asks consumers to reject the products of latter-day scientific research in spite of the fact that the latter are not more detrimental to health than the malt and hop article. The needlessness of the proposed change is proved by the fact that the Bill proposed to allow brewers to put fifteen per cent. of ingredients other than barley into their beer. If fifteen per cent. be permissible in beer that is now consumed daily, why should not thirty or forty or fifty be allowed? In seeking to reduce to legislative form the fallacy that beer produced from malt and hops is the best, the promoters of the Bill have overlooked the fact that the brewers would very possibly buy foreign barley, so that the farmers of the United Kingdom would not be better off than ever in this respect. The chief impetus of the "pure beer" movement undoubtedly lies in the great outburst of arsenical beer-poisoning in Manchester a couple of years ago, but the machinery which detected and ultimately arrested that epidemic will detect and prevent other similar unfortunate occurrences with much greater certainty in the future. There is not a single additional safeguard in Mr. Chaplin's Bill, which seems to be indefensible upon the lines of political economy. The whole question was ably summed up in the Commons by Mr. Fletcher Moulton, the lawyer and man of science, who pointed out that in these days, when our industrial supremacy is alleged to be endangered by want of technical instruction, it was proposed by this pure beer measure to abandon the advantages which science had provided us with in one great industry. Science has enabled brewers to produce with absolute certainty of result a

wholesome beverage, which was quite unattainable by the old processes, and the proposed measure would compel the brewers to return to old and obsolete methods. In this case the common sense of the House has vindicated the claims of science. There can be no doubt that the more general adoption of the lighter sugar-brewed lager beer would advance the cause of temperance among our countrymen.

LEUCOCYTIC COUNTS IN THE DIAGNOSIS OF INTERNAL SUPPURATION.

AMONG the methods of diagnosis which recent research has placed at the disposal of the physician and surgeon that afforded by the routine examination of the blood is certainly the most important. The variations in number and appearance which the figured elements of the blood undergo as the result of disease, and more particularly the modifications in size, number and general characteristics of the white corpuscles, have been shown to be intimately associated with certain morbid states, the existence whereof may thus be inferred. It is in virtue of these observations that, quite recently, eosinophilia on the one hand, and polynuclear leucocytosis on the other, have been prerecognized as evidence of appendicitis. The principal point to be borne in mind, however, is that even if we do no more than enumerate the corpuscles, information of the greatest value is afforded in connection with inflammatory conditions associated or not with localised suppuration. Professor Curschmann, of the School of Medicine of Leipzig, who, during the last three years has attentively studied this phase of diagnosis, asserts that the mere enumeration of the white corpuscles affords constant and trustworthy evidence of the existence of suppuration. His conclusions are based on the close observation of sixty patients suffering from appendicitis, and he found that, while in simple non-suppurative appendicitis the proportion of white corpuscles remains unaltered, or at most undergoes a slight increase at the onset, promptly returning to normal, when pus is present their number increases in a marked degree, and remains persistently above normal. The only other morbid state in which any such increase takes place suddenly is in diseases such as pneumonia, which are also associated with abnormally active leucocytosis. The usual proportion of white corpuscles is from 8,000 to 10,000 per cubic millimetre, and if we find, even on a first examination, that the proportion exceeds 25,000, we are justified in suspecting suppuration. Later on in the course of the disease this excess is pathognomonic, and constitutes a sufficient justification for surgical intervention. Further, he noted that when the abscess has been opened and drained the excess of white corpuscles soon falls to normal, and should this reduction not take place there is *ipso facto* reason to suspect the existence of, as yet, unopened foci. The same reduction takes place when a perityphlitic abscess discharges spontaneously, either externally or into one or other of the hollow viscera. According

to this observer, this method of diagnosing suppuration is much more trustworthy than that based on the observation of the temperature, indeed it is notorious that the temperature not uncommonly fails to afford any intimation of the existence of even wide-spread intra-peritoneal suppuration. The phenomenon of leucocytosis is absolutely constant, whereas the indications of the thermometer are subject to a wide margin of error. A further point, which has been elucidated by Professor Kuttner, of Tübingen, is that when, after operation, the leucocytosis persists, we should suspect septic mischief, while, if the proportion of leucocytes diminishes, this complication may be discarded in spite of the persistence of fever. The method has been applied to the diagnosis of suppuration in gynaecological practice by Dr. Dutzmann, of Greifswald. He examined the blood of forty patients suffering from various gynaecological affections, always taking care to make the examination at the same hour of day in order to avoid the disturbing influence of the physiological variation in the number of leucocytes. He found—and his findings were in every case confirmed by operation—that hyperleucocytosis was in many instances the sole indication of suppuration, and in contradiction with the other symptoms, yet it proved to be trustworthy. He found this method of the greatest service in distinguishing uterine cancer from suppuration, uterine fibroid from pyosalpingitis, and so on. On the other hand, in cases in which the diagnosis of suppurative salpingitis was arrived at in the absence of hyperleucocytosis, operation failed to demonstrate the existence of pus. With such facts as these before us it is to be hoped that advantage will be taken of the method in all obscure cases; indeed, the value of the method has now been sufficiently demonstrated to justify its being practised as a matter of routine, not only in hospital wards, but in general practice.

GOITRE.

THE much bewritten subject of goitre has again been brought into prominent evidence before one of the scientific societies of the French metropolis by M. Lucien. He has, of course, dished up the time-worn information that it is more common in the mountainous regions of France than in the approximately plane districts, and pointed out that the same general rule holds for Switzerland, Germany, and Italy. But he also lays great stress on the less well-known fact that the growth and distribution of cretinism are by no means coterminous with those of the goitrous condition, with which most of us have been accustomed to—inseparably—associate it. The causes of cretinism, according to M. Lucien, are not identical—even approximately—with those of goitre; and, having regard to this fact, we must re-examine their distribution and their frequent coincidence in a new light of inquiry. Whether the novel element of illumination will lead us much nearer to the final goal of knowledge of these decidedly mysterious conditions is a question

of the future. The subject of *gottre* recalls to the memory of those of our readers who have wandered with mental profit into the wide fields of general literature two of the most interesting personalities in the history of British poetry—Oliver Goldsmith and Thomas Gray. The former—the erratic, ill-disciplined Roscommon youth—the patientless graduate in medicine of the Dublin University, when on his ragged, half-barefoot, flute-playing tour through the Continent of Europe, noted that in some of the Swiss districts, when a young woman approached the marriageable age, she was obliged—in the rare cases in which Nature's usual process had failed to supply her with the recognised proportion of thyroid development—to wear a *false goitre* in order to give herself a chance of the usual settlement in life. The author of the "Elegy written in a Country Churchyard" wrote home to his friend, Mr. West, from Turin, on November 16th, 1739, describing his experiences and impressions of crossing Mont Cenis. At this date, so far preceding the conception and construction of the present railway tunnel, Mr. Gray found reason to complain that "Mont Cenis carries the permission that mountains have of being frightful, rather too far; and its horrors were accompanied with too much danger to give one time to reflect upon their beauties." He also informs his correspondent that "the creatures that inhabit them [the Alps of the neighbourhood] are in all respects below humanity; and most of them, especially women, have the *tumidum guttur*, which they call *goscia*." Of Mont Cenis he further tells us that "there is a family of the Alpine monsters I have mentioned upon its very top, that in the middle of summer calmly lay in their stock of provisions and firing, and so are buried in their hut for a month or two under the snow." From such observations it would appear that the holiday medical tourist of the present day who avails himself of the rapid and comfortable transit supplied by the great Mont Cenis tunnel, loses like an opportunity of observing the appalling grandeur of some of Nature's most impressive architecture, and of examining the most striking specimens of one of Nature's most mysterious pathological aberrations.

Notes on Current Topics.

An Indictment against Tobacco.

THE very latest that we have heard of the anti-social influences of *tobacco* is that the cigarette has been brought up in scientific custody, charged by Dr. Le Juge de Segrain, of Luchon, with the infliction upon its over-confiding devotees, of the physiological mutilation of impotence. The prosecution has been opened in the current number of the *Archives Générales de Médecine*, and the charge has been further maintained by the corroborative testimony of Dr. Georges Petit, who conducted experiments on a number of conspicuously philoprogenitive animals, dogs, cocks, rabbits, and guinea-pigs, by the various methods of inhalation (of smoke) of gastric

injections, and of rectal enemata. Sclerotic changes were thus induced in the testes—and ovaries—of the animals subjected to experiment. Coming from the land of dwindling population and decreasing families, such information possesses special value. It is interesting to note in this connection that in the quaint and rare work of the French explorer, André Thevet, who went, in 1555, to America with the object of taking part in the foundation of a French colony near the mouth of the Rio Janeiro, there is special mention made of the anti-aphrodisiac properties of tobacco. In "*Les Singularités de la France Antartique, autrement nommé Amérique, et de plusieurs Terres et Isles découvertes de nostre temps*," a quarto dear to the heart of the bibliomaniac, and bearing date 1558, this observant traveller tells us that "the women in America forbore the taking of Tobacco, because that they have been taught that it will hinder conception and bodily lust" [Parkinson's paraphrase]. What physiologist, even in the twentieth century, can be sure that he has made an absolutely original discovery!!

Atmospheric Cleansing by Snowfall.

SNOW, and probably rain, rank high among Nature's methods for the purification of the atmosphere. The air of cities is rich in germs, a certain proportion of which are pathogenic, and apart from microbes the atmosphere is more or less heavily laden with minute organic particles which irritate and otherwise damage the respiratory tract. Some experiments recently carried out by the Chicago Board of Health illustrate this cleansing action very well. Culture plates exposed on January 18th gave colonies varying in number from 630 to 1,050. On the 21st snow fell to the extent of 0.28 of an inch, and the experiment was repeated on the 22nd, when the number of colonies obtained fell to between 66 and 180, so that the atmosphere was nearly 90 per cent. purer after the snowfall than it was before.

Anti-Rabic Vaccination at the New York Pasteur Institute.

THE statistics of anti-rabic vaccination at the New York Pasteur Institute for the years 1900 and 1901 (a), which have been recorded by Dr. George G. Ramond, furnish interesting reading, which we would commend to the attention of those who scoff at the utility of such institutes. In all, 241 persons were treated, with one death, or a mortality of 0.41 per cent. Of these, thirty-three were bitten on the head, 162 on the hands, and forty-six on other parts of the body. In eighty-eight cases the animal which had inflicted the wounds was proved to be rabid by experimental inoculation, or by having caused the death of other persons or animals which it had bitten. In sixty cases the animal was declared rabid by veterinary examination. In ninety-three cases the animal had disappeared, or had been killed after having acted in such a manner as to lead one to suspect hydrophobia. Patients are admitted for treatment only

(a) *Medical News*, April 5th.

when there is strong evidence that the animal which bit them was rabid, and in about ninety of the last mentioned ninety-three cases the animal had shown all the clinical symptoms of rabies. The case which ended fatally was that of a little girl, aged seven years, who was bitten on June 13th, 1901. She had three cuts on her face; one on the lower lip, one on the nose, and one just below the left eye; all the wounds had bled freely and were cauterised with nitric acid within fifteen minutes. The patient was treated during twenty-three days from June 14th to July 6th. She developed symptoms of hydrophobia on August 29th, and died on September 1st.

An Early Sign of Pleurisy.

PHYSICAL examination often fails to afford trustworthy information in the early stages of pleurisy with effusion, but there is one sign which, according to Dr. Prjevalsky, of Kharkow, is pathognomonic of impending effusion. This is narrowing with increased resistance of the intercostal spaces on the affected side, and the phenomenon is especially well marked in children. This narrowing of the intercostal spaces is due to muscular contraction analogous to the muscular rigidity observed in association with inflammation of joints in the extremities; in other words, it is probably a reflex contraction constituting an attempt on the part of the organism to secure mobility.

The Anatomical Factor in the Production of Baldness.

THE scalp, properly so called, is limited to the soft parts which cover the vault of the cranium above the level of the temporal ridges and the superior curved line of the occipital bone. It comprises the skin, the subcutaneous fatty tissue or superficial fascia, and the occipito-frontalis muscle with its epicranial aponeurosis. This area corresponds pretty closely to what we may call the area of baldness, and it corresponds even more accurately to the area of the epicranial aponeurosis, a structure in which there are no muscular fibres nor any underlying muscular fibres between it and the bone. According to Dr. G. Elliott, of Toronto (a) this anatomical condition explains the occurrence of baldness. He dismisses as inadequate the usual explanation of interference with circulation due to the pressure of the hat, and attributes the principal rôle to the absence of exercise of this area of skin, the effect being to hinder the return of venous blood and lymph. The influence of civilisation is in the direction of restraining the action of the occipito-frontalis and facial muscles and of wearing the hair short, and under these circumstances the muscular exercise of this area is reduced to a minimum. He is of opinion that the comparative freedom of women from baldness is due to the careful way in which the hair is manipulated, such movements giving exercise to the scalp. The dressing of the hair in the male is such a short and, indeed, trivial operation that it affords

no relief of the kind, and the hairs die of venous asphyxia. Obviously, if this view be correct the proper treatment is systematic massage of the scalp from youth upwards thus securing a freer drainage of lymph, and an improved venous circulation. Dr. Elliott does not quote any observations of his own in support of his theory, and this is a pity because, before entering upon a course of gymnastics of the scalp involving so much trouble, one would like to have some sort of experimental assurance that good is likely to result. A man who massaged his scalp night and morning for ten years without any success would have a moral claim to damages against the author.

Latent Appendicitis.

THE diagnosis of cases of appendicitis, which run an atypical course, is often attended with the greatest difficulty, and may be quite impossible to make until the disease has passed the stage in which surgical interference is any longer of use. Dr. Samuel M. Evans, of New York, has recently recorded a case, the details of which are most interesting. The patient, a girl, aged nine years, was ill for five days and then died. During this time the temperature remained normal until about thirty hours before death, when it rose to 102° F. Her pulse, however, increased in frequency at the rate of about twenty or thirty beats a day. Throughout her illness there was no definite or localised pain or tenderness in the abdomen, nor was there any rigidity of the abdominal muscles—in fact, at no time were there any of the cardinal signs or symptoms of appendicitis present. At the post-mortem examination, there was evidence of recent peritonitis, and the peritoneum, especially in the region of the appendix, was covered with a purulent exudate. The appendix measured 6.2 cm. in length, had a large and patent lumen, and was of a dark bluish colour towards the tip. Its interior was filled with a thin dark-coloured pus, and the mucosa was gangrenous in spots, though no points of perforation through the peritoneum were present. The mesenteric lymph glands were enlarged, and on microscopic examination they showed numerous foci of necrosis, and in these areas many bacteria were demonstrable. The case is of interest in that there was a gangrenous appendix with no obstruction to its lumen, and that purulent peritonitis had taken place without perforation, all this, too, occurring without any localising symptoms during life.

The Treatment of Severed Ureters.

THE surgery of the ureter continues to excite the liveliest interest in the minds of surgeons and gynaecologists. The time has passed, when the operator who finds that he has accidentally divided the ureter, can immediately proceed to remove the kidney as the best treatment for the conditions he has induced. The fundamental questions which suggest themselves to the mind of all who reflect on the subject of the best methods for dealing with severed ureters are chiefly—

(a) *Journ. of the American Med. Assoc.*, March 29th, 1902.

How can exit be provided for the secretion of the kidney, with least risk of leakage, subsequent narrowing of the ureter, and ascending infection to the kidney? Putting aside the treatment by nephrectomy and that of occlusion of the proximal end of the ureter by ligature, we are limited generally to the adoption of one of two main lines of treatment. Union of the ends of the divided ureter by one of the many ingenious methods proposed may be effected in suitable cases, or the upper end may be made to open on to the skin or into a mucous tract, bladder, intestine or vagina. In the first place the risk of ascending infection is minimised, in the second the risk of narrowing of the ureter or leakage is reduced. At present most authorities will probably agree that generally uretero-ureteral anastomosis is the best treatment for cases where the ureter has been divided in the upper part of its course and implantation into the bladder when the division is in the lower part. We have been surprised to find that in a recent paper by Dr. W. R. Nicholson (a) on this subject no mention whatever is made of Mr. Henry Morris's work, though liberal reference is made to the work of others.

Phthisiophobia.

In the eagerness to eliminate phthisis from the community, it is perhaps unavoidable that enthusiasts should occasionally err from excess of energy and stumble into the use of exaggerated forms of language and hinder progress by lack of tact and consideration for ancient prejudice. In dealing with phthisical cases, it is needful that a wide angled lens should be allowed to mental vision, and that the sociological, international and humanitarian aspects should not be forgotten. As Mr. Malcolm Morris neatly puts it, "it is not scare but cure that is wanted." The United States Government has been badly advised in enforcing measures which cannot fail to have the effect of branding phthisis as a dangerously contagious disease. Phthisis is not to be considered a monster to be fled from but a danger to be effectually overcome. Whilst an encouragement is to be given to every earnest and intelligent measure aiming at the prevention of the spread of tuberculosis, exaggerated statements and precipitate action will only result in havoc to the sufferers and injury to the community. Phthisiophobia is an enemy to rational progress and must be treated as such.

Street Music and Seaside Invalids.

LAST week we commented on the inconvenience to invalids at seaside resorts arising from the disturbance of itinerant "music" in the streets. Those remarks were based on the communication of a medical man recently in charge of a patient at St. Leonards. The case was a critical one, and sleep was absolutely essential to recovery, yet several times in the day the patient was roused by the

sudden crash of a piano-organ outside the window. That situation, we venture to think, is sufficient to warrant our advice to St. Leonards to follow the example of Bexhill and to exclude itinerant music from the town. St. Leonards owes its existence to invalids. The *Daily News*, with a good-natured air of superiority, has taken the trouble to remind us that there are many healthy visitors, "trippers" and otherwise, who love music but who cannot afford to pay the pier dues to listen to the town band. If the passing gratification of a few street tunes is to be purchased by the sufferings of many invalids we should at once vote against the former. If the excursionists want music and are willing to pay for their luxury let the strolling musicians be confined to the sands, which we may remind the *Daily News* do not fall under the denomination of streets. If, however, the itinerant musician is to be allowed to parade the streets of the town and to startle the sick and the dying from their fitful and uneasy slumbers, then we say that any prudent local seaside authority will do well to prohibit any such indefensible and gratuitous outrage upon good sense and humanity.

A Turpentine Catastrophe.

AN action was tried in the High Court on Friday last in which a lady claimed damages from the Buckeye Bath Cabinet Company under somewhat peculiar circumstances. It seems that the instructions, for the use of the cabinet, which is a sort of portable vapour bath, comprise the discretionary use of turpentine, a certain quantity of which is to be placed in the water heated by a spirit lamp therein. The plaintiff complied with the instructions, with the natural result that the turpentine, which, of course, floats on the water and is evaporated first, formed an inflammable vapour. This took fire and inflicted serious injury on the unhappy patient, whom the jury invited to console herself with damages to the extent of £100.

Small-pox and Tramps in the Midlands.

It will be a matter of surprise if the present London epidemic of small-pox be not reproduced on a lesser scale in various parts of the United Kingdom. At the present time there are at least four cases in Birmingham, several more in West Bromwich and Tamworth, and nine at Walsall. The agency of infection has in nearly every instance been traced to tramps who have brought the disease either to common lodging-houses or to the casual wards of workhouses. Under these circumstances it is not to be wondered at that the local Poor-law authorities have been seriously considering the question of how best to deal with the tramp. Vaccination and re-vaccination cannot be insisted upon compulsorily. As a class, tramps are remarkable for their strong anti-vaccinationist views, and are recruits to a man for Mr. Arthur Balfour's noble army of conscientious objectors. The fact remains, however, that they menace the safety of every town and district of the United Kingdom by

(a) *American Journal of the Medical Sciences*, April.

the importation of small-pox. The Drayton Union made a crafty but unsuccessful attempt to induce the casuals to submit to re-vaccination by excusing them from the usual labour. It is reported that not a single tramp in the Midlands has so far surrendered to the blandishments of the Guardians so far as re-vaccination is concerned. It would be well for Parliament to render vaccination and re-vaccination compulsory in the case of tramps as a measure of protection to the health of the general community—notwithstanding the underlying principle of recent retrograde Vaccination Acts.

The London Fever Hospital.

THIS useful institution celebrates its centenary this year, and the occasion is an opportune one to call attention to the immense service which it has rendered to the Metropolis. During the last hundred years no less than 80,000 patients have been treated within its walls, suffering for the most part from scarlet fever or diphtheria. The special rôle of this institution is to provide hospital accommodation for persons who, while unable to defray the heavy cost of home nursing and medical care, are able and willing to contribute at any rate a substantial part of the cost. It is, in short, a pay hospital for infectious cases. Its importance has, of course, somewhat diminished since the organisation of that huge and costly undertaking, the Metropolitan Asylums Board, but it still offers an asylum in sickness to those who are unwilling to be maintained out of the rates or who desire a higher standard of comfort than a public institution can reasonably be expected to provide. As the aggregate of the fees received from patients amounts to only about one-fourth of the working expenses it is obvious that outside help is indispensable to its maintenance, and an appeal on behalf of the funds has just been issued by the president, Lord Balfour of Burleigh.

The Glasgow Barmaid Question.

THE final decision of the Glasgow Licensing Court has been given with regard to the employment of barmaids. It appears that a similar recommendation to the present was brought forward two years ago, but not in quite so far-reaching a manner. As now adopted, in future the instruction is that licence-holders shall not employ females as attendants behind the bars of public-houses, theatres and bars generally used by the public, excepting females who are attending personally to their own shops, or wives or daughters of licence-holders, or female assistants attending to the dining-tables in licensed premises where a *bona fide* business is carried on. The magistrates do not object to females attending private or service bars in hotels and restaurants, and they exempt railway refreshment-rooms where a *bona fide* restaurant business is carried on. In announcing this decision in Court Sheriff Lees stated that one of the reasons of the magistrates' action was to protect the interests of the barmaids themselves. He mentioned that a deputation of ladies had represented to the Lord

Provost that the average respectable life of a barmaid lasted only three years. So far as the unhealthiness of the occupation is concerned the point was dealt with somewhat fully in a leading article in the last number of THE MEDICAL PRESS AND CIRCULAR. This energetic and sensible action of the Glasgow licensing authorities may serve to remind other towns in the United Kingdom that they possess a considerable amount of control, direct and indirect, over the drink traffic in their midst. We must, however, be temperate even in well-doing. It must not be forgotten that certain risks attend the somewhat precipitate action of the Glasgow magistrates. To suddenly deprive a whole category of comely young women of the means of gaining a livelihood without providing them with an alternative is to save them from Scylla at the risk of their being sucked down by Charybdis. Dropping metaphors, it is evident that under pretext of safeguarding the virtue of these interesting young persons, the Glasgow magistrates have inadvertently condemned many of them to the sacrifice thereof.

Small-pox in London.

THE slight fall in the number of patients under treatment in the Metropolitan Asylums Board that took place the week before last has been more than compensated by an increase of patients. On Saturday last the returns showed 1,550 patients under treatment. At the same time, it is encouraging to note that the deaths were less during the past week than they had been during the three weeks preceding. On Saturday last, the 26th inst., thirty-eight fresh cases were reported from various districts within the larger London area. So large a number of fresh cases in a single day emphasises the fact that the epidemic has still to be reckoned with, as later figures of fresh cases show on Sunday 23 cases, and on Monday 31.

Street Collections.

THE street-collecting nuisance is one that affects alike all parts of the United Kingdom. Some years ago it reached its height, so most people fondly imagined, and since then our streets have been comparatively free from this objectionable form of "cadging," if we may venture to use a homely but expressive term. The greatest blow dealt to street collections was the definite abandonment of that policy some years since by the Hospital Saturday Fund, although by so doing they ran the risk of cutting off a large source of income. The objections to this method of raising money are manifold. Now that street collecting has been abandoned by all the more respectable societies—those who give money to street collectors, do so with their eyes open to the dangers of the situation. To put the matter in a nutshell, the public have for the most part absolutely no guarantee of the *bona fide* of any organisation that adopts this questionable method of raising alms from the charitable. From our point of view, the police should satisfy themselves as to the responsible nature of any street collection, before

sanction is given to that form of street begging. These remarks have been prompted by a recent invasion of the Metropolis by a particularly aggressive outbreak of this social nuisance.

The Summer Decline of Small-pox.

THE seasonal curve of small-pox has acquired a peculiar interest now that the disease has established itself in the metropolis, whence it has infected many other parts of the United Kingdom. It is a well-marked curve, and the mean result of observation, extended over forty years, has established in it certain definite features. The period of greatest mortality, for instance, is from January to May, while that of the least mortality is in September and October. Between December and July the deaths from small-pox are above the mean average mortality. In May a small decline is first shown, and is maintained steadily through June and July, when it makes a rapid fall, and is at zero until October, when it creeps up again to a moderate height in December, and then springs to a maximum in January. All this of course represents the average prevalence, which may be subject to considerable variations in particular years. The seasonal summer decline that commences in May, however, has a special comfort and significance in the case of the present outbreak that is raging in London. Within the past fortnight there has been a distinct fall in the total number of patients, and although the figures have again risen there is nevertheless reasonable ground for trusting that the fluctuation points to the approaching fall. It seems too much to hope that there will be a very marked decrease before July or August.

Report of the Rotunda Hospital.

THE report of the Rotunda Hospital, which was presented to the Obstetrical Section of the Royal Academy of Medicine in Ireland at a recent meeting, shows to all who care to learn from it the steady manner in which the ancient reputation of the Dublin School of Midwifery is being maintained and added to. The Master of the Hospital was able to furnish the statistics of 1,616 cases of labour delivered in the intern maternity with three deaths, one of which was due to advanced phthisis, and of 2,175 cases delivered in the extern maternity with four deaths. From the time that Dr. Collins, when Master of the Hospital in 1828, anticipated Smielweis in the use of chloride of lime, the Rotunda Hospital has always led the van of obstetrical advance, and consequently no one will be surprised at the results which have been obtained during the past year. This makes it all the more important—a fact to which we drew attention last year—that the statistics of the hospital should be placed before the medical profession in a more orderly and systematic manner, and in one which will, as far as possible, avoid the many pitfalls which surround all statistical records. We cannot, unfortunately, afford space to criticise Dr. Purefoy's report in detail. The most glaring incongruities which strike us are the large proportion of cases of

accidental hæmorrhage which occur at the Rotunda Hospital—37 out of 3,791 cases, or just one per cent.; the proportion of cases of abortion which require curetting—200 out of 286; and the lack of any apparent connection between the dimensions of the pelvis in cases of contracted pelvis and the difficulties of the labour. These points, however, must not be permitted to draw our attention away from the more important fact—the low rate of mortality.

Inspection of the Ears of School Children

AN interesting and important report was laid before the Otological Society of the United Kingdom at its last meeting by Mr. A. H. Cheatele on the results of the examination of the ears of 1,000 school children. The investigation was undertaken with the objects of ascertaining the amount of ear disease in children of the poorest class, and, if necessary, of drawing attention to the subject. Various tests were adopted, into which we cannot enter, save in the case of the meaning placed on the term "normal." By this was meant that the membranes appeared normal, and that the whispered voice could be heard at a distance of 18 feet. Inability to pass this test with one or both ears was present in 520 out of 1,000 children. Foreign bodies were found in the ear in 18 cases, of which 12 were girls. Out of 166 cases of deafness there were adenoids in 141; 335 of the total number of children had discharge from one or both ears, and in 88 cases the discharge was suppurative. The number who had previously suffered from middle ear discharge was 247, and of these 171 had adenoids, and perforation was present in 57, while adenoids were present in all in 434 children, of whom 394 presented some aural troubles. Mr. Cheatele finally raised the question as to what steps should be taken in the matter by the authorities. He recommended that the systems employed in Germany, Switzerland, and Sweden should be investigated and reported upon. The Society determined to appoint a committee, consisting of the President, the two Secretaries, Mr. Arthur Cheatele, Dr. Macnaughton-Jones, and Dr. Permewan, to further investigate the matter and to report.

The Traditional Winding-sheet of Christ.

A COMMUNICATION of deep interest has been brought before the last meeting of the Academy of Sciences in Paris by M. Vignon. This distinguished scientist has photographed the traditional winding-sheet of Christ, which has long been preserved at Turin. Its texture shows evidence of having been impregnated with oil and aloes, and M. Vignon has shown that a cloth so treated will receive a permanent impression from exposure to ammoniacal vapours, such as would be given off from a cutaneous excretion exceptionally rich in urea, as occurs in the case of a person who suffers a prolonged and painful death. The impressions on the texture in question have been found to act as a true negative, and have given distinct photographic pictures, displaying the marks on the head made by the crown

of thorns and the exuding blood - drops, the spear wound on the side, and the imprint of the stripes inflicted in flagellation. These latter present the special features of an enlargement at the end of each such as would be produced by a thong with a ball of lead at the extremity. It is known that such a form of scourge was used by the Roman soldiers of the period. A specimen has been found in one of the ruins of Pompeii. The marks of the nails in the upper extremity show that they were driven through the wrist—not the palm of the hand. The record impressed on the winding-sheet must, pretty certainly, have been due to chemical action, and not to the direct influence of light. But it has been shown of recent years by Dr. Russell that almost all objects affect the photographic plate in the dark. When Abney, some fifteen or twenty years ago, photographed a black hot kettle in a dark room he made a sensational record; but this result has since been left far behind. The results obtained in the present case by M. Vignon will necessarily fix the attention of scientific Christendom for some time to come. They offer another example of the meeting of extremes: the hard materialism of the questioning science of the present age with the original main-spring of the religious teaching which has so long dominated the civilised world. The ideas of emanations of light and illuminating vapours from the dead body are, however, of old belief.

A Case of Reported Catalepsy—Asleep Nineteen Years.

FROM the neurotic land of France comes, at present date, reports of a case of catalepsy—female, of course—of which the subject has lain for nearly nineteen years without displaying any obvious evidence of life other than the beating of the heart. In noticing this case a Dublin evening paper calls attention to an Irish one, where a religious young man of the county Mayo lay down on a September day of 1836 and slept for four years. During the whole of this period he tasted neither food nor drink. On the restoration of his faculties he informed the visiting clergyman that he was “fed by the Word.” It is interesting, if not always satisfactorily instructive, to observe the periodic occurrence of these phenomenal sleepers—down through all the centuries. Probably all our readers are familiar with the original Rip Van Winkle case—that of the boy Epimenides, who, tired with heat and work, turned into a cave, shady and cool, where he slept undisturbed for fifty-seven years, found great difficulty in recognising or being recognised by his former acquaintances on emerging, and lived on, hale and hearty, to the venerable age of 175; thus far the elder Pliny. Also with the compound case of the Seven Sleepers of Ephesus, who, in the heat of the persecution waged by Decius against the Christians of his empire, retired from prospective martyrdom to the depths of a cave in Mount Cœlius, where they slept safely for a time of 196 years. Some eminent

naturalists—as well as theologians—of the seventeenth century tell us of the inhabitants of a certain region of Muscovy. “There is a certain people that inhabit Lucomoria, a country of the further Sarmatia, who yearly upon the 27 day of the month November, after the manner of swallows and dogs, by reason of the intenseness of the winter cold, seem to dye. Afterwards at the return of the Spring, upon the 24 day of April, they again awake and arise.”

AN order has been issued by the London County Council prolonging the requirement to notify cases of chicken-pox for another six months.

PERSONAL.

DR. F. W. EVANS, of Cardiff, was thrown out of his trap a few days since, and sustained a severe shaking, one of the wheels having passed over him.

MR. E. T. WILLIAMSON, M.D. (London), F.R.C.P. Lond., has just been elected an Honorary Assistant Physician to the Manchester Royal Infirmary.

THE Right Hon. H. H. Asquith will preside at the Festival Dinner of the London Medical Graduates' College and Polyclinic, which is to be given on Thursday, June 5th, at the Criterion.

THE Governing Body of the Jenner Institute of Preventive Medicine have appointed Major Ronald Ross, F.R.S., F.R.C.S., &c., who is so well known in connection with his researches on malaria, to be head of a new department in the Institute at Chelsea.

THE Council of the Royal Institute of Public Health have conferred the Harben Gold Medal for the year 1902 upon Professor William B. Smith, M.D., F.R.S., Ed. of King's College, late Medical Officer of the School Board for London, in recognition of his eminent services to the Public Health.

DR. ELLIOTT SMITH, Professor of Anatomy at the Medical School of Cairo, has been accorded two months' leave of absence in order to allow of his proceeding to Girga, in Upper Egypt, to investigate some human remains recently discovered there, taken from a cemetery which is said to extend over a period of 8,000 years.

THE SERVICES.

INDIAN MEDICAL SERVICE.

LIEUTENANTS to be Captains.—J. C. H. Leicester, M.D., H. Innes, W. S. Willmore, A. E. Walter, C. Hudson, L. T. E. Hutchinson, C. F. Weinman, H. M. Cruddas, A. M. Fleming, E. L. Ward, J. N. Walker, V. H. Roberts, J. E. Robinson, G. King, T. S. Ross, G. P. T. Groube, P. P. Atal, W. MacM. Pearson, D. C. Kemp.

INDIAN SUBORDINATE MEDICAL DEPARTMENT.

To be Senior Assistant Surgeon, with the honorary rank of Lieutenant.—First Class Assistant Surgeon M. O'Mealy.

ARMY MEDICAL SERVICE.

THE King has been pleased, by Royal Warrant dated March 24th, 1902, to approve of the Surgeon-General, who holds the appointment of Director-General Army Medical Service, ranking as a Lieutenant-General.

THE first *conversazioni* of the Royal Society for this session will be given at Burlington House on Wednesday, May 14th.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

HEALTH OF EDINBURGH.

SIR HENRY LITTLEJOHN'S admirable annual report on the health of the city for 1901 has again appeared in the form of a folio of 74 pp., copiously interspersed with tables and charts. There is not this year any such outstanding feature in his report, as, for instance, his discussion of tuberculosis and the means to be adopted for its repression, in last year's report; but he continues to report steady all-round progress in matters hygienic. The figures of last census are now partially available, so that birth and death rates can be calculated more accurately than on the former basis of an estimated population. Taking the fact that a large increase in the population was due to extension of the city boundaries into consideration, we find that the rate of increase has been 14.75 per cent. in the decennium just closed, which compares favourably with the rate of increase in other large cities. The increase in the number of occupied houses has not taken place uniformly, those with rentals under £10 being fewer than last year by nearly 500. Sir Henry considers that this is due, not to increasing prosperity, but to the fact that many persons have been driven to find accommodation in sub-let rooms, or have gone to over-crowded other already occupied dwellings. Edinburgh, however, is in the fortunate position of having the largest number of rooms per inhabited house of any town in Scotland, and (except Perth) the smallest number of persons per room. The birth-rate during 1901 was only 24.99, by far the lowest ever recorded in Edinburgh, and the fall was in excess of that generally throughout the country, and of what could be accounted for by the war and other temporary conditions. From a table appended it seems that the rate has fallen fairly steadily from 33.4 per mille in 1861 to 26.24 per mille in 1900. The actual mortality, excluding "country deaths" was 17.76 per mille, a satisfactory figure. The highest rate was 22.8 in the second week of March; the lowest 12.5 in the beginning of October. The census has enabled a more accurate calculation of the death-rate in the various municipal wards to be made than was possible in recent years, and from the statistics it appears that as the seven most densely populated districts (with a population of 100 per acre or over—in one case 254 per acre) the mean death-rate was 19.22, whereas the mean death-rate in the other nine wards was only 15.70. The deaths from zymotic diseases amounted to 599—nearly double the figure of last year. The great annual fluctuation of the zymotic death-rate is due entirely to the prevalence or non-prevalence of measles and whooping-cough. Six cases of small-pox occurred during the year, with one death. The patient is said to have been vaccinated in infancy, but no marks were found. The measles death-rate last year was .53 per mille; that of scarlet fever .08; that of diphtheria .17; that of whooping-cough .89. The mortality of illegitimate children has a special paragraph devoted to it. Out of 558 illegitimate births no fewer than 154 died before attaining the age of one year; or, in other words, if 1,000 illegitimate children had been born 274 would have died before reaching the end of the first year, whereas in the same number of legitimate children the number of deaths was only 132. A large proportion of these illegitimate children die from causes which "to a certain extent must be regarded as preventable, and it comes to be a question whether in future some effort should not be made to give these infants a chance of surviving their first year, at least as good as that possessed by the more fortunate children born in lawful wedlock."

During the year fourteen cases of typhus fever occurred, and the experience of former years is confirmed that no infectious disease "appears to offer such great difficulty in diagnosis," with the result that the first case in a family is seldom recognised, "and it is as a rule the notification and removal to hospital of a patient suffering from 'typhoid fever' which first leads to the

discovery of the existence of the disease, and of the fact that other members of the family have been ill with 'influenza' beforehand." It is difficult to account for the very great spread of diphtheria during the last two years; the increase was not due to any localised epidemic, but was distributed equally throughout the year. While the oldest inhabited portions of the city furnish the greatest number of cases from typhoid, it is the more recently built, and apparently more sanitary, dwellings in which the chief incidence of diphtheria occurs. Sir Henry has endeavoured, in vain, to discover any cause for the prevalence of diphtheria. Although small-pox was so prevalent in Glasgow no case occurred in Edinburgh till February 19th, and, in all, only six cases were found. Every precaution was taken to meet the danger, and facilities for free vaccination were widely afforded and taken advantage of. The cost of revaccination in Edinburgh during February, March, and April last was £3,207, and for this sum a total of 29,903 persons were revaccinated. The attack-rate and death-rate of scarlet fever continue steadily to decrease, and it seems as though notification and hospital isolation were, at last, making a real impression on its customary prevalence. Measles has during the last three years upset all Sir Henry's previous experience, inasmuch as while it used consistently to show a marked biennial periodicity, the years 1899, 1900, and 1901 have each been visited by an epidemic. Speaking of the bacteriological examination of morbid products, Sir Henry points out that in no fewer than ninety-two out of 124 suspected cases of typhoid, and 190 out of 268 suspected cases of diphtheria the examination negatived the existence of these diseases, and thus prevented the expense and discomfort of removing a considerable number of patients to the Fever Hospital. The report is altogether a model of what such a document ought to be. Concise, clear, suggestive, and giving a definite idea of how public health matters are progressing in the city, it will be read with equal satisfaction by those whose interests are purely medical, and those whose interests are entirely municipal.

Belfast.

[FROM OUR OWN CORRESPONDENT.]

THE Spring Meeting of the North of Ireland branch of the British Medical Association was held at the Museum, Belfast, on Thursday last, the 24th inst. The President, Dr. J. Singleton Darling (Lurgan), occupied the chair. The Council Report announced the election of three new members.

The President read notes of two cases of "Pernicious Anæmia," and Dr. Clarke (Bessbrook) related the history of two further cases. Professor Lorrain Smith and Dr. Thos. Houston made some remarks on these cases, which seem to be very frequent in Ulster.

Dr. St. Clair Boyd read notes of one case, Dr. Tennant of one case, and Dr. Dempsey of two cases of "Extra-Uterine Fætation," all showing specimens. Professor Sinclair reported a case of simultaneous appendicectomy and transverse colectomy which terminated in recovery. Dr. J. B. Moore, who had seen the case, adding some remarks. Mr. Robert Campbell read notes of a case of acute intestinal obstruction by a band in an elderly woman, Professor Sinclair and the President and Dr. Martin (Portrush) afterwards discussing the case.

Dr. Calwell read notes of (a) A case of "Tetany in Dilatation of the Stomach"; (b) A rare form of relapse in typhoid fever, and of a second attack after a few months' interval; (c) On the nitro-propiol test for sugar in urine, with reports of 100 examinations.

POST-GRADUATE LECTURES.—A prospectus has been issued of several post-graduate courses to be held at Queen's College, Belfast, in the summer session. Professor Lorrain Smith will hold a class in bacteriology on Monday, Wednesday, and Friday of each week during the session at 4.30 p.m., as he has done for several years past. Some seventy medical men have taken this class in the last few years with great pleasure and profit to themselves. This year there is to be a second course as

well, on the pathology of diseases of the blood, in which Professor Lorrain Smith will be assisted by Dr. Thos. Houston. This class will be held on Monday and Friday, at the same hour as the other.

Another new departure is a series of sixteen lectures by Professor Symington, on the advanced anatomy of the nervous system. These lectures will be given on Tuesday and Thursday afternoons at five o'clock, and are intended to serve as an introduction to a course of pathological neurology to be held in the summer of 1903.

Literary Notes and Gossip.

SIR FELIX SIMON has republished his lectures "On the Principles of Local Treatment in Diseases of the Upper Air Passages," with two other lectures which recently appeared in the *British Medical Journal*, as an appendix.

THE new edition of the "Pharmacopoeia of the Central London Throat and Ear Hospital" is a most complete little book of its kind, and will be acceptable to the general practitioner, who has not always at his fingers' ends the most suitable gargles, paints, lotions, and drops for the various organs.

THE new edition (sixth) of Professors Delafield and Prudden's "Text-book of Pathological Anatomy and Post-mortems" is now before us, in its new dress, with nearly 500 illustrations in black and colours. It is undoubtedly the best illustrated and most up-to-date work on the subject now before the profession.

THE sixth edition is announced for next week of "The Practitioners' Handbook of Diseases of the Ear and Naso-Pharynx," the multi-authorship of which is shared by Messrs. H. Macnaughton-Jones, W. R. H. Stewart, and Herbert Tilley, of London; Messrs. Ambrose, Birmingham, and Robt. D. Joyce, of Dublin, and Dr. Wm. Milligan, of Manchester.

THESE appears to be an unlimited supply of books, great and small, on the Vermiform Appendix, of late. The demand, however, does not seem to keep pace with the supply, no new edition being announced as in the press; we hope, therefore, that that much maligned organ has been found on prolonged investigation to be more sinned against than sinning.

THIS being the season for garden work, those of our readers who take an interest in floriculture and horticulture will be glad to possess themselves of Barr's new "Seed Guide," which in the space of 112 pages contains a list of all known seeds and plants which thrive in this country, with cultural directions and practical hints of great value to the amateur gardener, together with a list of books useful for garden purposes. Messrs. Barr (King Street, Covent Garden, London) will send this guide free to any of our readers on receipt of name and address.

DR. CULLINGWORTH'S "Short Manual for Monthly Nurses" is a most useful little book, and may be safely recommended to both nurse and student. It will instruct the nurse in all the necessary details of monthly nursing. Its practical simplicity is a point of value; the nurse does not want to have impressed upon her knowledge of theoretical value only, but requires simple, practical teaching in the management of a confinement, with the subsequent nursing of mother and child, and this, as we have said, she will find herein.

AN interesting work on General Buller's campaign with the Natal Field Force has been just published by Mr. Brimley Johnson. It is written by Lieutenant E. Blake Knox, M.D., B.A.M.C., who was through the Natal campaign, and contains a full description of the engagements of Spion Kop, Vaal Krantz, Monte Cristo, Onderbroek and Langerwaakte Spruits, Pieter's Hill, Biggarsberg, Botha's Pass, Allemans Nek, Amersfoort, Geluk, Belfast, Lydenberg, Badfontein, Mauchberg, and many minor engagements. Special reference is made to "First Aid" work in the field, the conduct of the hos-

pitals, and the general medical and surgical aspect of the campaign.

WE are asked to announce that the Religious Tract Society will publish on May 1st, the authentic and complete life of James Chalmers, the great New Guinea Missionary. To the Rev. Richard Lovett, M.A., has been entrusted the biography and he has been assisted by the family of the late Dr. Chalmers, who have entrusted to him the whole of the letters, memoranda and reports in their possession, including an autobiography from the pen of Chalmers himself, which has been incorporated into the life. Dr. Lawes, his life-long colleague in New Guinea, Sir J. Erskine, of the Royal Navy, and a host of others have all co-operated in the effort to make this a true picture and a worthy life of one of the greatest missionary heroes of the nineteenth century.

TO overcome the morphia habit, without the intense and intolerable mental and physical suffering which always ensues if there is a sharp cessation with no treatment, is an obvious boon to the wretched morphinomaniac. Dr. Oscar Jennings, of Paris, who has just issued a second edition of "The Morphia Habit" through Messrs. Ballière, Tindall, and Cox, very honestly abstains from claiming universal success; many of his patients relapsed into the habit, but nearly always because they left him before the habit was broken and the will-power sufficiently strengthened. To ensure success the morphinomaniac must place himself entirely in the hands of his physician, whose resources will be taxed to the utmost to effect a cure. Cardiac depression, dyspepsia, mental irritation, sleeplessness, and a host of other evils have to be combated. It is decidedly a book to be consulted for the rational treatment of morphinism.

THE *Medical Register* and *Dentists' Register* for the current year are now available. The number of registered practitioners now stands at 36,912, of which 21,022 are resident in England, 10,303 in Scotland, and 5,087 in Ireland. The total shows an increase of 557 on the previous year, in comparison with 519 in 1900 and 779 in 1899. The Registrar is to be congratulated on the greater accuracy of the present issue as compared with some of its predecessors, diligent search having failed to reveal the names of any persons deceased before the end of 1901. We note, on the other hand, that the addresses are by no means always accurate, but this is probably the fault (or design) of the individuals. We gather from the *Dentists' Register* that there are 4,616 registered dentists in the United Kingdom, of whom 2,587 figure thereon in virtue of having been in practice prior to 1878.

DR. JELLETT'S "Short Practice of Midwifery for Nurses" (J. & A. Churchill) may be described as excellent. It embodies most faithfully the treatment adopted at the Rotunda Hospital, Dublin, and is throughout concise, accurate, and practical. Some may consider it to be too full for nurses, and to treat of subjects which concern only the doctor; yet to equip the nurse as an intelligent worker and efficient help to the medical practitioner a considerable amount of obstetric knowledge must be gained, much of which she can never use by herself. The surgical cleanliness both in cleansing her own hands, and in the examination of the patient, the cautions as regards douching and its condemnation, except when absolutely necessary, and the reduction *ad minimum* of the customary vaginal examination would, if carried out by the nurse, reduce enormously the risk of acute sepsis.

Beri-beri in the London Docks.

AN inquest was held at West Ham last week on the body of a seaman of a Norwegian vessel, *ex Seychelles*, who had died at the Seamen's Hospital of a disease diagnosed to be true beri-beri.

Death under Chloroform.

A LAD, aged 15, died under chloroform at the Durham County Hospital last week while undergoing the removal of enlarged cervical glands. Death was preceded by a severe attack of vomiting. The usual verdict was returned.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

NATALITY IN GREAT BRITAIN.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Several suggestive letters have appeared in your columns discussing the above subject from the point of view of the philosopher and the sociologist. It would be interesting to know what the practical physician, and especially the gynaecologist, have to say about it. What is the effect on the physical and mental health of married women who, while gratifying their sexual appetites, adopt systematically effective means to prevent conception. What effect, if any, does this practice produce upon the female organs—the ovaries, the uterus, and the mammae—does it directly or indirectly give rise to disease? and if so, of what character?

That the practice in question has been more and more widely adopted within the last few decades no one having sufficient experience will, I think, doubt. Many young couples cynically agree from the outset to have no children; many more decide to limit their family to narrow numbers. Many young people must look forward with some apprehension to the responsibilities of parentage, but in the majority, when children come, the parental instinct is aroused and the children become a source of love and happiness. Many women have intense maternal feelings and are never so happy as when expecting a baby or when rearing a new addition to their brood. The effect upon the mind of wives made artificially barren no doubt varies very much in accordance with individuality; but it seems sufficiently evident that in the vast majority of cases it is better for a married woman's moral and mental health that she should have children, and have at least the opportunity of a call upon the qualities of love and self-sacrifice which are innate if latent in most motherly breasts. How does suppression of these wholesome emotions react upon the moral and mental health of the wife, and what is the effect upon the husband in like directions when instead of having children to appeal to the better instincts of his nature he has no care save in the gratification of his own selfish instincts and desires?

I am, Sir, yours truly,

A STUDENT OF MEDICINE.

April 24th, 1902.

NIGHT COUGH AND CHEAP CIGARETTES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—During the last two years a number of cases have come under my notice in the out-patient department of Sir P. Dun's Hospital of lads who have complained of being kept awake for "half the night" by a cough. It has been usually associated with a little "black spit," and inspection of the fauces commonly shows slight vascular injection of the parts. Examination of the chest reveals no abnormality, nor can any lesion be found, beyond the condition of the fauces to account for this distressing nightly coughing. Sometimes the principal complaint is made by the parent, who accompanies the lad, that no one in the house is allowed to get any sleep in consequence of the noise made by the boy. More cases of this kind have attended during the last six months than before, and it has been found very frequently that these boys are consumers of a certain brand of cheap cigarettes (which they usually regale themselves with after dusk) that it is difficult to believe the occasional boy who denies the impeachment. Confession is most readily obtained when the parent is absent, so that now the inquiry is generally postponed till a subsequent visit, should the lad be accompanied; as, of course, if he be obliged in self-protection to tell a lie at the start, it is reasonable to suppose he will stick to it afterwards.

I do not think it advisable at present to reveal the

name of the particular brand; others may perhaps have observed cases in which cough appeared to be induced by other brands. I have not risked a personal trial of a packet, so am unable to form a definite idea as to whether the cough be principally due to the very unseasoned condition of the youthful throats, or the virulence of the "tobacco."

Yours truly,

R. H. KENNAN.

69, Lower Mount Street, Dublin.

THE VAGARIES OF MEDICAL ETIQUETTE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The public dispute that has been so long raging over the alleged virtues of the *Lacnanthes* cure for consumption suggests a variety of reflections. First of all, there is no need to reject any possible means of cure because it comes from a man who has been struck off the Medical Register. If a person were unqualified, his claim to have introduced a new therapeutic method would not be rejected without fair trial, witness the hundred and one applications of electricity, light, heat, and other physical applications that are daily adopted by the profession, although produced by non-medical persons. The position of the latter, we take it, is equal to that of Mr. Alabone, now that he is struck off the roll of the College of Surgeons. Because he is no longer in the profession that is clearly no reason why his claims should be brushed aside in cavalier fashion by Sir William Broadbent, who was at once shown to be ignorant of the existence of the plant *lacnanthes*, which is widely used in America. If Alabone's name were removed from the Register because of a notice that appeared many years ago in *Moonshine*, has he not by now purged his offence? What is sauce for the goose is surely sauce for the gander. A coloured cartoon of a certain specialist appeared not long ago in *Vanity Fair*, with a description of the clubs he belonged to, and a glowing account of his skill in treatment of affections of the nose, throat and ears. Why should Alabone, in the suburbs, be condemned by the General Medical Council, as it were, to penal servitude for life, while the Harley Street specialist escapes with a shrug of the shoulders? Well may the public outside laugh at the vagaries of medical etiquette and of the inner life of the medical community.

I am Sir, yours truly,

COLONIAL PRACTITIONER.

Medical News.

French Hospital.

THE thirty-fourth annual dinner in aid of the funds of the French Hospital, Shaftesbury Avenue, was given on Saturday evening last, at the Hotel Cecil, the French Ambassador (M. Paul Cambon) in the chair, supported by the Lord Mayor, the Belgian Minister (Baron Whettnall), the Swiss Minister (M. Bourcart), the Serbian Minister, numerous other members of the diplomatic and consular services, and a large gathering of French and English interested in this medical charity. The Chairman, in proposing the toast of the evening, referred in terms of regret to the loss that the hospital had sustained in the person of the late Sir William McCormac. He spoke highly of the services rendered by Mr. Edmund Owen and Dr. George Ogilvie, and for the fourth year in succession it was his pleasure to sing the praises of Dr. Vintras, who had, he said, two children—the hospital and the convalescent hospital at Brighton. He added that the French Government had made a donation of 100,000 francs to the funds, which he hoped would largely benefit by the fêtes which were to be held at Earl's Court under the patronage of the Prince and Princess of Wales, to enable them to clear off their debts and place the institution on a firmer basis. The musical programme, which was deferred until after the toast list had been exhausted, comprised songs by Madame Hélène Palacsek, Signor Umberto Salvi, Miss Florence Venning, and Mr. G. Hodgson, under the direction of Chevalier Tito Mattei.

Medical Defence Union.

THE annual general meeting will be held on Thursday, May 15th, at the registered offices (4, Trafalgar Square, London), at 5 p.m., to receive the annual report of the council and the statement of accounts, together with the auditor's certificate for the past year; to elect three members of the council, Drs. Roche Lynch, Elliston, J.P., and V. Jaynes retiring (by ballot) but being eligible for re-election; to appoint an auditor, and to fix his remuneration; and to vote the necessary sum for payment of the travelling expenses to provincial members of the council for attendance at council meetings.

Dentist Qua Apothecary.

A HALIFAX registered dentist was last week fined £20 for practising as an apothecary. It appears that this enterprising person had acted as medical officer to the Halifax Friendly and General Aid Society at a salary of £150 per annum, with free house, rates, water, and gas, and had attended private patients as well.

Royal University of Ireland.

CONVOCATION of the Royal University of Ireland will elect, on May 9th, six members as representatives on the Senate in the place of the following who have retired at the end of their period of office, but who are eligible and who offer themselves for re-election:—Dr. J. Walton Browne (Belfast), Mr. Edward Cumming, M.A. (Dublin), Rev. Mathew Leitch, D.Lit. (Belfast), Judge Shaw, LL.D. (Dublin), Professor T. Sinclair (Belfast), and Sir William Thompson, C.B. (Dublin). Dr. Jeremiah Cotter, of Cork, has also come forward as a candidate, and consequently the election will be contested.

Torbay Hospital Affairs.

THE honorary medical staff of the Torbay Hospital recently kicked against the rule under which they were required to present themselves for election each year. After some acrimonious discussion, the governors have finally decided to abrogate the rule in question, and the outgoing medical officers have been reinstated. As a mark of disapproval, the minority of the board of Governors have resigned in consequence of this decision.

Plague in India.

ALTHOUGH the advent of hot weather is producing the customary diminution in the incidence of the plague, there are still about 14,000 deaths weekly in the Punjab. Delhi and Simla are free from the disease, and great efforts are being made to keep them so.

Mount Vernon Consumption Hospital.

THE recently published report of the Mount Vernon Hospital for Consumption is a valuable record of good work successfully accomplished in the interests of the phthisical. It is explained that the former name of North London Consumption Hospital has been given up in order to prevent confusion with the North London or University College Hospital. During the past year 578 cases have received treatment as in-patients and 4,699 new patients have been dealt with as out-patients. From the King's Hospital Fund £1,000 has been received. The chief event of the year has been the generous offer of a friend, who insists on remaining anonymous, to provide and partially endow a country branch and convalescent home. This noble gift of over £100,000 will do much for the amelioration of London's phthisical poor. Princess Christian lays the foundation-stone of the new sanatorium at Northwood on May 13th. The medical report contains much of value and interest, and should be carefully read by all interested in the study and arrest of phthisis.

Suicide of a Medical Man.

DR. ARTHUR KILLICK, of Seven Kings, near Ilford, was found with a wound in the region of the heart in a field near his home one day of last week, and in his pocket was a penknife covered with blood. A verdict of suicide during temporary insanity was returned at the inquest.

Death of a Crimean Veteran.

THE death is announced of Inspector-General Alex. Watson, M.D., who served in the Black Sea during the Russian War, and was present at the bombardments of Sebastopol and the capture of Kertch, and who was

mentioned in despatches for services at the capture of the Pei-ho forts in May, 1858. He was present at the attempted assassination of the Duke of Edinburgh, at Sydney, in 1868, when he abstracted the bullet and remained in attendance on his Royal Highness until his recovery.

Pass Lists.**University of Durham.**

AT the first examination for the degree of Bachelor in Medicine during April the following candidates satisfied the examiners:—

Elementary Anatomy and Biology, Chemistry, and Physics.—Wilfrid Fairclough, with first class honours; Oswin Shields, M.R.C.S., L.R.C.P., with second class honours.

Pass list.—Orrock Arnott, Frederick Laverick, Robert J. Weidner.

Elementary Anatomy and Biology.—Vincent E. Badoock, George E. P. Davis, William Denham, Henry Denham, George Denholm, Neville A. Eddlestone, Archibald Finlay, Arthur C. H. McCullagh, Geoffrey Pybus, William Rollin, Richard W. Swayne, Lionel L. Westrope, James B. Williamson, Thomas L. Wormald, Frank Whitby.

Chemistry and Physics.—Helen Y. Campbell, Hamilton Drummond, Camilla L. Heckrath, Florence B. Lambert, Arthur A. Miller, M.R.C.S., L.R.C.P., Jessie M. Murray, Samuel L. McBean, George H. Spencer, M.R.C.S., L.R.C.P.

Elementary Anatomy.—Lillie Johnson, B.Sc., John C. Pearce, A.Sc.

In the Second Examination for the degree of Bachelor in Medicine, the following candidates passed:—

Anatomy, Physiology, and Materia Medica.—Honours (Second Class).—Olga Schiele, Ernest Young, Reginald I. Douglas.

Pass list.—Reginald Bigg, M.R.C.S., L.R.C.P.; George N. Bigg, Dudley T. Birt, William H. H. Croudaes, John Galloway, Joseph H. Lewars, Herbert L. Noel-Cox, Robert B. Reed, Andrew B. Raffle, Robert J. Willan.

The following candidates passed the Third Examination for the degree of Bachelor in Medicine:—

Second Class (Honours).—Reginald Bigg, M.R.C.S., L.R.C.P.

Pass List.—Frederick D. Atkins, Frederick G. Armstrong, John A. Bell, Harold L. Currie, Margaret D. French, William Gibbons, Alfred H. Heslop, Walter Howard, Thomas C. Hunter, William Hughes, William H. Peacock, William J. Phillips, Donald M. Ross, Mary Raw, Constance C. Robertson, David R. Roberts, Fred C. Stoker, Andrew Smith, Thomas Y. Simpson, John M. Shaw, Otho B. Travers, William F. Wilson.

University of Aberdeen.

AT the graduation ceremonial on April 10th the following degrees were conferred:—

Degree of Doctor of Medicine (M.D.).—Archibald Campbell Barron, M.B., C.M., Robert Sinclair Black, M.A., M.B., C.M. (commendation), Henry Fraser, M.B., Ch.B. (commendation), Frederick Theobald Keyt, M.B., C.M. (honours), Alexander Gordon Milne, M.B., C.M., John William Myers, M.B., C.M., James Farquhar Philip, M.B., C.M.

Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.).—Lewis Davie Cruickshank (with First Class Honours), Robert Donald Keith, M.A., and Alexander Christie Reid, M.A. (with Second Class Honours), Louis Coetzee, James Bremner Elder, Harry Willmott Elwell, George Bruce Killoh, Jeannie Charlotte Macleod, Archibald Mahomed, James Burnett Rae, Alexander Robertson, Robert Boyd Robson, John Stuart Rose, Thomas Stewart Slessor, M.A., James Souter, M.A., Alexander Watt.

Diploma in Public Health.—William Fraser Bisset, M.B., Ch.B. Aberd., Frederick Theobald Keyt, M.B., C.M. Aberd., Ernest Hunt Nash, M.B., Ch.B. Aberd.

The Lord Rector's Prize in the Faculty of Medicine was awarded to Harry O. Nicholson, M.D.

Notices to Correspondents, Short Letters, &c.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate, providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning corrected proofs.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

ABORTIVE DISINFECTION.

AN amusing story is related by a Sheffield contemporary concerning the disinfection of a room in which a case of diphtheria had occurred. The medical man in attendance duly fumigated the room, which was sealed up for twenty-four hours, as is customary. In the course of a few hours a favourite cat was missed, and after a vain search in the neighbourhood the horrid suspicion grew that the unhappy animal must have been sealed up with the fumes. The door was opened, and out leaped the cat, in a state of much bronchial distress, from which, however, it soon recovered. The fumigator, however, pointed in tones of triumph to the fact that although the cat was not killed it was the only living thing in the room that escaped, even its parasites having been destroyed.

MISS L.—The fees levied by the Metropolitan Asylums Board on students who enter for the "course of fevers" are, in part, allocated to the medical superintendent, and the balance goes to cover the expenses in connection with the instruction. One great object in English medical education seems to be to extract a maximum of fees from students, and no opportunity is lost of putting this principle into practice. The principle is "quite English," for in other countries the State offers facilities for study without applying the thumb screw.

M. E.—"Sic" in journalism signifies, when placed after a word, that it is just so in the original. The term has no pathological meaning.

MOTOR CYCLES.

A COUNTRY PRACTITIONER would be glad to know if any reader, having experience of a motor cycle, can recommend the machine or doing medical rounds in the country, and if so which.

INQUIRER (Bristol).—The matter is still under consideration, and our correspondent will hear from us in the course of next week.

OMEGA.—No doubt some good would result from personally enlisting the sympathy of the individual members of the Council.

BIRMINGHAM CONSULTANTS AND THE WORKING CLASSES.

To the Editor of THE MEDICAL PRESS and CIRCULAR.

SIR.—While thanking you for your paragraph under this heading, will you be so good as to let me point out that the list of consultants and specialists has so far only been placed at the disposal of the Secretary of the Ebenezer Provident Sick Society?

I am, Sir, yours truly,

ROBERT SAUNDY.

140a, Great Charles Street, Birmingham,
April 25th, 1902.

Meetings of the Societies, &c.

LONDON.

THURSDAY, MAY 1ST.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11, Chandos Street, Cavendish Square, W.).—8.30 p.m. Clinical evening. Cases and specimens by G. Hartridge, H. Grimsdale, W. Adams Frost, E. T. Collins, L. V. Cargill, George M. Thompson, Wm. Lang, and G. M. Thompson and A. Bronner.

ROENTGEN SOCIETY (20, Hanover Square, W.).—8.30 p.m. Mr. Ernest Payne will open a discussion on The Relation between "X" Rays and Allied Phenomena in Light and Electricity.

FRIDAY, MAY 2ND.

BRITISH ELECTRO-THERAPEUTIC SOCIETY (11, Chandos Street, Cavendish Square, W.).—8.30 p.m. Adjourned discussion on Dr. Squeira's paper on The Finest Treatment of Lupus, Rodent Ulcer, &c.

LARYNGOLOGICAL SOCIETY OF LONDON (20, Hanover Square).—5 p.m. Cases, specimens, and instruments will be shown by Dr. Bronner, Dr. Walker Downie, Dr. Jobson Horne, and Dr. Donelan.

SOCIETY OF ANAESTHETISTS (20, Hanover Square, W.).—8.30 p.m. Dr. Blumfield: On Some Points concerning Complete Relaxation of the Abdominal Walls under Anaesthetics. Dr. Flux: On the Use of the Open Stopcock.

WEST KENT MEDICO-CHIRURGICAL SOCIETY (Miller Hospital, Greenwich).—8 p.m. President's Address on Migraine. Smoking concert to follow.

POST-GRADUATE COURSES AND LECTURES.—Medical Graduates' College and Polytechnic (22, Chelsea Street, W.C.). Demonstrations will be given at 4 p.m. as follows:—Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, ear.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At 8.30 p.m. 1. Mr. S. Paget: "Notes on a case of Empyema, where washing out

the Cavity was followed by Epileptiform Convulsions and death." 2. Dr. Seymour Taylor: "Gall Stones and their medical treatment." 3. Mr. L. Bidwell: "Gall Stones and their surgical treatment." 4. Mr. J. R. Luon: "Notes of a case of Strangulated Femoral Hernia, Herniotomy, death from collapse following perforation of an ulcer just above seat of strangulation."

DUBLIN.

WEDNESDAY, APRIL 30TH.

IRISH MEDICAL ASSOCIATION.—Council Meeting, College of Surgeons, 4 p.m.

THURSDAY, MAY 1ST.

ROYAL UNIVERSITY.—M.B., M.Ch., M.A.O. Examinations.

FRIDAY, MAY 2ND.

ROYAL ACADEMY OF MEDICINE IN IRELAND.—Section of Pathology, College of Surgeons, 8.30 p.m.

MONDAY, MAY 5TH.

ROYAL COLLEGE OF PHYSICIANS.—L.R.C.P. (registered practitioners) Examination.

ROYAL COLLEGE OF SURGEONS.—L.R.C.S. (registered practitioners) Examination.

TUESDAY, MAY 6TH.

CONJOINT ROYAL COLLEGE.—Examination for Diploma in State Medicine.

ROYAL COLLEGE OF SURGEONS.—Annual Election of Examiners.

Appointments.

EMERY-ROBERTS, E., M.B., Ch.B. Vict., Assistant Medical Officer to Mill Road Infirmary, Liverpool.

GIMBLETT, W. H., M.D. Durh., Medical Officer of Health of the Buckhurst Hill Urban District, Essex.

HARPER, ALEXANDER, M.D. Durh. M.B.C.S., Medical Officer to the Princess Alice Memorial Hospital, Eastbourne.

HORDEN, J. B., L.D.S. E.C.S., Honorary Dental Surgeon to the Leeds General Infirmary.

LAIRD, A. J., M.D. Glasg., Medical Officer of Health of the Borough of Crews.

RANSDEN, HERBERT, M.B. Lond., Certifying Surgeon under the Factory Acts for the Saddleworth District of the West Riding of Yorkshire.

RIDER, ALONZO G., M.D. Lond., Surgeon to the Royal Albert Hospital, Devonport.

ROBSON, R. B., M.B. Durh., Medical Officer to the Urban District Council of Alnwick.

ROBINSON, FREDERICK, L.R.C.P. & S. Irel., Police Surgeon for the County Borough of Blackburn.

SINCLAIR, W. J. H., M.B., C.M. Aberd., Medical Officer at the general prison, Barlinnie, by Glasgow, vice Dr. J. Maxtone Thom.

THOM, J. MAXTONE, M.B., M.S. Edin., Medical Superintendent of Glasgow Royal Infirmary.

WILLEY, FLORENCE E., M.B., B.S., B.Sc. Lond., Pathologist to the Royal Free Hospital, Gray's Inn Road, King's Cross.

Vacancies.

Abbeyleix Union.—Medical Officer. Salary £100 per annum, and usual vaccination fees. Also a Medical Officer of Health. Salary £20 per annum. Applications, with testimonials, to James Finnegan, Clerk of Union (Sec. Advt.).

Central London Sick Asylum District.—Assistant Medical Officer. Salary £180 per annum, with board and residence at Hendon Asylum. Applications to Fred. W. Bailey, Clerk, Clerk's Office, Cleveland Street Asylum, Cleveland Street.

Crooksbury Sanatorium for Open-air Treatment.—Assistant Medical Officer. Salary £100 per annum. Applications to Dr. Walters, The Sanatorium, Crooksbury Kidges, Farnham, Surrey.

Durham County Asylum.—Junior Assistant Medical Officer. Salary commences at £150. Apartments, board, laundry, and attendance. Applications to the Medical Superintendent, Durham County Asylum, Winterton, Ferryhill.

Fisherton Asylum.—Assistant Medical Officer. Salary £150 per annum to commence, with board, lodging, and washing. Applications to Dr. Finch, Salisbury.

Kings Norton and Northfield Urban District Council.—Medical Officer of Health. Salary £500 per annum. Applications, "Medical Officer of Health," to Edwin Docker, Clerk of the Council, 10, Newhall Street, Birmingham.

Poplar and Stepney Sick Asylum District.—Second Assistant Medical Officer. Salary £100 per year with rations, furnished apartments and washing. Applications to Robert Foskett, Clerk to the Managers, Bromley, Middlesex, E.

Suffolk General Hospital.—House Surgeon. Salary £100 a year, with board, lodging, and washing. Applications to Henry Bonner, Secretary, Bury St. Edmunds.

Wanted for the Royal Cornwall Infirmary a House Surgeon. Salary £100, with board (excluding stimulants) and apartments. Applications to the Secretary, 4, Parkvillas Terrace, Truro.

Birth.

JACKSON.—On the 24th inst., at Carntyne, Hexham, Northumberland, the wife of John A. Jackson, M.D., of a son,

Marriage.

BOTHWELL-STUMKE.—At Bulawayo, on March 26th, George Granville Bothwell, M.B., C.M. Aberd., eldest son of the late G. G. Bothwell, M.B.C.S., L.R.C.P., of Topsham, Devonshire, to Stella, eldest daughter of Charles Augustus Stumke, Uitenhage, Cape Colony.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXIV.

WEDNESDAY, MAY 7, 1902.

No. 19.

Original Communications.

A CONTRIBUTION TO THE STUDY OF MALIGNANT ENDOCARDITIS. (a)

By F. J. POYNTON, M.D. LOND., M.R.C.P.,
and ALEXANDER PAINE, M.D. LOND.

THE authors, while investigating the pathogenesis of rheumatic fever, had been led to the study of certain cases of malignant endocarditis which were associated with a history of acute rheumatism and in which, during the course of the disease, there were not infrequently active manifestations of rheumatic fever. In such cases there might be repeated rigors, yet after death no abscesses be found, no suppuration in the blood clot of aneurysms, and infarcts might be healing. They had collected thirty such cases from post-mortem records, all with a previous history of rheumatic fever, and in no case was there abscess formation. The relationship between these two diseases was evidently a very close one, and they thought malignant endocarditis was a preferable name to infective endocarditis, since it was now established that rheumatic valvulitis was also infective in origin. The researches of many distinguished investigators had clearly demonstrated the microbic origin of malignant endocarditis, and, further, that though various micro-organisms could cause this form of endocarditis, that a streptococcus was the organism which had been found most frequently. It was no original thought that some of these cases were rheumatic; clinicians, pathologists and bacteriologists had already suggested this probability, but as an actual cause of rheumatic fever had been hitherto unknown, the proof was necessarily incomplete.

Now that so much evidence had been adduced in favour of a diplococcus infection in rheumatic fever, it seemed a proper occasion to raise this question again, and to resume investigations upon it.

The result of the present research had been that the authors concluded, that *there was a group of cases of malignant endocarditis rheumatic in origin.*

The chief reasons upon which they relied for support of their assertion were summarised thus:—

First: The probability that some of these cases are rheumatic was in accord with clinical experience. The clinical cases recorded in the paper bore out this statement.

Secondly: The probability that some of these cases are rheumatic was in accord with pathological experience. The minute investigation of the morbid anatomy of the clinical cases they recorded supported this.

Thirdly: The probability that some of these cases

are rheumatic was in their opinion in accord with bacteriological experience, for

1. A diplococcus is a cause of rheumatic fever. The evidence in favour of this they had already dealt with in a series of papers published during the last two years.

2. A diplococcus can be isolated from these cases of malignant endocarditis, which will reproduce the disease in rabbits, and can be studied in pure culture.

3. The cultural and morphological characteristics of these two diplococci resemble one another so closely as to lead to the conclusion that they are identical organisms.

4. The diplococcus rheumaticus when passed through a series of rabbits will produce malignant endocarditis, indistinguishable from that produced by the diplococcus isolated from certain cases of malignant endocarditis in man.

5. The diplococcus rheumaticus may produce in a rabbit, first a recoverable illness with the manifestations of rheumatic fever, and then, on a second inoculation, malignant endocarditis.

6. A diplococcus isolated from certain cases of malignant endocarditis in man, will also produce not only malignant endocarditis in rabbits, but a condition indistinguishable from the disease we believe to be rheumatic fever.

7. By these diplococci every grade of valvulitis from simple to malignant and *vice versa* can be produced, as the microscopic specimens bore witness.

The investigation upon which these statements rested was next described in three parts: the first dealt with the clinical, experimental and pathological observations; the second dealt with the histology, and the third with the bacteriological details.

The clinical cases, six in number, exemplified the characteristic type of the disease under consideration and also the gradations between this type and rheumatic fever.

THE CLINICAL CASES.

CASE I.—A child, *æt.* 11, was admitted to St. Mary's Hospital, under the care of Dr. W. B. Cheadle, upon October 22nd, 1897, and died November 12th. When three and a-half years of age he had suffered from rheumatic fever, and when five and a-half from scarlet fever. His mother had suffered from rheumatic fever. Five weeks before admission there had been swelling of the knees and ankles, and for five months there had been complaints of obscure pains in the chest and abdomen. There was no history of an injury, no suppurating focus, and no obvious cause which could be looked upon as an explanation of some secondary infection. Upon admission the boy was very anæmic, the temperature was 100.8°, pulse 100, respiration 28. The heart was much enlarged, there was a loud systolic mitral murmur, and an aortic systolic murmur. The liver and spleen were enlarged, the urine was natural. Soon after admission crepitations were heard at the base of the left lung posteriorly, and there was pain in the left side.

(a) Abstract of a paper read before the Royal Medico-Chirurgical Society of London, April 8th, 1902.

Upon October 28th blood and albumin were found in the urine, and until death, upon November 12th, there was irregular pyrexia. Hæmaturia became persistent, and casts were found in the urine. There was pain over the spleen, and progressive enlargement of that organ. Purpura, vomiting, progressive anæmia, emaciation and sweating were prominent symptoms, and finally the pulse became irregular and intermittent, and death resulted from cardiac failure.

The necropsy showed recent pericarditis, with two ounces of fluid in the pericardium, which contained a few flakes. There was extensive ulceration of both flaps of the mitral valve, and exuberant granulations spread over the surface of the auricle. The valves upon the right side of the heart were not affected; the heart itself was hypertrophied and dilated. There were numerous white infarcts in the spleen, with perisplenitis; it was soft and weighed five ounces. There were numerous white infarcts in the kidneys, but none in the lungs. Numerous subserous hæmorrhages were visible along the intestines. There were no abscesses, but many white infarcts, as already stated. Numerous micrococci were found in the granulations.

CASE II.—The next case was that of a woman, æt. 50, who was admitted to St. Mary's Hospital, under Dr. W. B. Cheadle, in June, 1898, for dyspnoea of some months' duration. The only cause that was given for this dyspnoea was an attack of rheumatic fever eight years previously. Upon admission she was cyanosed and short of breath, and complained of pain in the left side. There was orthopnoea. The temperature was 102.8°, pulse 103, respiration 40. The heart was much enlarged, and there was a mitral systolic murmur. The hands were deformed by previous attacks of rheumatism. The nature of the case remained quite in doubt, though towards the end irregular pyrexia, infarctions in the lungs and spleen, and purpura suggested the diagnosis of malignant endocarditis.

The necropsy showed recent pericarditis, adhesive in type, and also old adhesions, the result of a previous attack.

The mitral, tricuspid, and aortic valves showed extensive vegetative endocarditis, and there were vegetations over the surface of the left auricle. There were white infarcts in the lungs and spleen, but none in the kidneys. There was no suppuration. Numerous micrococci were visible in the granulations.

The necropsy disclosed malignant endocarditis of the characteristic type, yet clinically this case was most obscure, and resembled at first a severe rheumatic morbus cordis. It was not until the end of the illness that the malignant character of the disease became apparent.

CASE III.—A patient, æt. 16, was admitted into St. Mary's Hospital in January, 1900, under Dr. Lees, suffering from morbus cordis. When six years of age he had an attack of rheumatic fever, and since that time had suffered from three more definite attacks. His mother had suffered from rheumatic fever. The final illness had commenced insidiously, with pain round the heart, and three weeks before admission there had been pains in the ankles and knees. No cause was assigned for this illness, and on special inquiry of the mother she volunteered that she had thought this was another attack of rheumatism, because it commenced just as the previous attacks had done.

On admission the patient was very anæmic and wasted, and there was irregular pyrexia, with well-marked mitral and probably aortic disease.

The course of the illness was progressive and malignant in type. Irregular fever, enlargement of the spleen and hæmaturia, with progressive anæmia and emaciation, were the prominent symptoms, and throughout the time that the patient was in the hospital no doubt was entertained as to the nature of the illness.

The necropsy showed a few ounces of clear fluid in the pericardium; the mitral valve was fringed with numerous minute vegetations, varying in size from a pin's head to a pea. There were recent vegetations upon the aortic valve, but the right side of the heart was unaffected. In the spleen there were three white infarcts, and in the left kidney one. There was no suppuration.

This case was, in one respect, the converse of the preceding. The clinical diagnosis was quite definite, but the post-mortem showed a condition which, without the clinical history for a guide, could have been explained as active rheumatic morbus cordis, and not as malignant endocarditis.

The authors investigated the bacteriology of this case, and at first included it (the resemblance was so striking) among their first series of cases of rheumatic fever published in the *Lancet* in September, 1900, but they finally concluded that it was better to rigidly exclude a border-line case of this kind, and had not made allusion to it until the present paper.

CASE IV.—This fourth case, although a case of rheumatic fever, resembled malignant endocarditis in this respect, that during life upon two occasions diplococci growing in chains were isolated from the blood. The patient was under the care of Dr. D. B. Lees, and the case was published in full in the *Lancet*, October 28th, 1899, and was the first in which they isolated the diplococcus of rheumatic fever from the blood. They naturally thought at that time that the case was one of malignant septic endocarditis, because they isolated streptococci from the blood during life, though previous investigations had made them somewhat doubtful of the validity of this conclusion. The clinical history, the course and character of the disease, and the result of the necropsy proved conclusively that it was a case of severe rheumatic fever. Though a most severe case of rheumatic fever with numerous and severe local lesions there was no suppuration, and yet during life there was a streptococcus, or, to be more exact, a diplococcus which grew in chains, circulating in the blood-stream.

CASE V.—A boy, æt. 10, was admitted to St. Mary's Hospital in April, 1900, for heart disease, under the care of Dr. W. B. Cheadle. Six weeks before admission he had suffered from pain over the heart, sweating, and attacks of diarrhoea. A year previous to this he had been in the hospital for an attack of rheumatic fever, and one brother had also suffered from rheumatic fever. On admission aortic and mitral valvulitis were discovered, and a very noticeable feature was extensive muscular wasting.

Upon April 30th he developed pericarditis.

In May there was arthritis, the ankles and knees being affected. There was also diarrhoea and vomiting. In June crepitations were detected in the lungs. In July infarction, sweating and wasting were prominent, and death occurred in July, after eighty-eight days of irregular pyrexia.

This appeared during life to be a classical case of rheumatic malignant endocarditis.

There was unfortunately no opportunity of obtaining a complete necropsy, but the heart was removed, and the pericardium was found generally adherent. The heart itself was very little enlarged, but upon the mitral and aortic valves and on the wall of the left auricle there were extensive and exuberant granulations. The right side was not affected. Films showed minute diplococci in chains. Aerobic cultures in the milk medium were obtained and transferred to blood-agar. A series of important experimental results followed.

CASE VI.—A boy, æt. 13, was admitted into St. Mary's Hospital November, 1900, for morbus cordis, under the care of Dr. D. B. Lees. Six years before he had suffered from enteric fever, and three years before from pneumonia and rheumatic fever. He had been ailing for two months previous to admission, and had suffered from pains in the chest and abdomen. The boy was pale and sallow, but well nourished; there was disease of the mitral and aortic valves, and an enlarged spleen. He remained in the hospital until his death in January, and during that time there was usually irregular pyrexia, though sometimes for days the temperature remained normal. Death was sudden.

The necropsy showed general pericardial adhesion, and fungating masses of vegetation upon the mitral and aortic valves. There were petechiæ under the capsule of the liver. The spleen weighed fifteen ounces, was tough in consistence, and contained one recent infarct.

There were numerous small hæmorrhages in the cortices of both kidneys. There was no suppuration. Two hours after death the mitral valve was exposed, and four tubes of the acid milk medium inoculated with fragments of the granulations. In two out of four there was a pure growth of very small diplococci growing in chains.

THE EXPERIMENTAL INVESTIGATION.

The experimental investigation illustrated the reproduction of the disease in rabbits and the transition to rheumatic fever. The converse, namely, the production of malignant endocarditis with the diplococcus rheumaticus, was also illustrated by the results of an inoculation with a virulent culture of that organism.

By experiment it was also demonstrated that after recovery from a first inoculation with the diplococcus rheumaticus a second inoculation might produce malignant endocarditis. Finally, investigations with the "*streptococcus pyogenes*" were described, which illustrated how widely the condition of septicæmia that can be produced by this organism differed from the usual experimental results with the diplococcus rheumaticus, isolated from cases of rheumatic fever.

They pointed out that the production of malignant valvulitis in animals without previous injury to the cardiac valves confirmed the previous investigations of Dreschfeld, Ribbert, Bonomé, Roux and Manna-berg. The occurrence of infarction and hæmorrhages was also in accord with the observations of previous investigators. The diplococcus with which the experimental results upon malignant endocarditis had been obtained, had been isolated from Cases V. and VI.

A microscopic series of preparations illustrating the transition from malignant endocarditis to rheumatic fever and the converse, was shown to the Society, and the photographs of three of the preparations, illustrating cardinal facts in the investigations, are reproduced below,

No. I. shows the reproduction of malignant endocarditis by inoculation from Case No. V.

No. II. shows pericarditis (fibrino-plastic) produced by an inoculation from Case No. VI.

No. III. shows mitral endocarditis of the malignant type produced by the diplococcus of rheumatic fever isolated from the blood of a patient during life. The organism had been passed through a series of rabbits.



FIG. I.—Malignant endocarditis (mitral valve) produced by intravenous inoculation into a rabbit of a diplococcus isolated from the mitral valve of Case V. recorded in the paper.

HISTOLOGY.

As a result of their investigations on the morbid anatomy they believed that the great distinction between a characteristic malignant endocarditis of the type under consideration and rheumatic fever lay in the relation of the diplococci to the vegeta-

tions in the valves. In the former they were present in great numbers; in the latter they were destroyed or present in scanty numbers in that part of the lesion which was not necrotic. This point was illustrated by microscopic sections. Damaged valves predisposed, they thought, to the malignant type, not because the organisms had an affinity for damaged tissues, but because these damaged tissues when attacked were less resistant than healthy ones. Just as there were all clinical gradations between the two diseases, so also there was every gradation in the character of the vegetations. In some cases of rheumatic fever there were numerous diplococci on the valves, in some cases of malignant endocarditis most of the diplococci were destroyed in the vegetation.



FIG. II.—Rheumatic pericarditis produced by the diplococcus from a Case (No. VI.) of malignant endocarditis. The parietal pericardium is reflected (A). Over the front of the heart is a layer of plastic exudation.



FIG. III.—Malignant endocarditis (mitral valve) produced by intravenous inoculation of the diplococcus of rheumatic fever into a rabbit.

BACTERIOLOGY.

The chief bacteriological differences between the two diplococci were, so far as they had ascertained, that the diplococcus from the malignant cases was more minute and grew in larger chains in fluid media, and in larger masses on solid media. Such differences they believed could be explained by the greater vigour and more rapid growth of the organisms.

In other respects they were similar in their behaviour.

Both diplococci were acid-producing, and Dr. Sidney Martin, when investigating ulcerative endocarditis, had attributed the production of acid by such micro-organisms to a non-proteid substance formed by their growth.

There appeared to be a strong leaning to the view

that, in rheumatic affections there must be some acid-producing process, and the value of alkalis in the treatment of these affections was widely accepted. Might not the explanation of their value possibly lie in the acid-producing property of these bacteria? Might not also a gouty attack in a gouty person be in some cases a result of infection with such acid-producing micro-organisms, and thus a link in the mysterious association of gout and rheumatism be made evident?

CONCLUDING OBSERVATIONS.

The concluding part of the paper was concerned with observations upon rheumatic, rheumatoid and septic infections.

The first question that arose was this one: Is rheumatic fever a specific disease or the outcome of many and varied infections? If it be a specific disease the problem arose as to how much this specific nature was dependent on the poisons formed by the micro-organism, and how much on the peculiar tissue reactions, and in this problem lay the explanation of the origin of the malignant type of the disease.

Many held, with Singer, that neither was rheumatic fever a specific disease, nor the infection the result of any one micro-organism, but that rheumatic fever might result from infection with any of the attenuated pyogenic cocci. The authors claimed that the onus of proof lay with those who upheld this view. They themselves had only found one cause—a diplococcus—and were of opinion that no other organism had as yet been demonstrated in all the local lesions, both in man and animals. Other micro-organisms might have been isolated, but had the disease been reproduced by these other organisms?

But if, eventually, other micro-organisms were found to be causes of the disease, it did not alter the fact that the diplococcus was one cause, and it was important to ascertain the relation of the diplococcus to others in the great group of pathogenic micrococci. The fact that it grew in chains in liquid media brought it into the streptococcal group (the same applied to the diplococcus of pneumonia), and the natural suggestion would be that it was the attenuated streptococcus pyogenes.

The authors were, however, doubtful whether attenuation could be used in this sense—rheumatic fever possessed many peculiar characters—and, again, they had not been able to produce pyæmia with the diplococcus of rheumatic fever, or rheumatic fever with the streptococcus pyogenes. It was admitted by all, however, that the complete separation of the various members of the streptococcal group was as yet not possible; further research was needed. The differentiation of these micro-organisms was closely bound up with the great clinical problem as to whether rheumatic and septic processes were essentially different, or merged into one another. Dr. Poynton and Dr. Paine, for the purposes of investigation, arranged these two processes in the following manner:

Mild rheumatic fever.	Mild pyæmia.
Virulent rheumatic fever.	Virulent pyæmia.
Malignant rheumatic endocarditis.	Malignant septic endocarditis, with abscess formation (?)
Some cases of cerebral rheumatism (?)	Acute septiciæmia.

This was only provisional, and in order to have some definite working basis.

They thought that the persistent local processes which characterised malignant rheumatic endocarditis, were sometimes also met with in the pericardium and the joints in rheumatic fever, though it was clear that it could only be with lesions of car-

diac valves or the large blood vessels that the micro-organisms could be brought into such close contact with the general circulation.

They had recently isolated, demonstrated in the synovial membrane, and cultivated, a diplococcus, morphologically identical, from a case of rheumatoid arthritis, and produced arthritis and osteo-arthritis in rabbits as a result of intravenous inoculation. It was, then, highly probable that some cases of rheumatoid arthritis were in reality examples of malignant rheumatic arthritis.

In conclusion, they expressed their hearty thanks to Dr. W. B. Cheadle and to Dr. D. B. Lees for the use of their cases, and to Mr. H. G. Plimmer for assistance and advice.

PERFORATED GASTRIC ULCER (a).

By R. F. TOBIN, F.R.C.S.,

Surgeon to St. Vincent's Hospital.

PERFORATED gastric ulcer is such a growing subject and one of so much interest to both physician and surgeon that I shall make no apology for venturing to introduce it for discussion, by laying before you some particulars of and remarks upon the four cases referred to in the agenda-paper. The rate at which the subject is growing I would indicate by quoting the concluding remarks of a remarkable paper read by Dr. Parsons before this Section in 1892. In it, he says, "if I have persuaded any of my audience to add acute peritonitis to the generally admitted four great surgical emergencies requiring immediate operative interference, my object in writing this paper is gained." These remarks were very fitting then. Surely there is no one here to-day to whom he could address them—his object has been completely gained.

The four cases I am about to refer to were all in St. Vincent's together at the beginning of this academic year, and I opened the Session with a clinical lecture on them. Three of them had been operated on by me, the fourth by my colleague Dr. Alfred Smith, at whose request I have incorporated it with mine, first because it has much in common, secondly because he refuses to have anything to do with it. "I never," says he, "travel beyond my own area except on compulsion."

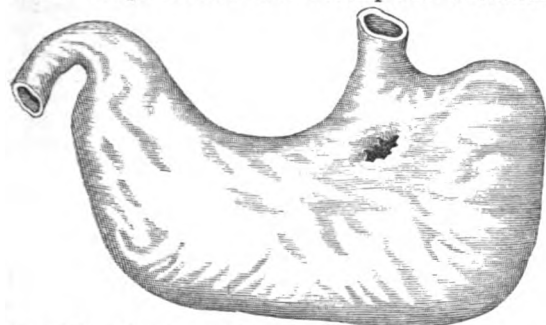
The following are points of resemblance in these cases. All were women between the ages of twenty and thirty, and of that weak texture that marks anæmic girls. All had previously complained of gastric trouble; three of the four were domestic servants. In all the situation of the ulcer was the same, in all there was a similarity of symptoms, in all the method of operation was, excepting one or two details, identical, in all there was not only recovery but a more rapid return to good condition than would probably have been the case had they been admitted to hospital just before the perforation had occurred and had that catastrophe been averted by rest and medical treatment. The symptoms in the four cases at the time of operation also showed much uniformity. There was pain in the left epigastric region and pain above the left clavicle, scanty vomiting and retching, rigid abdomen, absence of abdominal respiration, absence or diminution of liver dullness, and shock.

Let me refer in detail to some of these points.

1. The position of the ulcer: They were all situated as in the specimens I show you from the Museum, R.C.S.I., at a point an inch or two in front of the oesophageal opening. This, as far as I can judge from my own observations, records of cases, verbal communications and specimens in museums,

(a) A paper read before the Medical Section of the Royal Academy of Medicine in Ireland.

seems to be far and away the most common site for the operating surgeon to find a perforation. Granted that this is so, the interesting question arises, Why is it? My explanation, not of the ulceration but of the perforation that accompanies ulceration



in this locality, is as follows:—The perforation, as I have just said, occurs in the area of the stomach that extends forward from the esophagus underneath the liver, an area that would be pressed upon by the liver were that organ unduly depressed or the stomach unduly drawn up. Now, owing to the laxity of tissue in the usual sufferers from this disease, and to the fact that they are on their legs all day long, the liver is not well braced up. Moreover, the stomach, owing to its fixity to the diaphragm is being continually drawn through a long range of movement as the anæmic sufferer goes about her work. Now, thinking of these conditions and how they are likely to act on the tissues of the area under consideration when they have become congested, infiltrated, and lost their elasticity—considering these things, I wonder not how congestion goes on to ulceration and ulceration to sloughing, but how it is that without rest these patients ever recover. And at the same time I understand, a fact with which we are all acquainted, the healing power of rest in the treatment of such cases.

The next point I would refer to is the early, the very early disappearance of liver dullness in the mesial line. This earliness is, I think, diagnostic of anterior perforation; I never opened or was present at the opening of an abdomen in a case where there was an anterior perforation without noticing an escape of gas. Gas in that locality must lead to diminution of resonance, and it is but right to suppose that most of such gas escaped at the moment of perforation.

The third point I wish to emphasise has reference to shock; how greatly shock is increased by movement.

One of the cases of which I am speaking was sent to me by Dr. Kennedy. He saw the case almost immediately after the occurrence of the perforation. Shock was not then very pronounced, but it became profound, as no doubt he will tell you, during the short transit to hospital. I met the case in the hall of the hospital on arrival and had her taken straight to the operating theatre, and when on exposing the perforation we saw how at every turn and cough and attempt to vomit the stomach contents welled up or welled out, the inadvisability of moving such cases was strongly borne in upon us. Dr. Kennedy did what has been the rule in such cases. The surroundings of the patient banished the idea of operating where he found her, but he tells me that, having seen the case from start to finish, notwithstanding that she recovered, he would not again move such a case till the opening had been closed. In contrast with this case as regards shock was one I saw in consultation with Dr. Price at Graystones. On getting out of the train at that station one evening in August

last I found Dr. Price waiting for me on the platform. He told me that the maid-servant of a gentleman in Greystones had sustained a perforation of the stomach that forenoon, and he wished me to see her. We went to her in company with Dr. Keegan, who happened to be on the platform. The perforation was readily found and closed, although I had with me only the simplest appliances, and the patient made a good recovery. In this case the perforation was larger than in the case already referred to, and the contents of the stomach about the same, but owing to her having been kept perfectly quiet the collapse was not profound.

From the considerations laid before you I would deduce the following rules for guidance:—

In cases of perforation of the stomach the patient should be moved as little as possible till after the suturing of the perforation. A perforation in the stomach—I would say in any intestine were it within the limits of my subject—should be treated like a perforation in a blood vessel, *i.e.*, cut down upon and closed *at once*. The surgeon should go to the patient, not the patient to the surgeon. The conveniences of an operating room are not worth the certain loss incurred by transit, for with care and thought asepsis can be secured anywhere. To take a concrete case. If I were called to a kitchen to a servant who had got perforation, I would have her carefully lifted on to the kitchen table, and I would there and then seek the perforation, and if possible, close it. The operation is, as a rule, an easy one. The necessary appliances very few. A knife, a forceps, a needle and thread, water, towels, handkerchiefs, and rags made aseptic by boiling. A two-inch incision, under cocaine if preferred, will in most cases, make matters clear. If it does not, what harm has been done?

I know of only two arguments that are urged against this immediate procedure. First, that the perforation may be so situated as to make its closure a matter of great difficulty. To this I say that such cases are the exception, and it is for the general case one makes the rule. Moreover, I can scarcely imagine a case for which something could not be done. No one has done much work with the stomach without learning that the crudest closing of an opening as long as the peritoneal surfaces are brought together gives good results. As far as my knowledge goes I would sooner close a perforation with a small clamp or catch forceps and leave it *in situ*, to be removed later on, than send a patient on a journey to hospital with gastric contents escaping at every jolt. Secondly, that it is often well to let the patient recover from shock, and with that end in view she is ill-placed on, say, a kitchen table.

My answer to this objection is that you should not wait for the disappearance of shock. What is the cause of shock in these cases? It is the escape of the gastric contents into the peritoneal cavity. It is in proportion to the amount that has escaped. Now, if you pause, should the patient cough or vomit more will escape. Moreover, these are not instances of mere nervous shock, where nothing harmful is going on while you wait for the patient to come round. On the contrary, processes of the greatest moment are in progress, changes that may end in thrombosis of the mesenteric veins and render recovery impossible. I say, therefore, to the physician, call the surgeon at once to the patient; and to the surgeon, operate as soon as you can; get ready even the simplest appliances.

One word in conclusion as to the prevention of gastric perforations. If I have correctly stated the causation this is surely to be found in recumbent rest. In the ward of mine in which the patients of whom I have been speaking were

lying at the beginning of this session there were other beds, and in these beds were elderly domestics with chronic ulcers on their legs. Both the young domestics and the old domestics were, as I pointed out to my class, the subjects of ailments that quadrupeds never suffer from, and that bipeds who take proper rest do but rarely. Surely, therefore, in rest, and in rest in the recumbent position when possible, is to be found the prevention of such ailments. But the domestic servant who is the first of the household to get up, and often the last to go to bed, is invariably left during her long waiting hours with no means of lying down or even of reclining, however weary she may be. Is this right?

To what waste of force and to how many other ills in addition to those I have named does it not give rise? It is out of the question going further into this subject at the conclusion of a brief paper such as this. Suffice it to say that the climate and conditions under which we live, the crowding in buildings for the purposes of shelter, in vehicles for the purpose of transit, the coldness of the ground preventing the easy eastern solution of the question, the stress of competition, have made us forget in a great measure as regards our own persons, altogether as regards the persons of those committed to our care, what is the most essential condition in taking rest. How many of us day by day tell the servants who come to us with chronic ulcers of the stomach or of the legs to rest as much as possible, at the same time knowing well that during the intervals of their work there is in most houses, short of going to bed, no means of their properly carrying out the suggestion that we offer?

IDIOPATHIC OR CONGENITAL HEREDITARY AND FAMILY HÆMATURIA.(a)

By LEONARD G. GUTHRIE. M.D.Oxon.,
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IDIOPATHIC hæmaturia is not mentioned as such in text-books, nor have I found any reference to it in medical literature. Dr. W. H. Atlee has, however, recorded "Three Cases of Recurrent Hæmaturia occurring in One Family" (*St. Bart's Hosp. J.*, Dec., 1901), which I believe to be of the same nature as those which form the subject of this paper. The "Essential Renal Hæmaturia" of Debairieux (b), in which hæmorrhage occurs from apparently healthy kidneys, is doubtless closely related to idiopathic hæmaturia, but lacks the hereditary, congenital, and familial characters of the latter complaint. (c)

I have knowledge of the existence of idiopathic hæmaturia in twelve persons. Eight of these are brothers and sisters or first cousins; their mothers are two sisters, who are themselves subject to this complaint. These sisters had two brothers, both of whom were similarly affected. The complaint is therefore familial and hereditary, but at present has only descended to the second generation. It is impossible yet to say whether it may or may not be further transmitted. Seven of those affected have been females, and five males. So far as my own cases are concerned, hæmaturia has only been inherited through the maternal side, but Dr. Atlee's cases (to which further reference will be made) suggest that it may also be inherited from the male parent.

In all my cases it appears to be congenital, or has been noticed shortly after birth.

The first generation of the two families mentioned consisted of two brothers and three sisters, all of whom, except one sister, had been liable to hæmaturia from birth. The two brothers died between twenty and thirty years ago, æt. 4½ and 11 respectively. The exact cause of their deaths cannot be ascertained. Two of the sisters affected are now æt. 40 and 30, are married and have issue. The elder has seven children, of whom four girls, æt. 18, 15, 13, and 10, and one boy, æt. 6, are subject to hæmaturia, whilst one girl and one boy escape. The younger sister has two boys, æt. 8 and 3, and one girl, æt. 11, all of whom are affected.

The third sister, who is free from the complaint, is unmarried.

The eldest daughter of the elder married sister suffers from eczema and spasmodic asthma as well as from hæmaturia. The third daughter has had attacks of epistaxis and hæmatemesis but no hæmaturia. Gout and rheumatism are said to exist on the maternal side of these families, but no other family complaint.

I have personal acquaintance with only three members of the families, namely, with the elder married sister and with her second daughter and youngest boy.

The characteristics of idiopathic hæmaturia may thus be summarised:—

1. It is hereditary, familial, and congenital.

2. The hæmaturia may be persistent for many years, but vary in extent. In some cases it may cease for a time, but in all it is apt to recur, or to increase, in paroxysmal attacks, or exacerbations.

For instance, in one of my cases the urine examined almost weekly for upwards of two years has never failed to contain blood visible to the naked eye, and to give a marked reaction with ozonic ether and guaiacum. Its colour varies from that of old gold tinged with red to the bright scarlet of oxyhæmoglobin.

In another, blood is always present, but can only be detected on microscopical examination, except when exacerbations occur. At these times the urine may resemble almost pure arterial blood. It is not "smoky" in appearance but "red," the colour being due to oxyhæmoglobin not methhæmoglobin.

Normal red blood corpuscles and blood casts can always be found under the microscope, so the colour is not due to hæmoglobinuria. The blood casts show that the hæmorrhage is from the substance and not from the pelvis of the kidney. The amount of blood passed during exacerbations is always far greater than is ever seen in cases of nephritis, and resembles in its profuseness the blood passed in cases of renal calculus or new growth.

3. All cases are liable to paroxysmal exacerbations of hæmaturia, which are usually accompanied by slight pyrexia, malaise, headache, vomiting and slight pains in the back or limbs. The exacerbations are often attributed to "catching cold," and are associated with slight bronchial catarrh, or with trivial ailments such as toothache, earache, or sore throat. In some cases, articles of diet, such as black currants, asparagus, strawberries, claret, and, perhaps, rhubarb have been held to produce them. But the exacerbations may occur without complications, and in the absence of special causes.

The duration of these exacerbations is usually several days, but seldom exceeds a week or at most a fortnight, and after the first few days the blood gradually lessens in amount.

They have no law of periodicity nor of frequency. They may occur at intervals of weeks, months, or years. But they appear to become less frequent after the first decade has been passed. They occur with extreme suddenness by day or by night and are not

(a) A Paper read before the Harveian Society of London, April 22nd, 1902.

(b) "Annales des Organes Genito-Urin." No. 9, 1898.

(c) Cf. also J. H. Bryant, *Clinical J.*, July 25th, 1900, p. 214.

influenced by posture. Extremes of hot or cold weather seem to give rise to them.

4. Idiopathic hæmaturia is not associated with oedema nor with ascites, nor with the cardio-vascular changes following ordinary nephritis. Except at times when exacerbations occur, the subjects appear to be, and are, in perfect health. There may be temporary anæmia after an exacerbation, but it is not profound nor lasting.

5. The hæmorrhage is not due to the presence of uric acid nor of oxalates.

A few crystals of these substances may often be found on microscopical examination, but free gravel is never passed, neither is there any excess of uric acid in solution.

The amount of urea passed is normal.

6. The specific gravity of the urine is not unduly low. It varies from 1015 to 1030. The quantity of urine passed is not above nor below normal. The reaction is acid or neutral. The urine is nearly always albuminous, the albumin varying from one-twentieth to one-fourth of its bulk. Sometimes it is in accordance with the amount of blood present, at others it exceeds it.

Nucleo-albumin is usually passed as well. The sediment nearly always contains free normal red blood corpuscles, and tubular blood casts in more or less abundance, but never hyaline casts.

Finally, none of the subjects of idiopathic hæmaturia is a "bleeder." One of them recently had some adenoid vegetations removed, and the hæmorrhage caused was neither profuse nor prolonged. None of them suffers from Raynaud's disease nor from purpura. Scarlatina can be excluded as a cause in all cases, and also calculus, new growth, congenital syphilis, renal tuberculosis, and all forms of nephritis. The kidneys are not movable, palpable, nor tender, and there is no definite nor constant local pain.

CASE I.—Peter X., now *æt.* 6, has been under observation for three years. He was nursed until nine months old, then fed on Savory and Moore's food and cow's milk. At three months of age he suffered from slight eczema of scalp and face, seemed weakly, and had occasional attacks of diarrhoea and vomiting. From the first his urine was noticed to be blood-red in colour from time to time, but this attracted little attention as it was known to be a family affection. Advice was sought chiefly because of nocturnal and diurnal enuresis and frequency of micturition.

He is a healthy-looking, ruddy, and chubby child, full of life and spirits. Heart and pulse normal; kidneys not palpable; no renal tenderness nor pain; no trace of oedema at any time.

The urine examined at weekly intervals for about two years has never been free from blood. Reaction subacid or neutral; sp. gr. 1015 to 1030. The colour varies from old reddish gold to bright blood-red. The blood is always discernible by the naked eye. The urine is never smoky in appearance, and Dr. Archibald Garrod, who kindly examined it, found that the colour was due to oxyhæmoglobin not methæmoglobin.

Uric acid is never passed as gravel, and quantitative analysis by Dr. Garrod showed it to be diminished rather than increased in solution. He estimated the total amount passed in twenty-four hours as 0.150 grm. on one occasion and 0.1629 grm. on another (Hopkin's method used); 100 cc. contained 0.0410 grm. uric acid on one occasion and 0.038 grm. on another.

The deposit usually contains a few crystals of uric acid or oxalates, many red blood corpuscles and blood casts, but no hyaline casts. The total quantity passed is not above the average.

Albumin is always present in quantities varying with the amount of blood present. The average

content of albumin is about one-twelfth. The urine almost always contains nucleo-albumin as well.

During the past three years the child has had periods lasting about a week and occurring every two or three months, in which the blood is greatly increased in amount. I have never seen him at such times, but gather from his mother's description that he has usually some slight malaise, his tongue becomes furred, and he may be restless and scream in his sleep. The exacerbations of hæmaturia are often preceded and accompanied by enuresis and frequency of micturition. They are often associated with "catching cold," or some slight ailment such as toothache or earache. After vaccination, the urine was said to improve in appearance as the arm got better. On the other hand, during an outbreak of eczema the urine was not dark until the rash was fading. Pertussis, which he had for six weeks, "did not upset him nearly as much as might be expected." Influenza increased the flow of blood.

Extremes of hot and cold weather render him more liable to attacks. The hæmaturia is not more marked in diurnal than in nocturnal urine.

The effect on his general health does not seem to be great. His mother says "his spirits never seem to fail, he is as bright and merry as possible, even when the urine is very bad." The attacks do not seem to be induced by any particular diet except by strawberries and asparagus. Black currants, which used to produce hæmaturia in his mother and in two sisters, had no effect on him. Gooseberries, raspberries, and grapes agree with him; rhubarb has never been given to him. He seems to thrive on ordinary diet.

Treatment.—Hazeline, ol. terebinthinæ, calcium chloride, ergot, gallic and sulphuric acid have been used without much effect on the hæmorrhage. The only drug which seems to cut short the attacks is substantia suprenalis in 1½ gr. doses three or four times a day. Urotropin seemed to increase frequency of micturition and incontinence, but these discomforts are speedily relieved by a few doses of tr. hyoscyami with citrate of potash and infusion of buchu.

Beyond keeping him indoors and lying down during the exacerbations, little has been done, and more seems unnecessary in the way of treatment.

CASE II.—Dora X., now *æt.* 15 (sister of above), has also been under observation for three years. The urine examined on many occasions during that time has never failed to contain blood and albumin, but as a rule the blood is less in amount than in the previous case, and there is rather more albumin.

The average amount of albumin is about one-tenth. Sometimes it falls to a one-twentieth part. Nucleo-albumin is also present. As a rule the blood can only be detected by microscopical examination, when fragments of blood casts and red blood corpuscles are found, but no hyaline nor true granular casts. The reaction is acid or neutral; the sp. gr. 1015 to 1025; free gravel is never passed, and Dr. Garrod estimated the quantity of uric acid in solution as about the same as in the previous case, 0.0412 grm. in 100 cc.

She had a typical attack or exacerbation of hæmaturia two years ago, but never since. The practitioner who then attended her kindly sent me the following particulars.

In February, 1900, she had a severe sore throat, which, however, lasted only a few days, and she then seemed well. There was no rash, and she had had scarlet fever four years previously. About a week after the throat became well the urine was noticed to be getting darker, and a night or two later she was violently sick and passed a quantity of bright scarlet urine, which was practically pure blood. The tongue was brown and dry, the tempe-

perature 102°, and she complained of headache, but of no other pain. The temperature gradually fell, and the urine regained its normal appearance in about a fortnight. There was never any trace of oedema. She is a well-grown and fairly healthy-looking girl, though slightly anæmic. The heart is normal in position, size, and sounds. The pulse tension is not unduly high. The kidneys are not palpable, nor is there any renal tenderness.

Quite recently she has had some adenoids removed. The hæmorrhage was not excessive nor prolonged, which disproves the existence of hæmophilia in this case. The hæmaturia was not affected by the operation.

She prefers butcher's meat to any other article of diet, and cannot take milk without tendency to vomiting. Black currants are said to induce major attacks of hæmaturia in her case as in other members of the family.

Of the other members of the family I can say but little. The mother of P. and D., who is now æt. about 40, states that as long as she can remember she has been subject to such attacks as her children have had, and that as a child she was always considered delicate in consequence. The attacks, she says, were always produced by black currants or by claret, but they occurred also in presence of any ordinary slight ailment. The last occasion on which severe hæmaturia occurred was six years ago, shortly after the birth of her youngest child (P.), and she says that the doctor who attended her, not knowing her previous history, was "horried to find her going about with so much albumin and blood in her urine." She has not had any further attack of hæmaturia since then. She has not complained of being out of health, as far as I know, for the last three years, and she always appears to be well, active, and energetic.

Other Cases apparently of Similar Nature.

Dr. W. H. Atlee (*St. Bartholomew's Hospital Journal*, December, 1901) gives a succinct account of "Three cases of Recurrent Hæmaturia occurring in One Family." The patients were females, æt. 5½, 4½, and 2 years and 4 months respectively, and were admitted to the Metropolitan Hospital under the care of Drs. Arthur Davies and Haig, during the year 1901. The father died, æt. 30, of uræmia. The mother seemed to be a perfectly healthy woman.

All these children were well nourished and appeared to be in perfect health. Scarlet fever could be excluded in all of them, and none exhibited any definite signs of nephritis nor of cardio-vascular changes. Calculus could be excluded, and also new growth and tuberculosis in all cases. One of them, æt. 4½, had four attacks of hæmaturia, in which the urine became bright red, between April and December, 1901. The child had been subject to epileptic fits since eleven months of age, but the hæmaturia was preceded by a fit on only one occasion.

The attacks of hæmaturia were ushered in by malaise, sometimes by pain in the legs, or by vomiting and slight pyrexia. A typical exacerbation is thus described, after a period during which the child had seemed quite well except that the urine contained a faint trace of blood:—"On December 29th, 1901, she suddenly complained of not feeling well. She had no pain and no fit. The temperature rose to 101·8°, and about six hours afterwards the urine was again bright red. The temperature kept up for two days, then became normal and continued so. The blood decreased to a mere trace, and then remained stationary." The urine was always acid and averaged 20 ounces per diem. The sp. gr. was 1026 to 1015. Albumin and blood were always present, and occasionally granular casts.

Another of these sisters, æt. 5½, was admitted to hospital on May 20th, 1901. On May 16th she complained of headache, pain in the right side of chest, and vomited three times. On admission she had slight bronchitis, the temperature was 100·6°, the urine was smoky, acid, sp. gr. 1017, contained a cloud of albumin and a considerable amount of blood, blood corpuscles and blood casts, but no crystals. After five days the temperature became normal, and remained so. The urine contained no blood after June 6th, but a trace of albumin.

In the following December the urine contained a cloud of albumin and blood, but nothing else was found under the microscope.

The third child, æt. 2 years and 4 months, vomited twice on May 31st, and again, frequently, on June 1st, when her temperature rose to 101·8°. On the evening of that day the urine was found to be scanty, loaded with albumin, and to contain much blood. The pyrexia continued until June 4th, when the temperature gradually fell to normal. The amount of blood rapidly decreased, and on June 6th there was none to be found, but a trace of albumin existed until her discharge from hospital on July 8th.

The urine was acid; sp. gr. averaged 1017. A fair quantity was always passed after June 5th. Granular and epithelial casts were passed on two occasions, but no crystals.

There can be little doubt that these cases are of the same nature as my own. It is true that evidence of the congenital tendency to hæmaturia is wanting, the youngest child being two years and four months of age when hæmaturia was first noticed. But hæmaturia may have existed long before, though in so slight a degree as to escape detection.

The amount of blood present in the urine of my second case was so small for several months after she first came under observation that I doubted whether she shared the family proclivity until the typical attack of profuse hæmaturia took place.

The fact that the father of Dr. Atlee's patients died, æt. 30, of uræmia is of significant interest. It is possible that he also suffered from idiopathic hæmaturia. If so, the prognosis in such cases must be guarded although the affection does not seem to endanger life, or even health as a general rule. It will be observed that in Dr. Atlee's patients the inheritance is from the father and not from the mother, as in my own cases.

The explanation of these mysterious cases remains to be discussed.

The fact that the hæmaturia is congenital or, at all events, noticed shortly after birth, excludes all the ordinary or known causes of such hæmorrhage.

The most reasonable supposition is that there is some inherent weakness or varicosity of the walls of the renal vessels leading to what has been called renal hæmophilia (a) or renal epistaxis (b). Or the vaso-motor system may be at fault (angio-neurosis), in which case the complaint might be grouped with cyclical or postural albuminuria. But as already mentioned the hæmaturia is in no sense postural. The exacerbations occur as often during the night, or whilst the patient is at rest in bed, as by day when he is up and about.

The diagnosis of idiopathic hæmaturia rests on the personal and family history, on the occurrence of the febrile exacerbations in which the hæmaturia far exceeds that of acute nephritis, on the absence of oedema, dropsy, and cardio-vascular changes, and, finally, on the absence of any of the well-known causes of hæmaturia.

(a) Senator, Broca, Fasset.

(b) Hurry Fenwick has found varicosity of the papillary plexus in cases of painless unilateral hæmaturia in young adults, and has cured them by papillectomy (*Brit. Med. Journ.*, Vol. I., 1900, p. 28).

Clinical Records.

CASE OF RECURRENT HÆMORRHAGE AFTER MOLAR ABORTION; SYMPTOMS SIMULATING THOSE OF DECIDUOMA MALIGNUM. (a)

By H. MACNAUGHTON-JONES, M.D., &c.

DR. MACNAUGHTON-JONES said that these short notes of a case that came under his observation showed the difficulty of diagnosis, as well as prognosis, in certain forms of prolonged discharge associated with molar pregnancy. He read them as bearing upon the paper of the President, Dr. Halliday Croom, on "Deciduoma Malignum."

A lady, æt. 23, consulted me in August, 1899. She had been married one year and eight months. When I saw her her symptoms were mainly persistent sickness with aggravated pains in the hypogastrium. She also complained of pain in the right groin and down the corresponding thigh. From her physician I had the following history:—She had been a delicate child, anæmic, and with marked lateral curvature, and at one time consolidation of the apices of both lungs. During adolescence she suffered from severe dysmenorrhœa, which was accounted for (through an examination under anæsthesia) by the presence of a conical cervix with very contracted os and marked retroflexion of the uterus, the ovaries, however, being normal in size and position. The uterine canal was dilated, and the uterus straightened and re-posed. Sufficient relief not following, later on the uterus was dilated and curetted, very little retroflexion remaining, and the dysmenorrhœa practically ceasing. Some time after marriage a metrorrhagic discharge commenced. She described it herself as "a brown discharge" which always began a few days after her period, lasting until the commencement of the next. She was greatly reduced in weight, and anæmic.

When I saw her I found on examination, at her first visit, that her uterus was enlarged, the cervix soft; a cervical laceration and a slight erosion present, with some sanious discharge; as she had passed over a period I did not measure the uterine cavity. That evening severe hæmorrhage occurred, which increased the next day, when she again came to me. On now examining I found a molar mass protruding from the os. The following day I dilated the uterus, curetted it, as I thought thoroughly, and applied chromic acid. I removed a quantity of molar debris. There was some foetor. I could not discover any chorionic remains on floating the substance in water. After the application of chromic acid, an iodoform tampon was inserted. This was removed after forty-eight hours, and the patient was doing well when on the fifth day some severe bleeding occurred, and on examination I found a substance filling the cervix. I accordingly quickly dilated it, and with a small ovum forceps brought away a mass which evidently had remained after the curetting. This was very foetid. The curetted debris was submitted for examination, and a report furnished by Mr. Targett that it consisted of products of gestation. The cavity of the uterus at the time was nearly four inches in length. On a few subsequent occasions I wiped out the uterine cavity with ichthyol and iodised phenol. She did perfectly well until October, 1899, when, as there was a recurrence of some hæmorrhage, I again dilated the uterus, curetted it, and applied chromic acid. There was nothing of any pathological importance in the curettings.

(a) Read before the British Gynæcological Association, April 10th,

The following August, a year from the date of the first operation, bleeding and pain again commenced, with some sensitiveness of the uterus on examination. Also there was a recurrence of the erosion in the neighbourhood of the old laceration, while a small fungoid-looking growth protruded from the lip of the os uteri. I determined to curette her again, thoroughly to remove the growth, and excise the laceration. I was now very uneasy about the nature of her disease, and had the fear of deciduoma unpleasantly before me, so much so, that I asked Mr. Targett to be present at the operation and see the condition, also to make a careful examination of the tissue removed, determining to perform hysterectomy if it proved to be of a malignant nature. I was relieved to find that this was fortunately not so. There was no further bleeding. I again wiped out the uterus a month later with iodised phenol, and she left England at the end of 1900 perfectly well. When last I heard from her, in October, 1901, she reported that though she had gained twenty-eight pounds in weight, and had felt very well, she had had a recurrence of her old symptoms and characteristic discharge. This had ceased for some time before writing. Here was a case which, from the point of view of age, pregnancy, molar degeneration, and the suspicious signs, I should not be surprised if deciduoma or sarcoma did eventually result.

ROTUNDA HOSPITAL.

A Case of Puerperal Aphasia.

Under the Care of R. D. PUREFOY, M.D., F.R.C.S.,
Master of the Hospital.

THIS rare and interesting condition was well illustrated in the case of R. F., æt. 33, 1-para, healthy appearance, who was admitted on the 9th and discharged on the 16th of April. Her history was as follows:—Her pregnancy had proceeded most favourably till the beginning of the ninth month, at which time her husband one day, on his return from work, found her in bed, and unable to speak anything but the word "yes." At the same time he observed large quantities of vomit on the floor. Her labour was uneventful, and during the puerperium the following observations were made:—

Nervous System.—Cranial Nerves.—1st. Olfactory sense apparently normal. 2nd. Optic discs normal; vision normal. 3rd, 4th, 6th. Ocular movements good and equal in all directions; pupils react to light and accommodation; no nystagmus. 7th. Facial movements normal. 5th. No sensory changes; taste normal. 8th. Hearing normal. 9th. Palate, nil; swallowing unimpaired. 10th, 11th and 12th. Nil.

Mental Condition.—Slight mental hebetude; receptive power slightly impaired; understands what is said to her, but after a slight interval; performs required actions after an interval. Writing power is fairly good; most of her letters well formed, but at the end of a word the letters are not so well formed as at the beginning. Memory is apparently unimpaired, as she is able to write down her age and where she lives, although when asked to speak the answers she was unable to do so. A few days after delivery she became able to say some words, as "yes," "no," "third," "I don't know;" but as often as not she would answer "yes" when she should have said "no," &c.

Motor Power is good in legs and arms; no paralysis detected; sensory nerves; no anæsthesia, nor analgesia; thermal sense normal.

Reflexes.—All normal.

Sphincters.—Has had no incontinence of fæces or urine since admission, and the patient apparently always knew when there was need for the performance of either function.

Arteries.—No thickening nor tortuosity detected.

Heart.—Sounds clear in all areas; apex beat normal in position.

Before going out the patient was able to repeat her prayers, &c., fairly correctly. The words she uses are correctly said; there is no slurring nor misplacement of syllables. Patient could read written questions, and write the answers fairly correctly as regards spelling, but often wrong as regards sense.

Owing to the kind exertions of my friend Dr. Wilson, who recently resided some months in the hospital, I am in a position to supplement this most important history with the following details relative to the woman's present state of health:—

On examination, ten months after being in hospital, patient states that four months elapsed before she recovered comparative freedom of speech, but it has gradually improved. No defect is apparent in the cranial nerves.

Mental Condition.—Mental action is slower than normal.

1. She understands all that is said to her, in accordance with her education.

2. She has the power of recognising uses and relations of objects—i.e., no aphasia.

3. She had the power to recall names of familiar objects seen, tasted, heard, or touched, or smelled, though she is unable to tell the names of unfamiliar objects, although she may know in her own mind what the name is, and if pronounced by another she at once recognises it, and can say if it is properly pronounced.

4. She can understand printed or written language.

5. Understanding of musical tones is somewhat deficient (perhaps normally so).

6. She has the power of voluntary speech, and there is no misplacement of words.

7. She can read aloud, but not so well as she could do before her illness.

8. Patient has lost the power of voluntary writing, except a few words, such as her name and address, and the name of her child. She is not able to voluntarily pen a letter, though she knows what she wishes to say (agraphia). Her husband does her correspondence.

9. Patient is quite able to copy correctly from writing or print. She gets her husband to write what she dictates to him, and then she can easily copy it, and write the letter.

10. She can write to dictation, only very short and simple sentences. Each word must be repeated separately before she can write it, and even then she spells words wrongly. When the correct spelling is shown she can at once detect her error. She is very slow and takes a long time to consider how to write a word after hearing it, but in copying from print there is very little delay.

11. Power of repeating words is limited to those with which she is familiar; long words she mispronounces, and knows that she does so; strange words she cannot pronounce at all until pronounced clearly and very often before her. No motor paralysis, no anæsthesia, or analgesia; thermal sense normal, as also reflexes.

Patient's Statement.—Says she is all right; has some difficulty in explaining uncommon occurrences; was unable to do any shopping for the first five months; she knew the names of the things she wanted, but could not say them; is slow in counting money; can manage all the household duties perfectly well. After any prolonged mental work she says that she feels confused, and fails to understand things clearly. It was noticed that towards the end of the examination she confessed that she was tired thinking.

Another case was that of a patient admitted to

the hospital three years ago, suffering at that time from impaired power of speech and locomotion, and I think it of interest to recall it now as affording several points of contrast with the two recently under observation. Mrs. S., æt. 35, when in the sixth month of her third pregnancy began to suffer from gradually increasing impairment and difficulty in speech and locomotion, for which she could assign no cause. These troubles increased, and were observable plainly at the time of her admission to hospital. Her labour ended in the birth of twins, unaided, and the convalescence was satisfactory, but not followed by any improvement in the points mentioned. She is now living in the country, and has given birth to another healthy infant. Her power of walking is so diminished that she is unable to leave her house, and her speech has the same halting character which first attracted my attention. Neither in the beginning of these troubles nor since has she suffered from headache or vomiting. Her articulation and choice of words are good, but she speaks, as she moves, with slowness and hesitancy.

In the case of A. O'T., æt. 34, admitted to hospital December 7th, 1900, we have another example. When about seven months pregnant, and suffering from much fatigue and anxiety caused by the illness of her children, she became suddenly affected with impairment of speech, some confusion of ideas, and lessened ability for her ordinary work. To these troubles were added pain in the occiput. At the time of her admission to hospital the aphasia alone was observable. The mental faculties and power of locomotion were not manifestly impaired. The labour and succeeding puerperium were uneventful, and when leaving the hospital, about nine days after delivery, scarcely any defect in speech remained. She has been recently seen by me (fifteen months after the beginning of illness), and complains of nothing except slight occasional headache, and a confused feeling in her head if worried or overworked. I could detect no impairment whatever in the power of speech, and she is able to perform all her domestic duties just as before illness.

The rarity of such cases is fully attested by the scanty notices of them in our medical literature, and even the small number here collected, both in their points of contrast and similarity, afford interesting evidence of varying phases and degrees of this affection.

Sir F. Bateman has recorded a very interesting case of a young woman who, during her second pregnancy, suffered from a gradually increasing loss of power in right arm and embarrassment of speech, which culminated in complete aphasia six days after delivery, which was natural and unattended by any unusual effort. The loss of speech was sudden, unattended by any loss of consciousness, and her appearance was as usual. Without developing any fresh symptoms, she became gradually weaker, and sank from exhaustion six weeks after her confinement.

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.
SECTION OF STATE MEDICINE.

MEETING HELD ON FRIDAY, APRIL 25TH, 1902, AT THE
ROYAL COLLEGE OF PHYSICIANS.

DR. NINIAN FALKNER, President, in the Chair.

DR. MARTLEY, Hon. Sec. of the Section, read a communication from Dr. M'Vittie "On a Case of Lead Poisoning." The patient, a retired Indian officer, æt. 58, after three months' residence in his new house, began to complain of general seediness, loss of appetite and muscular weakness; he got worse, and in a month was

affected by severe abdominal pains. Two months later he had vomiting and constipation, and he noticed a "fumbleness" of his hands. He was treated for gout, and ordered to Buxton. As he had no teeth the gums showed no lead line. The water supply came from two wells situated above the house, and was conveyed hence in iron pipes which ended in a few feet of leaden pipe to which the tap was attached. Water taken from the tap was found to contain 1.67 grains of lead, that from the wells was pure, soft, slightly peaty. Since discontinuing the tap water he has become completely well. Of all the household he alone was affected; this was probably due to his age and to his having lived some time both in India and Burma.

Sir C. CAMERON, C.B., considered Dr. Martley's communication of interest from the exceptionally large amount of lead present, greater than is usually found except in the case of acid solutions. The water pipes used in Dublin consist of an alloy of tin, 8.5 per cent, and lead, 91.5 per cent. This has, after years of trial, been found to resist the solvent action of water.

Dr. McWHEENY: The case is interesting from many points. We find that a few feet of lead pipe yields to a soft water an unusually high percentage of lead. How could it produce this effect? He is inclined to think that the two metals, the iron and lead, generated electricity, the presence of which produced the solution of the lead. From the clinical history, which says nothing of the patient's urine, he is disposed to think that the patient had some inherent peculiarity of constitution. He (the patient) may have had some chronic kidney disease. An examination of the interior of the lead pipe would throw some light on the subject; they would, at all events, see if there were any carbonates deposited.

Dr. DE LIZLA, of New Zealand, a visitor, at the request of the President, spoke. He said that in New Zealand lead poisoning was practically unknown. He had seen two cases only, and they were painters. He ascribed the immunity to the hardness of the drinking water in their towns. But before he settled in the country, during his life in Sydney, whilst lying ill with typhoid in the General Hospital of that city he saw many cases, the victims being heavy beer drinkers, and the liquor was contaminated with lead from the leaden pipes of the beer machine. The drunkards of Sydney are beer drinkers; their moderate drinkers take whisky.

The President (Dr. Falkiner) recalled to the recollection of the members the very interesting meeting of the Section in 1878, when Dr. O'Carroll brought the subject of lead poisoning from hair dyes under notice. Lead, as many of them no doubt knew, was found in water derived from mineral sources. Of this nature was the Pudesey poisoning outbreak that caused so much excitement in the past. He congratulated the Section on the action of their hon. secretary, who had brought the interesting case forward, and Dr. McVittie, in recognising the nature of the case. He felt sure not unfrequently cases of lead poisoning escaped notice in their early stages, and it is all the more creditable to the physician who diagnoses such in their beginning.

Professor E. J. McWHEENY then read his

CONCLUDING REMARKS ON THE INFECTIVITY OF THE MILK OF COWS WHICH REACT TO THE TUBERCULIN TEST, BUT ARE NOT CLINICALLY TUBERCULOUS.

Ever since the introduction of the tuberculin test he had taken a warm interest in this question. The problem that presented itself to him was, should the milk of cows that react to the tuberculin test be permitted to be sold for human consumption? He commenced his experiments by trying to learn the percentage of milch cows that react to the test. For this purpose he examined a herd of cattle numbering between 80 and 100 animals that were kept under hygienic conditions very much superior to ordinary herds, and of these cattle kept under the most favourable conditions 50 per cent. reacted positively to the tuberculin test. He afterwards, in the South of Ireland, examined a herd of cattle that was not kept under the same favourable conditions, and of these 80 to 90 per cent. reacted to the tuberculin test. To decide that the milk of animals that reacted to the test was unfit for food would be to cut off the milk supply and be impracticable. Some of the

animals vigorously reacted to the toxin, the temperature rising from normal to 105°, 106°, and even to 108°. Strange as it may appear, he found the infection to be inversely proportionate to the extent of the tuberculous lesion, the possible explanation of which might be that the animals which were clinically tuberculous had had their blood immunised by the toxin already in their bodies, and injected tuberculin produced a slight, if any, reaction. In the animals in whom violent reaction took place he found not more than one or two caseous glands, most commonly in the posterior mediastinum. All these statements are based on post-mortem experiments, for every animal he experimented on was afterwards killed. Such animals as those that had such encysted little masses of tubercle gave milk in which tubercle bacilli could not be found. He then described a series of experiments he instituted to test the effects of the milk of cows giving a reaction to tuberculin, but not clinically tuberculous. He reminded his hearers that "acid-fast rods" simulate bacilli, and have been mistaken for them. Almost identical experiments, but conducted on a much larger scale, were carried out in Berlin by Perstatay, who fed young animals, calves and pigs, on the milk of tuberculous cows, but in whom the disease was not clinically demonstrable. The calves were fed for two months and the pigs for seven months on the milk, and in not a single instance did tubercle develop. The milk was perfectly innocuous. We now come to consider a very infectious form of the disease, that in which the cow's udder is infected. The least amount of tubercle in the udder makes the milk poisonous. Bang, of Copenhagen, gave a litre of milk extracted from a cow with a tuberculous udder to a pig, and the animal died as if poisoned in a short time. The percentage of infected animals whose udders are tuberculous is calculated to vary from 2 to 4 per cent. In his own experience he has never come across a case of infected udder; there is no difficulty in recognising it, any educated veterinarian should be equal to the task. So far as his experience goes he considers bovine tubercle to be capable of infecting the human being.

The President (Dr. Falkiner) would offer one remark in the nature of a criticism: Are the cows in dairy yards submitted to a daily inspection? Is the cow recognised as infected allowed to remain in the byre? If so he cannot accept the views put forward.

Dr. McWHEENY said that theoretically the view of the President was correct; but practically the rupture of a tuberculous cyst in the cow was unknown. The yards are inspected at short intervals. In very marked cases, clinically demonstrable, tubercle bacilli may occur in the milk without the udder being infected. Personal inspection by a skilled veterinarian would be inadequate for the detection of tubercle. No person other than a skilled bacteriologist could detect the presence of bacilli in milk.

Sir C. CAMERON, C.B., then read his paper, "Inspection of Dairy Sheds." He thought that dairy inspectors should not be satisfied with the sterilisation of the milk, other matters appertaining to the hygiene of the cowsheds and the dairy should be looked after. Inspectors in rural districts are not at all so careful as our citizens, neither are the rural cowsheds and attendants as clean as city sheds and attendants. Milk is liable to infection from typhoid fever and tubercle, the former after it has been yielded, the latter from the health of the animal. He considers that all inspectors of dairies and creameries and sanitary authorities dealing with our milk supply should be under the authority of the agricultural department. The conditions under which cattle are kept in the rural districts is very unsatisfactory.

Dr. KIRKPATRICK believes that in the direction indicated in the papers there is room for much good work. Hampered by Koch's theory scientists appeared to the public as divided on this sanitary question, and consequently could not hope for lay support. The danger could hardly be overestimated. McFadden estimated that 70 per cent. of the cattle were tuberculous, statistics verified by examination after the slaughter of the animals. The dairy yards of the city were well adapted for the growth of bacilli. Cattle whose lungs are in-

fectured are a constant source of infection to the others. Pure milk exposed, as it often is, in these dirty byres in wide, open vessels, is readily infected by tuberculosis.

Dr. MATESON thinks that feeding of the cattle is of importance. He has seen in Canada cattle fed in underground cellars fattened on grain for the English market. Animals so deprived of natural food and fresh air cannot be healthy, and such cows cough and vomit matter which is almost certain to convey tubercle. The precaution of boiling all milk before use should be adopted.

Sir CHARLES CAMERON, C.B., just wished to remind the members that the recent Viceregal Sanitary Commission declared that the cows in the city dairy yards were much better fed than those in the rural districts. They stated that the Dublin dairy yards were incomparably superior to those in the urban districts; the hygienic arrangements better and the milkers and other attendants much more clean. The Dublin cows are sent to graze for seven months of the year; their milk contains 14 per cent. of solids as against 12 per cent. in the country. A veterinary surgeon examines their udders regularly during the winter season, and the personal cleanliness of the attendants is ensured by a bye-law which makes dirty hands punishable by a fine, and during the last year forty milkers were fined for having their hands dirty.

Professor McWENNEY believed that a codification of our sanitary laws was a necessity; as it is, a whole library of legal books is wanted to find out the law on sanitation. They (sanitarians) want one big Act which will include everything. Sterilisation of milk is out of the question, it makes ordinary milk unsightly and unpalatable, spores resist boiling for three hours under a pressure of two atmospheres. Pasteurisation kills typhoid germs at a temperature of 140° F., and 190° F. kills the tubercle bacilli; no creamery should be allowed to vend milk until it has been properly pasteurised. As for the Dublin dairy yards, he considers them a disgrace to civilisation; they are kept in an intolerably filthy state, and, as for the attendants, he thinks if they had the German sanitary law in force here some 90 per cent. of the milkers would be arrested, and be forcibly washed. The condition of the cows with their flanks caked with faeces and their unwashed udders in city byres, where the fresh milk is allowed to remain in open shallow vessels in which not unfrequently faecal matter floats is abominable. In Germany the faecal matter would be washed off the cow, and the milk would not be allowed to remain in the byres to be infected. Cows cough and sneeze and usually swallow some of the sputum, passing the tubercle in the faeces, and of course infecting healthy animals and contaminating the milk. There can be no proper supervision of dairies without a bacteriologist; a veterinarian cannot make an exhaustive microscopic examination of milk or perform the necessary biological experiments; this is the work of a biologist, and can be done by a biologist only.

HARVEIAN SOCIETY OF LONDON.

MEETING HELD THURSDAY, APRIL 24TH, 1902.

MR. WATSON CHEYNE, F.R.C.S., President, in the Chair.

CLINICAL EVENING.

Dr. SAVILL showed a woman, *æt.* 39, a cook by occupation, who was the subject of "erythromelalgia," or sclerodactyly. She had had a general eczema of the hands, which started fifteen months ago. The skin was now cured of any eczematous element, but there was left a sclerotic condition, which for some months had prevented proper movement of the fingers. The redness was almost limited to the digits. All her other skin was healthy. There was a history of numb dead hands, much the same as in cases of Raynaud's disease. She could not resume her occupation because she was unable to close her hands. The fingers were tapered in the way usually observed in circulatory disorders.

Dr. ALEXANDER MORISON showed a baby, seven months old, which exhibited a great "enlargement of veins" passing from the vertex of the head to the left ear. When the baby was quiet, a venous pulsation could be

detected. There was some tension of the fontanelle. Nothing wrong was noticed until the child was three months old. It was the third child of the family, the first having aborted at five months, and the second child was now four years of age. A French physician had published a description of the condition, recounting fifty cases, and he stated there was a specific history in all the cases. The French author thought such children eventually got well. Dr. Morison thought the specific character of the condition was not made out. The present patient had been treated for syphilis and for rickets.

Dr. CAUTLEY was not prepared to accept the congenital syphilis theory of the causation. He had seen cases without such history, and where there was marked obstruction to the circulation. In one case of great obstruction the child developed hydrocephalus, and the obstruction was found to be due to a tumour. Assuming the syphilitic causation of the disease, what was the lesion which would produce such a dystrophy? The unilateral condition sometimes met with might be due to the fact that the communications between veins were more free on one side of the head than on the other.

The PRESIDENT showed a man, *æt.* 40, on whom "epididymectomy" was performed eleven years ago for tuberculous disease on the right side. Two and a-half years ago he came with tuberculous disease of the left testicle. Mr. Cheyne excised the epididymis and vas deferens, leaving the body of the testicle, with the vessels going to and from, intact. The result was that the body of the testicle remained well nourished, and on superficial examination there was not much missing apparently. The operation was done by clean cutting, not by scraping. Great care had to be taken not to injure the vessels supplying the testicle with blood in removing the globus major. Mr. Cheyne dealt with the mental aspect of such operations, and the importance of leaving the testicle if possible.

Dr. EISEN RUSSELL showed and demonstrated a case of "idiopathic muscular atrophy." The subject was a man, *æt.* 45, the disability having come on three years ago, up to which time he had been a coal porter. Sixteen months ago his left arm began to give out. The face was also affected, chiefly in the orbicularis palpebrarum and the orbicularis oris. He was the only child and no other member of his family seemed to have been similarly affected.

Dr. Cautley took part in the discussion.

Mr. STANSFIELD COLLIER showed a youth, *æt.* 17, who five years ago was very severely burnt on both feet and legs, leaving a patch over the front of the left tibia which never healed, the ulcer having several times broken down. He performed the Tagliacotian operation, examples of which were seldom seen now. There were advantages in that operation when dealing with an ulcer, the bottom of which was bone very thinly covered with very dense scar. He took the flap from the upper part of the back of the right leg, and left the flap attached to both limbs for a fortnight. The raw surface caused by the removal of the flap had been covered with Thiersch's graft, and had nearly healed.

Mr. RAYMOND JOHNSON read a short paper on Some Points in the Treatment of

TUBERCULOUS DISEASE OF THE KNEE-JOINT.

Doubt was expressed as to whether tuberculous disease of a joint is ever recovered from without some degree of fibrous ankylosis. It was pointed out that a considerable proportion of the cases of supposed tuberculous disease of joints followed by perfect restoration of movement occur in the hip, in which the distinction between early tuberculous disease and other affections is particularly difficult. In the knee the results of non-operative treatment were usually unsatisfactory, for a degree of mobility was often left which was detrimental rather than useful, in that gradual flexion of the joint frequently followed. Such a condition often called for operative interference, with the object of converting the partial into a complete ankylosis. For similar reasons the operation of simple arthrectomy or erosion was often unsatisfactory, and it was advised that even though the articular surface

were healthy, these should be removed, in order to obtain with greater certainty firm ankylosis. After all operations a long period of fixation was necessary.

CONGENITAL HÆMATURIA.

Dr. LEONARD GUTHRIE read a paper on this subject, of which we publish an abstract on page 484.

Dr. ATLEE mentioned a case under his care in which the blood was bright red. Sometimes it cleared up altogether. In one case between the attacks there was albumin in the urine, but no blood.

Dr. SUTHERLAND inclined to the view that the cause of the condition was some vasomotor change. In some respects the similarity of such cases to cyclic albuminuria was very marked. Perhaps the lesion was a renal one, purely localised. He asked whether the patient had had hæmorrhage from any other organ, and whether in any cases there had been a development of Bright's disease.

The President and Dr. Cantley took part in the discussion, and Dr. GUTHRIE replied.

LIVERPOOL MEDICAL INSTITUTION.

CLINICAL EVENING.

Mr. RUSHTON PARKER, B.S., F.R.C.S., President, in the Chair.

SIR WILLIAM BANKS showed a collection of loose cartilaginous bodies removed from the knee-joint of a woman, æt. 26. They were over forty in number, and varied from the size of a bean to that of small shot. There was a history of two falls upon the knee, the first eight years previously and the second four. After the latter there was always weakness and pain in the joint, and recently, when walking, the patient has been seized with sudden and violent pain, while she was compelled to clutch any support at hand to prevent falling. The knee was then semiflexed. Several loose bodies could be felt in the articulation, which contained a good deal of fluid, and was painful and useless. A semilunar incision was made above the knee, and the flap, including the patella, thrown down. The whole joint thus thoroughly displayed was cleared partly by forceps and partly by means of a strong stream of water, which flushed every pocket in it. The quadriceps tendon and muscles were brought together by deep sutures, and perfect primary union was obtained. The patient, who had only left hospital three weeks previously, had perfect movement of the joint. He also showed one-half of an enlarged parenchymatous thyroid gland removed from a girl, æt. 18, with whose respiration it had begun to interfere. At the removal it was found that the trachea was flattened from side to side. The patient was shown with the view of illustrating the effect of removal of one-half of an enlarged gland upon the remaining half, viz., atrophy. He advocated cleaning the isthmus first of all, ligature thereof followed by division, and then removal of the half gland by dissection from the middle line outwards. He considered this an infinitely safer and easier method of procedure than beginning to remove the gland from the outer margin.

SIR WILLIAM BANKS also showed a number of crushed stones and a large adenoma of the prostate removed from a gentleman, æt. 76, with an enormously enlarged prostate, who had not passed any water for fifteen years except through a small catheter. The operation consisted of a median cystotomy with crushing of some half-dozen stones. He believed this form of lithotripsy through a median perineal incision would be the future operation for lithotomy in old men.

Dr. FRANK H. BARENDT showed two cases of "prurigo."

Mr. THELWALL THOMAS read a note on the value of "Tenotomy of the Tendo Achillis in Complicated Fractures of the Lower Extremity." He had practised it with particular success in fractures above the condyles of the femur, oblique fractures of the tibia, and in fractures of the tibia and fibula immediately above the ankle-joint. He thought this simple proceeding was apt to be lost sight of with the prevailing rage for "screws" and "wires."

Fractures that united with any degree of deformity distorted the line of weight-bearing in the limb, and altered the relative position of the joints to this axis, and until met by a new development of bony trabeculae the limb was very much disabled. He considered it essential that every fracture should be accurately reduced soon after the injury, and less trust be placed in pads for pressing fragments into position during consolidation. Tenotomy enabled this to be readily carried out in the above-mentioned fractures, where extreme flexion would otherwise be necessary, and the need for more serious operations would become less frequent, and tedious convalescence materially diminished. The use of X-rays would help to verify the position if any doubt might exist.

The PRESIDENT said that it was evident that tenotomy of the tendo Achillis must be good sometimes under certain conditions of manipulation and manipulative skill, but that the necessary relaxation of the calf muscles in cases where the first adjustment was difficult could generally be effected by bending the limb freely at the seat of fracture, and so without much force permitting the broken fragments to be put easily into apposition. Linear traction in such cases, if employed before adjustment, necessarily failed by locking the fragments in a bad position.

Mr. E. W. MURRAY said that under ordinary treatment an oblique fracture of the lower end of the tibia reduced a labourer's wage-earning capacity by at least 50 per cent. There was extreme difficulty, not only in reducing the fracture, but also in maintaining correct apposition, even when the site of fracture was exposed by a free incision under an anæsthetic. On these grounds he strongly advocated wiring or screwing in these fractures, whether simple or compound.

Sir William Banks and Mr. F. T. Paul also spoke, and Mr. THOMAS replied.

OPERATIONS FOR HERNIA.

Mr. G. P. NEWBOLT read a paper based upon 120 consecutive operations for hernia, radical and strangulated. There were seventy-seven operations for radical cure and forty-three for strangulation, in most of which a radical operation was also performed. The radical operations consisted of seventy inguinal, two femoral, three umbilical, and two ventral, and there was one death from simple pneumonia in a child, aged 19 months. Of the forty-three cases of strangulation twenty-eight were inguinal, eleven femoral and four umbilical; ten of these died, i.e., six inguinal, two femoral, and two umbilical. Altogether 114 patients were operated upon, ninety-seven operations being done on males and twenty-three on females. Out of thirteen cases of femoral hernia only one occurred in a male, and out of ninety-eight inguinals only five occurred in females, and two were strangulated. The youngest patient operated upon was two months, and the oldest was seventy-eight years old. There were two cases of strangulation in young children. The subject of radical operation in children was dealt with and advised in those cases in which treatment by trusses was not likely to be properly carried out. The difficulty in separating the sac from the cord in small babies was commented upon. In large hernias in elderly men the operation of removal of testes and cord, with entire closure of the canal and ring, was recommended. Mr. Newbolt usually performed Macoeven's operation, using silk or kangaroo tendon for ligatures. The question of the taxis was dealt with, and also some points in connection with reduction in mass. Trusses were generally advised after operation except in congenital cases. Two cases of inflammatory trouble after the removal of big masses of omentum were narrated, both terminating favourably. In four cases of strangulation out of forty-three the intestine was resected, and there were three recoveries. Murphy's button was used in each instance, and the operation was done through the herniotomy wound. Eucaine was of service in one case in which the patient was so ill that a general anæsthetic was thought to be inadvisable. The deep epigastric artery was divided accidentally in one instance and secured after some trouble. The vermi-

form appendix was found strangulated in the hernial sac in a case of femoral hernia and was removed. Eight out of the ten deaths occurred in cases which had been strangulated over seventy-two hours, and they were chiefly due to enteritis and peritonitis. The dark colour of the urine due to the presence of indican was alluded to in cases of strangulated bowel.

After complimenting Mr. Newbolt on his paper, the PRESIDENT said that after performing the operation nearly 600 times, he found herniotomy a subject full of practical interest, and often of novelty. In children, irrespective of station, he was in favour of early operation for radical cure. The more he performed it the more he was satisfied that it was both effectual and right, and his later experience simply confirmed his views expressed in the *British Medical Journal* in 1893 and 1895. Macewen's operation was absolutely satisfactory in almost all cases in children. Suppuration in a packed and granulating sac did not in his opinion specially favour a radical cure. In the matter of gangrenous gut no fixed rule of procedure could be claimed as preferable; successes and failures have resulted severally from all. The cases must be dealt with, as in many surgical emergencies, according to the circumstances as ascertained at the time.

Mr. K. W. MONCARRAT considered much of the ingenuity devoted to the invention of new methods of treatment of the hernial sac in radical cure was wasted. The interposition of a muscular barrier was the essential factor. This principle was acted upon in the prevention of hernia through the abdominal wall; it was applied in its simplest form to the cure of umbilical rupture, and was made available in inguinal hernia by Bassini's operation.

Mr. DOUGLAS CRAWFORD advocated radical cure in children of the hospital class. He practised a modified Macewen, but was satisfied with his results with Bassini's operation. With gangrene of the gut he preferred the establishment of an artificial anus, and subsequent repair.

Mr. F. T. Paul, E. G. Hamilton, Damer Harrison also spoke, and Mr. NEWBOLT replied.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN.

MEETING HELD AT THE MEDICAL SOCIETY OF LONDON
APRIL 18TH, 1902.

Dr. LEONARD GUTHRIE in the Chair.

Dr. DAN MCKENZIE showed a case of "cystic hygroma" of the neck which was undergoing spontaneous cure. At birth the cyst had been the size of a small orange, but when shown at the age of eleven months, was barely perceptible.

Mr. WHITELOCKE (Oxford) said he was aware that Mr. Bland Sutton had said these tumours generally disappeared after puberty, but he had seen a case as late as the age of twenty-seven.

Dr. EDMUND CAUTLEY showed a case of the peroneal type of "muscular atrophy" in a girl, *et. 7*. She was the third of five living children, there was no history of similar atrophy of muscles or of nervous disorders in the family, except epilepsy in a brother and sister of the mother. The child showed a "claw-like" deformity of the hands, due to paralysis and atrophy of all the intrinsic muscles, and "club-foot," due to atrophy of the corresponding muscles in the feet of the peronei and of the extensors of the toes. The other muscles below the knees, the vasti interni, and to a less extent the hamstrings, tensor fasciæ femoris and glutei, were also involved. The affection began in early life, and was perhaps secondary to measles at the age of six months.

The CHAIRMAN said there could be no doubt that the condition was one of myopathy.

Dr. FLETCHER BEACH discussed the question of operative treatment of the club-foot, and thought massage might be of some value.

Dr. DAWSON WILLIAMS asked whether Dr. Cautley was prepared to accept the theory of peripheral neuritis. He was glad to hear that Dr. Cautley drew attention

to the probable influence of measles in starting the disease, and thought it easier to believe that such cases were due to the action of toxins upon the nerves than upon the central nervous system.

Mr. H. J. CURTIS thought that tenotomy would not be of much value.

Dr. G. A. SUTHERLAND also thought that surgical treatment in these cases would avail little.

Mr. SYDNEY STEPHENSON showed a case of "tubercle of the choroid" in a child, *et. 8*. There were slight signs of phthisis in the apex of the left lung.

The CHAIRMAN asked about the prognosis in these cases.

Dr. GEORGE CARPENTER referred to a paper which he and Mr. Sydney Stephenson had read before the Liverpool meeting of the Society. He thought there were two classes of cases, one in which tubercles of the choroid were associated with general tuberculosis, and the other, in which they were associated with chronic tuberculous lesions such as spinal caries. He had watched such a case for twelve months.

Mr. CURTIS confirmed Dr. Carpenter's observations. He had seen one of Mr. Stephenson's cases of tubercle of the choroid, and had excised the knee for tuberculous disease. The child recovered and was well three months later.

Mr. SIDNEY STEPHENSON, in reply, said he knew a case of tubercle of the choroid which had apparently dated back for thirty years.

Dr. THOMSON WALKER showed a specimen of "tuberculous nodule" the size of a walnut, arising from the dura mater, which was embedded in the inner part of the left cerebellar hemisphere. Death was due to acute meningitis.

Dr. WALKER also showed an osteoma of the floor of the third ventricle with the formation of a cyst at one part, the symptoms were those of left cerebellar disease, and an exploratory operation had been performed. Only eleven other examples of this tumour are found in literature.

The CHAIRMAN remarked upon the misleading symptoms in the second case; she had right-sided headache, and kept her head turned to the other side; there was double optic neuritis, slight right facial paralysis, tremors of the right arm, and the right knee-jerk was exaggerated, and when placed upon her feet she reeled towards the right. The right side of the cerebellum was found quite healthy.

Dr. SUTHERLAND referred to the first case, and said that while in the hospital the symptoms were those of meningitis; there was no evidence of tumour.

Mr. EDMUNDS commented upon the fact that optic neuritis was present in one age and thought it suggestive of the age presence of a tumour.

Dr. THEODORE FISHER (Bristol) thought a tumour in the floor of the third ventricle might have another clinical interest. It had been thought that the infundibulum and upper part of the pituitary body had an influence upon the nutrition of the nervous system. He had seen a case where a gumma of the floor of the third ventricle and pituitary body was present, yet there had been no symptoms suggesting a brain lesion, and the patient had slowly died and was thought possibly to have contracted granular kidneys.

Dr. BURGESS asked whether urine of the second case showed anything abnormal?

Dr. THOMSON WALKER, in reply, said the urine showed nothing abnormal.

Mr. R. H. A. WHITELOCKE (Oxford) read a paper upon a case of

SUPPOSED STRANGULATED HERNIA

in a female child, which was found to contain an ovary-like body which proved to be a retained testis. A similar body was present upon the opposite side. Photographs of the external genitals were shown. They appeared to be those of a normal female child.

Dr. GEORGE CARPENTER spoke of the value of rectal and bi-manual examination in these cases.

Dr. G. A. SUTHERLAND and the CHAIRMAN discussed the question of sex, and thought the child should be brought up as a girl.

Mr. WHITELOCKE, in reply, thought the question of sex in some cases might be a difficult one, and the question of the right to inherit property might be concerned.

Dr. C. O. HAWTHORNE and Mr. H. J. CURTIS then read a paper upon a case of

NEPHRECTOMY FOR SARCOMA OF THE KIDNEY

in a child, *et. 4*. The child appeared at first to be doing well, but died three weeks later from pleural effusion into both sides of the chest. The tumour weighed 3 lbs. 15 oz.

The Chairman, Dr. Nabarro, Dr. Porter Parkinson, Dr. Theodore Fisher and Dr. Thomson Walker commented upon the case.

Dr. GEORGE CARPENTER read notes on what was proved at the autopsy to be a case of

MALIGNANT ENDOCARDITIS

in a child, *et. 8*. The case came under observation as one of a sudden onset of coma, in apparent good health, with hemiplegia, associated with mitral disease. He recovered from the coma and next developed cerebral symptoms and ocular pareses, and was expected shortly to succumb to tuberculous meningitis, but these symptoms subsequently passed away. Intense optic papillitis, a simulated choroidal tubercle and subretinal hemorrhages were found on ophthalmoscopic examination, which lent weight to the idea he was suffering from a tuberculous cerebral tumour; he did not react to tubercle. Just before his death he developed embolic plugging of the right common iliac artery.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, May 3rd, 1902.

At the Congress for Surgery Hr. Hochenegg (Vienna) read a communication on

THE RESULT OF TREATMENT OF CARCINOMA OF THE COLON.

The cases treated numbered 282. In one case of disease of the cæcum rectal carcinoma at the level of the third sphincter had developed; the carcinoma was very friable, and at the operation small fragments were washed away. In one case of cancer of the transverse colon a special method of operation was carried out. In June, 1894, a man, *et. 76*, was operated on who on the third day thereafter developed ileus, with a good deal of meteorism. On laparotomy the transverse colon was seen to be distended to the right, and examination revealed a small annular carcinoma. The author did not resect at once, but drew the diseased portion out of the wound, sutured it, opened the distended colon, and a week later did the resection. The patient at present feels quite well, so that we have a permanent result for eight years. The operation was also performed in four other cases, twice with good result. In three cases of carcinoma of the flexure health was retained for six years in one, the patient dying of a non-malignant cerebral disease. The second case was that of a man of 70, who was operated on in October, 1900. The flexure was the seat of numerous diverticula, and the disease had commenced in one of them. The third case was interesting as showing that in cases where the occlusion was highest, irrigation did harm. The medical attendant had ordered washing out on account of retention of feces. After this, a tumour formed above Poupart's ligament, which was painful, and accompanied by fever. The speaker found a large infiltration at the spot, and on more careful examination, a large tumour on the left. The infiltration was opened up; the cancer of the flexure drawn into the wound and resected. The patient

was feeling well except, of course, for the artificial anus. The violent irrigation had forced an opening through the intestinal wall. As regarded carcinoma of the rectum very varied results had been given by various operators. The speaker had only made use of the sacral method, and always with a good result. It had been suggested that he had made a careful selection of cases for this operation, but it was not so. He had performed this kind of radical operation in 72 per cent. of his cases, in the remainder only palliative measures were admissible, and these were not included in his statistics. The number of his radical operations was 174, and this showed that selection was not much made use of. He was very careful, however, and when in the course of an operation success did not seem probable, he preferred abandoning it rather than to complete it. In order to arrive at some clearness as to the mortality in the hands of different operators he had examined the cause of death. He grouped them in two series—(1) direct result of operation, (2) disturbance during the progress of the wound. He had lost only one case from collapse and one from hemorrhage on the eighth day, whilst other operators showed larger numbers from these causes. He could show a large number of permanent recoveries—30 in 174 operations—when the patient had remained free for over three years. Ten cases had complete, and two a comparative, continence.

Hr. Krönlein compared

MEDICAL TREATMENT OF CANCER OF THE STOMACH with that by operation. Since the hopes raised twenty-two years ago by Billroth's first successful resection of cancer of the stomach, opinions were now again gradually becoming pessimistic. Even among surgeons there were doubts. He had thought therefore that an inquiry and a balancing of the results would be useful. Was operation curative or palliative? Could life be prolonged if not saved, or only made bearable for a time? He had collected notes of 284 cases, of which 195 had been operated on, whilst 89 were not operated on, 54 because operation was not admissible, 14 because they declined to submit to it. Exploratory laparotomy was performed in 71 cases with 7 deaths; gastro-enterostomy in 74 cases with 18 deaths, and gastrectomy in 60 cases with 14 deaths; total deaths 39 - 19.4 per cent. As regarded permanent results he had only failed to obtain information as to 4 per cent. of the cases. The average duration of time between the first appearance of symptoms and admission into hospital was nine months. If patients were now submitted to operation the average duration of life was another 104 days; so that the average life from onset of symptoms was about one year. Patients went, therefore, first to the surgeon when three-fourths of their space of life had already run out. After gastro-enterostomy the average existence was 193 days, a prolongation of about three months. After gastrectomy they lived 420 days, a lengthening of life of about fourteen months. Of the gastro-enterostomy cases nine were still living, and of the gastrectomy thirteen. Of these one was healthy in the eighth year after operation, one in the fourth year, two in the third, three in the second, and six in the first. As recurrence took place late in carcinoma of the stomach, freedom from disease for three years could not be accepted as a permanent recovery. The figures showed at least that surgery offered some improvement on the hopeless outlook of

internal treatment only. It not only prolonged life, but rendered it more bearable. This was especially the case in gastrectomy, which rendered even a radical cure possible. The speaker concluded with the wish that the operation, like that of extirpation of the vermiform appendix, might become more popular, not only with the surgeon, but also with the public. With early operations even better results might be obtained.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 3rd, 1902.

GENERAL LYMPHOMATOSA.

At the "Gesellschaft für innere Medizin" Shur showed preparations of blood taken from a case he showed to the Society in December, and who died on the last of January. In the sputum, *usque ad finem*, no tubercle could be discovered, while all bacterial preparations proved negative.

There were a few subjective symptoms, which he viewed lightly, might be noted before he expressed his views, viz., pressure on various parts of the body which gave pain, more particularly the extremities, the left one especially about the hip.

There was no anatomical lesion to show the possibility of tuberculous origin, neither was there amyloidosis to prove tuberculous pseudo-leukæmia. The post-mortem diagnosis affirmed that it could not be a case of simple pseudo-leukæmia, or no other complication ought to exist. In this case there was a myelocystic metaplasia in the shaft of the femur as well as in the ribs and sternum. Nowhere could tubercle of the marrow or bones be found. It was therefore concluded that the blood was the source of primary affection.

On criticising the post-mortem results, in which the operator expressed the opinion of pseudo-leukæmia as a basis of tubercle, with fibrous induration of the lymphatics, he thought this was strongly presumptive, as the spleen had the same tubercular pseudo-leukæmia, which may have become chronic as there were small glands that had even become cheesy. There were also pseudo-leukæmic tubercles in both lungs, with amyloidosis in liver, spleen and kidneys, with hydronephrosis on the right side.

The microscopic examination proved the case to belong to that class of cases Sternberg has proved in his work on the subject denoted pseudo-leukæmia in the course of tubercle, as they contained a characteristic giant-cell; while Langhaus found this cell with genuine tubercle. Tubercle bacilli were actually found by the microscope in the small lymphatics along with eosinophile cells; the presence of these cells militated against the opinion of a malignant lymphoma, but were in favour of a tuberculous condition.

Shur affirmed that he had examined the whole history of medicine to find a parallel case, but had failed. In Sternberg's cases the clinical examination negated all leucocytes or only a very slight reduction of the leucocytes, which would prove the foregoing case not to be one of tuberculous pseudo-leucocythæmia.

There are two notable points to be observed in the blood constituents of this case: first, in spite of the duration of the leucocytosis no mononuclear granulated cells, myelocytes, were to be found. It may be accepted

that the appearance of a large number of myelocytes is a symptom of diseased cells which indicates a loss of the amoeboid movement and a determination of nucleus; secondly, that after many years' duration under severe irritation of the marrow, nowhere could nucleated red blood-corpuscles be found.

Schrotter asked whether the bronchial glands, tonsils, or tonsillar-pharyngeal glands had been examined, as this might be the primary channels of attack; to which Shur said the broncho-lymphatics were swollen, but the pharynx and tonsils were not.

Türk thought "tuberculous pseudo-leucocythæmia" should be banished from the mind, and the case simply regarded as one of tubercle. From his own investigations of the blood a very large number of leucocytes do not alter the relative proportion of the blood, while there are others in a different stage, or a third with eosinophiles and leucocytes to the extent of fifteen, twenty, or even as high as thirty-eight thousand. When the constitution of the blood becomes inconstant there is a symptom of high temperature, fever, and accompanied with the typical hectic type, usually termed pseudo-leucocythæmia, which is neither less nor more than tuberculosis; failing these clinical symptoms, the case becomes one of tuberculous lymphomatosis. The glands in tuberculous lymphomatosis are for the most part painful, indolent with much hyperplasia, and on looking at the symptoms of Shur's case with pain, swollen glands, and altered condition of the blood, little doubt need be entertained on the case.

In tuberculous lymphomatosis you never find diffuse tubercle-nodules or swelling in the lymphatic apparatus either in the mucous membrane of throat or mouth, but in hyperplastic lymphomatosis swelling is the general rule.

Now a diagnosis from the blood alone of hyperplastic lymphomatosis is not possible as there are cases of real genuine hyperplastic lymphomatosis without any lymphocytes at all, but are irrefutable in their clinical aspect but may be distinguished from pseudo-leucocythæmia. (1) General hyperplastic lymphomatosis has no local aggressive character. (2) Lymphomatosis with local character (lymphosarcoma) has usually no lymphocytosis: (3) Lymphomatosis with small local swellings has occasionally lymphocytosis.

The Operating Theatres.

ROYAL FREE HOSPITAL.

EXAMINATION OF AN APPENDICULAR ABSCESS AFTER A FORTNIGHT'S APYREXIA.—Mr. E. W. ROUGHTON operated on a case of appendicitis. The patient was a boy, æt. about 12, who had been admitted a fortnight previously suffering from a typical attack of appendicitis. On admission his temperature was 102°, and there was a tender swelling in the region of the appendix. The question of immediate operation was at that time seriously considered, but as the symptoms were not very urgent, and showed a tendency to abate rather than to become more severe, it was decided to treat the case in the first instance by medical means only. All the acute symptoms very rapidly subsided, the temperature and pulse becoming normal in the course of forty-eight hours. The patient was then allowed to remain quietly in bed for ten or twelve days, during

which time he had no symptoms whatever, the tenderness over the appendix disappeared, but an ill-defined lump could still be felt. Mr. Roughton before operating said that it would be much better for the boy to be submitted to operation rather than to be sent out and allowed to run the risk of having further attacks. An incision three inches long was made parallel to the outer half of Poupart's ligament, the abdominal muscles being divided in the direction of their fibres. On opening the peritoneum a mass of thickened omentum and adhesions was found; the area of operation was then packed off with sterilised gauze. The adhesions were next cautiously separated, and a small abscess cavity was discovered, from which about three drachms of pus were slowly evacuated, great care being taken to prevent infection of the peritoneal cavity. A search was then made for the appendix, with the result that the proximal inch of the process was found, the rest of it having sloughed off. What remained of the appendix was removed in the usual way, the inflamed omentum ligatured and cut off, a drainage tube inserted into the abscess cavity, and the muscles and skin brought together by suture. Mr. Roughton drew attention particularly to the fact that the rapid improvement which had occurred during the first few days in hospital was to a large extent illusory, although fever and all other acute symptoms had completely disappeared. He pointed out that such a case might quite possibly have been regarded as recovered, whereas future trouble was in reality inevitable. The case, he thought, afforded a strong argument in favour of operating upon all cases of appendicitis after a first attack, even when an apparent cure had resulted after medical treatment.

Six days after operation the patient's condition was extremely good, although a little pus was still escaping from the drainage tube.

Pure Water !

ONE of the 40-inch mains of the Manchester water-supply system was recently cleaned out and no less than seven hundred tons of animal and fungoid growth with mineral matter caught therein were removed. A 36-inch main in use from 1899 to 1901 yielded one hundred and sixty-five tons of deposit. If this deposit represented the whole of the impurities contained in the water all would be well, but such is far from being the case.

Manchester Branch of the National Association for the Prevention of Consumption.

THE recent visit of Sir William Broadbent to Manchester, where he delivered a valuable address on "The Prevention of Tuberculosis," has led to the formation, long talked of and sadly needed, of a branch of the National Association for the Prevention of Consumption, and the Manchester and Salford Sanitary Association are to take steps to arrange for its organisation.

Maxima Debetur Mortuis Reverentia.

WE have all heard, says the *Lancet*, of the American ladies whose sense of modesty was such that they clothed the legs of their tables and chairs in nether garments. The following occurrence at one of the great London hospitals is illustrative of feeling every whit as nice. A cold storage chamber was being constructed in connection with the post-mortem room and the secretary of the hospital, on going to see how the work was getting on, found that the chamber was being fitted with double doors—and those of small size—instead of one large door. He made inquiries as to the reason for this deviation from the original plan when the chief carpenter, who was superintending the work, replied: "Oh, sir, we are putting in double doors and a wooden partition in order to keep the sexes apart!"

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 7, 1902.

LIGHT AND SANITATION.

WE look back with mingled amazement and pity on the uncomfortable and unsanitary conditions of existence which our forefathers were content to put up with until the great fire came along and simplified the problem of rebuilding the city in accordance with more enlightened principles. Elementary as were the ideas of our ancestors in respect of personal cleanliness and public hygiene, we must admit that their conditions of environment were in some respects superior to our own. They at any rate had not far to go to get into green fields and fresh air; the air they breathed was not contaminated by admixture with thousands of tons of coal converted into smoke and the sun poured its vivifying rays into the city comparatively unhindered by murkiness of atmosphere. Outside the city proper most houses, great and small, had their gardens where the citizen could retire after his day's labour to breathe an atmosphere not, as now, deoxygenated by the lungs of six million people. The main roads leading into the country, north, south, east and west, of which in most instances only the bald lines remain, were broad avenues with a deep fringe of verdure and flowers. As we have improved in some directions we have retrograded in others so that, if the last state be not worse than the first it is not as much better as we, in our vanity, are apt to suppose. We have come to recognise the beneficent influence of plenty of fresh air, but in practice we fail to avail ourselves of that of light. In his address before the Sanitary Congress at Manchester, Sir James Crichton Browne dwelt upon the effects of direct sunlight in promoting health and the enjoyment of life. Apart from its well-known destructive action on certain varieties of disease-producing germs, its stimulating effect on retrogressive oxidation, hastens decomposition and curtails the stage of putrefaction.

Light, indeed, has still deeper and more intimate human relations of a sanitary character, in that it is a necessary condition of mental and physical well-being. Pure white light is "the normal cerebral atmosphere." The gospel of the future will be "big windows and open doors," with plenty of open spaces, though the doctrine of floor space is being deliberately contravened in the Metropolis by the construction of huge barracks specially designed to admit of a large increase in the number of human beings housed per acre. The problem of providing more light is intimately associated with the smoke question, since it is the smoke which, in our large cities, is the most effectual barrier to the sun's rays. We have secured, more or less, the purity of our water supplies, we have sacrificed untold millions in order to prevent further contamination of the soil, we have still to undertake the task of purifying that even more important factor in our physical existence, the air we breathe. Fortunately the dawn is perceptible above the chimney-stacks, the steady progress of electricity for lighting and warming, and as a source of power for manufacturing purposes, promises to minimise the evil entailed by the griminess of steam. The steady rise in the price of coal, distressing as it may be to the present-day householder, will give an impetus to more economical methods of procuring warmth for domestic purposes, and economy means less smoke individually from the six hundred thousand houses of the metropolis. With the disappearance of the superabundant smoke, then will the grass grow green again, the herb flourish after its kind, flowers blossom in our urban gardens, moss and lichens mantle on our city walls; then will the faces of our toiling millions again be burnished with the glow of health, while the pale pestilence that walketh in darkness will alink away abashed. Then, too, it may be hoped, the sleeping spirit of beauty among us will awake at the touch of the auroral prince from her long fume-begotten torpor, so that ugliness may depart from our streets, and the glories of architecture again adorn them, while the refining influences of art exalt the national life." Such an ideal may perhaps seem Quixotic to the dwellers in Cottonopolis, but it breathes the spirit of scientific prophecy. Sanitary reformers at least in their methods of work have so to agitate and educate as though nothing had been done so long as anything remains to be done.

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON AND ITS LICENTIATES.

THE motto which was chosen by the fathers of the unum Corpus et Communitas perpetua sive Collegium perpetuum, the Royal College of Physicians, must have been a subject of much consideration and debate among them. "Life is short but art is long" ("Ὁ βίος βραχύς ἡ δὲ τέχνη μακρά") suggests much that may encourage some and depress others, and we fear that the latter effect may be now making itself felt on the College in Pall Mall. Nearly four hundred

years have passed since H.M. King Henry VIII. granted to John Chamber, Thomas Linacre and others, the Charter of Incorporation of the College, which raised the practice and profession of medicine from its rather doubtful character into one of great public importance and national benefit. It has been the fate of many institutions, companies or societies which started and were powerful three or four centuries ago to have gradually changed to such a degree that they have practically died out. The arts or purposes they were devoted to have lived, for ἡ τέχνη is μακρά, though ὁ βίος is βραχύς. When the Charter of Incorporation of the College of Physicians, with its sidenotes as printed and published, are carefully studied, as they ought to be, by those interested in any questions concerning Fellows, Members, or Licentiates, it will be seen that if the "reasons for incorporating—viz., to check men who profess physic rather from avarice than in good faith, to the damage of credulous people," exist now as they did in 1508, the College does certainly not make this a matter of its special care or duty. The public is now protected by so many chartered societies, whose duties are the same as those undertaken almost solely by the College of Physicians in the time of Henry VIII., that the question arises whether it would not be better for the College to consider the second part of its motto than in trying to do what has been amply provided for, in direction of checking "men who profess physic . . . to the damage of credulous people." In the year 1522-23, that is, four years after the Charter of Incorporation was granted, the very important extension was legally allowed of the radius of seven miles round London to the whole of England, and "that no person from henceforth be suffered to exercise or practise in physic through England, until such time as he be examined at London," &c. What great changes have taken place in the relations between the Royal College of Physicians, the profession and the public since 1522-23, we need not now remark upon. The public is protected so widely and by so many chartered corporations and universities, and lastly by the General Medical Council, that the College is not called upon to give special attention to the purposes for which the leaders of the profession obtained the first charter. Under these circumstances some might take the view that the βίος of the College, if it has not been βραχύς, it has been μακρός enough; unless, as we have suggested, it sees some way of working for the public good. Some may take the view that the interests of the profession ought to be considered, and in this we heartily concur; but at present it rather looks as if the great body of Licentiates of the Royal College of Physicians of London were under disadvantages which other licensing bodies in Great Britain do not impose. So far as the qualifications of those who wish to practise are considered, it looks as if the General Medical Council were inclined to require a higher standard than that of the College, and that in such matters as registration and education of

students the College is disposed to be less particular and exacting than the Medical Council. There is another matter to which undoubtedly attention should be given both by the licensing bodies and the Council, and that is the practical teaching of students, a subject more important by far than that of examinations. It was the university system of teaching that gave Oxford and Cambridge the privilege of being independent of the College when it obtained its charter; and there is no doubt that the College has done its best to assert itself over the great Universities of England. It is true that the Universities may have deserved such treatment by neglecting in a singular manner the education of students in the art and science of Medicine. Things have been improving, however, during the past few years, and we hope they will continue to do so. Now that the licence to practise Medicine and Surgery in England can be obtained in so many other ways, it would be well for the College of Physicians to turn its attention to the improvement of the profession rather than to that of making something out of the granting of licences, and to consider how it may avert the fate of *βίος βραχύς* by some attempts to make its *ταύτη μακρή*.

Notes on Current Topics.

Proposed Abolition of the Midwives Training School of Sir P. Dun's Hospital.

THE Board of Governors of Sir P. Dun's Hospital has, in a somewhat sudden and apparently unaccountable manner, decided to abolish the training school for midwives which has been attached to the hospital since the time of Sir Edward Sinclair. The fact that they have decided on so important a step without communicating with the Royal College of Physicians—who appoint the King's Professor of Midwifery, the medical head of the school—and contrary to the wishes of the King's Professor, has, we learn, given rise to some not unnatural indignation on the part of the College. The reasons for the abolition of the school are apparently obscure. Its nurses hold an admittedly deserved high reputation. The numbers trained annually have increased from seven at the time of the appointment of the present King's Professor to more than thirty. The results of the cases treated can more than bear comparison with any lying-in hospital in the United Kingdom. In spite of this, the school is to be abolished and no more nurses are to be admitted for training after June next. It is difficult to surmise the reasons which have led the Governors to this—we cannot but think ill-advised—decision. A number of trained midwives spread through the country must be of value to the hospital which trained them. And for this reason, if for no other, we should have thought that the Governors would do everything in their power to increase their number, more especially at a time when the Poor Law medical service is recruited to so small an extent from the students of Sir P. Dun's. We can

only attribute their decision to a desire to economise, but this, we fancy, would be better met by making the nurses a source of profit to the hospital. The President and Censors of the College of Physicians are *ex officio* members of the Board of Sir P. Dun's Hospital, and we trust that as a result of their presence the general body of the Governors will be led to alter their determination to close a valuable school, especially when by so doing they will, as we understand, run counter to the wishes of a body with which they are so closely connected as they are with the Royal College of Physicians.

Meat-juice and Marking Ink.

OR all places in the world a hospital for the sick should be administered with rigid attention to detail and order. That such is not always the case is abundantly shown by the reports of the coroners' courts. Hardly a week elapses without the tale of some death in a public institution of the kind due to gross negligence and want of method. Not very long ago we commented severely upon the carelessness which allowed strong carbolic acid to be left lying about in a ginger-beer bottle at one of our leading London hospitals. The result was the death of a workman who took a pull at the bottle under the impression it contained some harmless beverage. The latest scandal of the kind comes from the fever hospital near Bromsgrove, where marking-ink was given in mistake for meat-juice to two scarlet fever patients? Will it be believed that in a public hospital marking-ink was habitually kept in a meat-juice phial and left where it could be administered to a patient! It is all very well for a hospital committee, wise after the event, gravely to censure a nurse for stowing away the marking-ink along with medicines and food. The fault lies with the system, or lack of system, that allows marking-ink to be placed in any but a properly labelled and distinctive bottle of its own. Most marking-inks are poisonous. It would be interesting to know what are the ward regulations at the Bromsgrove Infectious Hospital regarding poison bottles and poison cupboards; or do the dispensers utilise odd bottles and phials for all poisons needed in the wards?

Zenana Medical Work.

ALL creeds of modern Christianity appear to be recognising the fact that it is necessary to look after the bodily as well as the spiritual welfare of mankind. In pursuance of that principle the addition of the medical element has immensely increased missionary influence throughout the world. Here at home in the Mother Country the two things are usually kept apart, as the vast majority of the medical charities are strictly undenominational. Abroad, the combination of medicine with the teaching of the principles of the Christian religion has nowhere been more conspicuously successful than in the case of India, where the religious scruples of the people exclude the attendance of medical men on women. It is not many years

since the native women of our great Eastern Empire were practically without any skilled medical assistance whatever, that is to say, skilled in the modern scientific sense of the term. That deficiency has been in great part supplied by the Zenana Mission, which supplies qualified lady doctors, who are allowed free access to the native houses. Some interesting facts were given by Lord Kinnaird at the annual meeting of the Zenana Bible and Medical Mission last week in Exeter Hall, London. It appears the Society now has no less than 154 European missionaries, with 270 native Christian teachers and nurses, at thirty-seven centres in India. There is an immense field still open in this direction for solid good work in the relief of suffering humanity, as shown by the fact that in not a few Eastern cities the size of Liverpool there are only one or two medical missionaries available at the present time.

Homes for Inebriates.

THE Annual Report of the "Homes for Inebriates Association" embodies the record of another year's work which, on the whole, is encouraging, in spite of the fact that a smaller number of patients presented themselves for treatment at the Dalrymple Home, at Rickmansworth, during the past year, and there was a loss on the year's working. It is but too obvious that the value of legislation has not been at all commensurate with the condition which it was intended to remedy, but this cannot cause surprise in view of the highly tentative and restricted scope of the law relating to the sequestration of confirmed inebriates. The Act of 1898 only applies to those whose failing has become a public scandal, bringing them within the purview of the criminal law, but it leaves unassisted the thousands of unhappy victims of the alcoholic habit whose vicious practices are tinctured with a measure of discretion so far as publicity is concerned. No doubt when our legislators have had time to satisfy themselves as to the value of the treatment, they will be willing to extend the scope of the law and offer a helping hand to those who cannot be trusted to help themselves, without interposing technical and often insurmountable obstacles. The loss sustained in the person of that indefatigable and consistent temperance advocate and reformer, the late Dr. Norman Kerr, is acknowledged in the report in feeling terms that will commend themselves to those who are cognisant of the immense amount of time and labour which he devoted to the spread of sound temperance principles.

Temperance and Advertisement.

YOUR thorough-going temperance advocate is nothing unless an enthusiast. He proves too much, assumes too much, suggests too much, asserts too much, infers too much; in a word, he is a creature of excess, and so is wont to arouse opposition by the rancour of his over-statements. At Lille, Professor Folet has recently entered the lists with a ponderous anti-alcoholic weapon of his own forging. His task is unhappily light enough so far as the proof of the enormous and increasing consumption of alcohol in

France is concerned. Thus, we are told, that whereas the consumption of absinthe in 1881 was only 18,000 hectolitres, in 1897 the amount had risen to 168,000 hectolitres. Further, the consumption of alcohol per head of the French population now reaches 4·72 litres, as against 2 litres per head some twenty years ago. These figures are capable of proof or disproof, but a similar remark does not apply to a further remark of the learned professor to the effect that out of every 100 consumptive patients in the Paris hospitals in no less than 71 per cent. can their malady be traced to alcohol. That statement is probably far removed from the truth. The fact that a consumptive drinks to excess does not necessarily show that alcohol led to his consumption. Then the professor comes to his panacea, which is to apply the vast resources of modern advertisement to the stamping out of the evils of intemperance. We may therefore look forward to a Paris in which temperance warnings are blazoned forth on hoardings, railway stations, omnibuses, tickets, newspapers, blotting-pads, and the thousand and one advertising agencies familiar to the modern citizen of the world. So mote it be.

Mountain Sickness.

THE pathology of *mal des montagnes* is still wrapped in obscurity. While the group of symptoms comprising lassitude, dyspnoea, headache, and palpitation constitutes a serious barrier to many mountaineers, the etiological factors remain far from clearly ascertained. Mr. Douglas W. Freshfield, in the attractive record of his work among the glaciers of Kangchenjunga, published in the last issue of the *Geographical Journal*, details his experience in relation to this matter:—"Most of us Englishmen and natives felt in various degrees our powers diminished; we experienced an indisposition to exertion, bodily or mental—what Stevenson, writing of the climate of Davos, calls 'an underlying languor of the body'—a slackening of pace and increased breathlessness in going uphill. We suffered most on first reaching an elevation of 15,000 to 16,000 feet; there was no increase in our symptoms on rising over 20,000 feet." Mr. Freshfield commits himself to the opinion that while training and habit and attention to diet will not do away with mountain sickness, they will however, go on reducing its area and its virulence. "Kangchenjunga and its still loftier Nepalese neighbour will one day have a flag on their summits"—in spite of the *mal des montagnes*. Let us hope Mr. Freshfield will himself fulfil his own prophecy.

THE rumour that the authorities of St. Bartholomew's Hospital contemplated the reconstruction of the buildings on another site, is contradicted, although this was hardly necessary, in view of the fact that a quarter of a million sterling has just been expended in the acquisition of additional land for extensions on the land now occupied by Christ's Hospital.

The Licensing Question in Ireland.

A PARLIAMENTARY Return just issued gives the following interesting statistics of the licensed houses in Ireland:—The total number of licenses issued numbered 19,702, divided as follows: Belfast 2,845, Cork 2,414, Dublin 4,952, Dundalk 2,386, Galway 2,766, Kilkenny 2,226, Limerick 3,049, and Londonderry 2,075. There are in Ireland 38 brewers: Belfast 4, Cork 6, Dublin 7, Dundalk 4, Galway 1, Kilkenny 10, and Londonderry 3. To brew all the liquor made 5,978,136 bushels of malt were used, of which 4,754,448 were used in Dublin. Of rice, maize, and other preparations 6,307 cwts. were made use of. Of sugar 9,623 cwts. were used, of which Dublin used only 13 cwts. 3 qrs. Taking the recent census returns we find that in Belfast there is one public-house for every 123 of the inhabitants; in Dublin, 1 for every 59; Cork, 1 for every 38; Londonderry, 1 for every 20; Limerick, 1 for every 15; Galway, Kilkenny, and Dundalk, 1 for every 6. The return shows clearly that in small places and towns like Limerick, Galway, and Kilkenny, where local influence can be brought to bear on the magistrates licenses are freely granted, until in many places in Ireland there is a licensed house for every family in the town. We are no advocates for making men sober by Act of Parliament, but we do object, in the interest of the health of the people, to every house in a village being converted into a tavern. The evil is particularly objectionable in small towns where there is no floating population, and these public-houses live on the promotion of drunkenness in the villagers, who become the victims of their excesses. We think the power of licensing should reside in some central authority who, being independent of all local influence, could refuse all applications for a licence to sell alcoholic stimulants other than those he had good grounds for believing necessary. And we further would suggest that from time to time the police should take samples of the liquors sold, and in case of adulteration being detected more than three times in the same house the licence should be cancelled.

Ping-Pong Teno-Synovitis.

THE ubiquitous game of ping-pong has already been dragged into the lists of adventurous insurance agents as a possible cause of death, and from the columns of a contemporary we learn that it may be also responsible for a less severe form of pathological process. Dr. F. G. Crookshank describes a case in which he found considerable œdema of the lower third of the left leg obscuring the anterior border of the tibia, with pain and general disturbance so great as to suggest the possibility of an acute osteomyelitis in a gentleman æt. 30, of heavy build. The patient was put to bed and appropriate remedies employed. The next day the œdema had in great part subsided, and it was obvious from the creaking and crackling sensations on examination that there was acute teno-synovitis, in connection mainly with the tibialis anticus. The patient attributed his condition to his

daily avocation, which involved much walking, but incidentally another and more material circumstance was elicited—that he had been devoting his evenings with much ardour to ping-pong, and had, moreover, played the game wearing his usual stiff buttoned boots. Truly the possibilities of the insignificant are considerable. Dr. Crookshank considers that until in the fulness of time a costume and footgear appropriate to this national sport is evolved, such cases as this will probably from time to time occur.

Cutaneous Precursors of Cancer.

THE presence of multiple cutaneous angiomas, rapidly increasing in number, is regarded by certain observers as an early sign of what may be called the cancerous diathesis, indeed it has been asserted that their existence justifies the suspicion of malignant growth. Statistics, it is true, do not seem to confirm this view to any great extent, apart from the fact that similar developments are met with in persons who have not manifested any tendency to cancerous degeneration. The features upon which special emphasis is laid from a diagnostic point of view are their sudden appearance and their number. In the subjects of cancer, moreover, the existence of these nævoid formations has coincided with the appearance of other cutaneous manifestations, such as a tendency to pigmentation of the skin and the development of a large number of warty outgrowths. According to certain authors, this pigmentation is particularly characteristic, especially in intestinal cancer. In these cases the surplus pigment is distributed in the form of patches, resembling freckles, from which they can be distinguished by their darker hue, their less regular outline and the fact that they make their appearance in parts of the body where freckling proper does not take place.

The Midwives Bill.

WE learn that there is a not remote possibility that the Midwives Bill will fail to become law during the present session, owing to the encroachments which will be made after Whitsuntide on the time devoted to private Bills and to the opposition to which the Bill has given rise. We wish we could add that there was a corresponding possibility that it would never pass into law in its present form—a form in which it is prejudicial to the best interests of the public. Failure to pass this year would undoubtedly have a beneficial effect upon it, and would prove—if anything would prove—to its promoters that a Bill of such a nature must possess the approval of the medical profession, who alone are capable of forming a correct opinion on its essential clauses. Medical men and medical bodies should seize every opportunity which is possible before June 4th to impress on members of Parliament the inadvisability of allowing the Bill to pass in its present form. We have already drawn, and here again draw, the attention of Members to the injustices that the Bill would inflict on the great maternity hospitals of Ireland, and to the necessity for

opposing it unless the alterations which have been demanded by the Royal College of Physicians are granted.

The Refrigerant Treatment of Soft Chancres.

SOFT chancres are not as a rule very refractory to treatment by the methods usually employed, but healing, nevertheless, is often a slow process. Dr. Brandweiner, of Vienna, claims that healthy granulation can be obtained in two or three days by the application of cold. His method comprises the application twice daily for from three to five minutes of a refrigerating substance, such as chloride of ethyl. The sore is carefully cleansed and dried, and a jet of the ethyl chloride is then allowed to play on it, evaporation being promoted by pumping air on to the surface from the tube of a thermocautery. The treatment is one to be employed with caution, because, if too prolonged or severe, sloughing of the tissues may be caused.

Lay Sanitary Missions.

PROFESSOR A. BOSTOCK HILL, of Birmingham, has recently been dealing with the perplexing but most important relationship of voluntary effort to constituted authority in promoting sanitary reform. He showed that, in spite of all the work hitherto accomplished in connection with sanitary progress, there had been practically no reduction in the terrible waste of infant life. The published rates of infant mortality for England and Wales, except in certain special instances, showed no improvement, and, indeed, in some of our large towns the condition of affairs was worse than at the beginning of the sanitary era. Despite efforts to spread knowledge concerning hygienic matters, the people whom it is most essential to teach are not reached. Dr. Hill contends that the only real way of imparting the necessary information was by what he termed "missionary effort" in the homes of the people themselves.

Tobacco Catarrh.

THAT common ailment, cold in the head, represents a group of symptoms common to several very different conditions. The most prominent symptom, nasal catarrh, with more or less obstruction of nasal breathing and running at the nose, is associated in most instances with a disagreeable feeling of tension in the forehead due to implication of the ethmoidal and frontal sinuses. Sometimes, as in hay fever, the affection is dependent upon the presence of a special micro-organism; it is much more frequently caused by an extension upwards of gastric catarrh, which first gives rise to catarrh of the pharynx with dryness and soreness of the throat, and then attacks the mucous membrane of the posterior nares. Attacks presenting this sequence are invariably of gastric origin, and should be treated accordingly. There can be no doubt that a proneness to naso-pharyngeal catarrh is established by the habit of tobacco smoking, especially in the form of cigarettes. In sensitive subjects the smoke provokes a condition of chronic

irritation which is fanned into a flame by comparatively slight exposure. Persons addicted to habitual cigarette smoking, it will be noticed, complain of huskiness, and the voice has a muffled tone due to engorgement of the mucous membranes. When the smoke is inhaled there is in addition a troublesome short dry cough, testifying to chronic irritation of the larynx. Such cases are very refractory to treatment, because the sufferer is rarely willing to consent to the removal of the source of irritation.

Small-pox in London.

THERE has been no marked diminution in the outbreak of small-pox in the metropolis, but the negative fact of there being no serious increase in the month of May renders the outlook more hopeful. The number of patients under treatment at the Metropolitan Board's Hospitals on Friday, May 2nd, was 1,452, a slight decrease on the figures of the preceding week. Taking the two weeks together there were 1,474 cases, as against 1,458 for the previous fortnight. The deaths from small-pox in London were 42 for the past week, compared with 54, 78, and 42 in the preceding three weeks. It is therefore evident that the disease is about stationary, which is so far the best news that could be looked for at this time of year. One of the most noteworthy incidents of the week with regard to the epidemic has been the prosecution of a Croydon resident for refusing to permit the removal of his son, a small-pox patient, to the local infectious hospital. The father, who was fined £5 and costs for this offence, contracted the disease himself. His wife was fined £3 and costs for refusing to allow her husband to be removed. The local authority can interfere only when a householder is not able to carry out proper isolation, or where the safety of other persons, as in an hotel, would be obviously endangered. Prosecutions of this nature are fortunately rare, and would naturally be avoided by the sanitary authorities unless in extreme cases.

Hospital-mongering in the United States.

As all the world knows, medical advertising is carried on in a perfectly open and unabashed manner in the United States. A somewhat lurid example of the way in which some of the obscurer so-called medical charities are managed in that country may be gathered from an account recently published in the *Morning Leader*. That journal states that St. Luke's Hospital, of Niles, Michigan, a town of 6,000 inhabitants, offers the following advantages to gentlemen wishing to join their dental staff:—(1) A neat lithograph pocket membership ticket costing two dollars, which, judiciously displayed, should pay for costs of dental certificate many times over in a single year. (2) A very costly and ornamental solid gold button with inscription, costing two dollars also. (3) A commission of 25 per cent. cash for all surgical and 10 per cent. for all medical cases sent to the hospital. (4) A certificate from fifteen to twenty-five dollars, according to style and language. The candour of these induc-

ments, supposing them to be genuine, shows a keen commercial grasp of the situation. It is hard, however, to imagine how solid gold buttons can be produced and sold at a profit at the price quoted by this enterprising hospital. The state of Michigan must be governed by a complacent set of rulers if they allow private institutions to confer qualifications at their own sweet will in the manner indicated in the foregoing sketch. If we remember aright, not a few of the quack testimonials published on this side of the Atlantic are supported by the familiar title of "M.D. Mich., U.S.A."

Ratepaid Revaccination.

ALTHOUGH technically the services of the public vaccinator are at the disposal of all and sundry, irrespective of social status, most people in a position to pay for medical attendance prefer to have recourse to a private practitioner for revaccination. Such does not appear to be the view of the Chief Constable of Flintshire, who sees no harm in having his family and himself revaccinated at the public expense, a fact to which exception was taken by certain members of the Holywell Board of Guardians. In a letter addressed to the Board the Chief Constable affirms his undoubted right to be vaccinated at the cost of the rates, "to which he has paid for years and from which he has derived no personal benefit." We would call the gallant major's attention to the fact that free vaccination is not the sole purpose to which rates are applied, and we would respectfully point out to him that if all the inhabitants followed his example the rates would undergo a very marked increase; indeed, in his own district the additional cost has been calculated at not less than £11,000.

Test for Albumin.

A SIMPLE test for albumin in the urine is suggested by F. C. Fuhs (*Med. Rec.* Mar. 8th, 1902). Equal parts of carbolic acid and glycerine are used and an equal quantity of urine is added. The mixture is then shaken and an emulsion formed. If there is any albumin present in the urine a turbidity appears which, it is said, is always due to the albumin and will not be formed by the presence of any other excrementary substance. The test is very sensitive, for 0.1 per cent. of albumin can easily be detected. Glycerine is used to prevent the formation of a permanent emulsion between the carbolic acid and the watery elements of the urine and is added in excess to prevent any possible error.

Sanitary Works at Buckingham Palace.

WE understand that the drainage and other sanitary arrangements which were carried out at Buckingham Palace by the officials of his Majesty's Office of Works a few years ago have been thoroughly inspected and tested by Professor Corfield, M.D., the Consulting Sanitary Adviser to H.M. Office of Works, who has reported "that the drainage arrangements have been very well planned and carried out, and reflect credit on all concerned with them." He has,

however, suggested a number of improvements in the sanitary arrangements generally, the most important of which have been already carried out under his supervision and to his satisfaction. The remainder, which consist chiefly of certain re-arrangements, will be carried out in the autumn.

The Proposed Disruption of Victoria University.

IN consequence of the decision of Convocation against disruption the graduates of Victoria University are taking very practical steps to carry out the wishes of Convocation. A petition is being prepared, and is to be presented to the Privy Council. Public opinion and the best educational opinion does not favour a multiplication of local and necessarily feeble and narrow-minded Universities in this country. As the numerous medical graduates scattered throughout the country recognise that disintegration of the Victoria University will lower the value of the degree and tend to weaken the standard of medical education, the petition will doubtless receive influential support.

The Gonzaga Panacea.

A LEADING article in one of the daily papers was recently devoted to an account of the wonderful properties of a panacea which renders all who drink of it immune, not only to small-pox, but every other kind of contagious disease. The preparation is not a culture of the bacilli of small-pox or any other known zymotic disease, but is simply an admixture of well-known drugs. It is as follows:—Sulphate of zinc, one grain; solid extract of digitalis, one grain; one half-teaspoonful of sugar. Mix all with two tablespoonfuls of water; when thoroughly mixed add four ounces of water. Taken, teaspoonful every hour for twelve hours; for a young child diminish the dose. This remedy will cure scarlet fever, as well as small-pox and diphtheria. This absurd prescription emanates from Mother Gonzaga, of the Nuns of St. Joseph, Philadelphia. We do not suppose for one moment that Mother Gonzaga had any other motive in publishing her formula than to benefit the public. But any ordinary intelligent woman, recognising that she knew nothing of the cause, character, or treatment of disease, would have submitted the remedy to some physician of standing in his profession before launching it on the world with absurd, groundless, and fallacious claims. But what is to be said of those who use the formula and prepare the mixture as a trade advertisement? We would like to know on what grounds a vendor of this worthless nostrum would defend himself, in case that a child suffering from diphtheria died whilst under Mother Gonzaga's treatment.

It is announced that thirty commissions as surgeons in the Royal Navy will be offered for competition early next month. Twelve commissions in the Indian Medical Service will be offered at an examination to be held early in September.

An Interesting Case.

At a recent meeting of the Academy of Medicine of Paris MM. Chipault and Lefur read the clinical history of an interesting case of a man who, without any appreciable affection of either the nervous system or of his viscera, suffered atrocious abdominal pains for years. During these paroxysms of pain, which were most intense at the navel, the body was strongly flexed, and the abdominal muscles contracted violently. The hyperalgesic region corresponded to the area of distribution of the eighth, ninth, and tenth dorsal ribs. Hypodermic injections having given no good results, spinal injections were tried, and they also failed. It was now decided to cut the intercostal nerves of the area of greatest pain, and this was done without any benefit. The posterior laminae of the eighth, ninth, and tenth dorsal vertebrae were then incised, and the posterior roots of the corresponding spinal nerves cut. When the spinal cord was exposed there was found a localised patch of arachnitis of some standing. The result was eminently satisfactory. At the end of a month the hyperalgesic zone had disappeared, and gradually the severity of the paroxysms of pain diminished until they finally ceased. The operation and the pathological condition both have an interest for British surgeons. That the operation was feasible was demonstrated by John Bell, who instructed his younger brother in its performance and in the physiology of the nerve roots; and the paroxysmal pains were described long since by Dr. William Griffin.

Pigmented Moles and their Clinical Significance.

It is an open question whether the cells of which pigmented moles are composed are derived from epithelium, or have a mesodermal origin. Unna favours an epithelial origin, and his view has been confirmed by other investigators, but clinically it is admitted that malignant growths starting from naevi partake of a sarcomatous, rather than of a carcinomatous, character. Leaving this purely academic question for further study, the importance of moles as the starting-point of intensely malignant and pigmented growths cannot be too strongly insisted upon. The great thing to bear in mind is that the slightest sign of growth in a pigmented mole is an indication for immediate and thorough removal. Any operation which falls short of free ablation is a mistake not unlikely to be attended by serious consequences, for there lurks in the cells of pigmented moles a malignant potency too generally overlooked.

THE annual general meeting of the Medical Defence Union will take place on Thursday, May 15th at 5 p.m., at 4, Trafalgar Square, to receive the annual report and to transact the business of the association. That of the London and Counties' Medical Protection Society is to be held at the offices, 31, Craven Street, Strand, on the 8th inst.

Eggs as a Medium for the Cultivation of Bacillus Tuberculosis.

It seems that the egg affords an excellent medium for the cultivation of the tubercle bacillus, a circumstance which might excite apprehension were the contents of the egg not hermetically closed against contamination from the outside. According to Dr. Dorset (a) the egg may be used as whole, i.e., white and yolk mixed, or the yolk and white may be employed separately. The former gave the most satisfactory results, but he was enabled to grow colonies in all three. Hitherto the cultivation of the tubercle bacillus upon artificial media has been found a matter of extreme difficulty, especially when the cultures were attempted with bacilli drawn from animal tissues. The effect of the egg medium upon the morphology and virulence of the several varieties of tubercle bacilli has not been determined, but the ease with which these cultures can be made will, the author suggests, be of value to those engaged in experimental work in connection with this organism.

WE are informed that eighteen students have entered for the current session of the London School of Tropical Medicine, among them being several members of the Colonial Services and two ladies.

PERSONAL.

DR. A. BROWN RITCHIE has been appointed Medical Officer to the School Board for Manchester.

SIR WILLIAM SELBY CHURCH has had conferred upon him *honoris causa* the degree of D.C.L. of the University of Durham.

SIR JOHN ANDERSON, K.C.M.G., is to take the chair at the May dinner of the Aberdeen University Club, which will be given on the 21st instant.

HIS GRACE THE DUKE OF ARGYLL will preside at the dinner of the Edinburgh University Club, which takes place at the Criterion Restaurant this (Wednesday) evening.

PROFESSOR WILLIAM R. SMITH, of King's College, has been awarded the Harben Gold Medal of the Royal Institute of Public Health, in recognition of his services to public health.

A GENEROUS but anonymous donor has sent one thousand pounds to the Treasurer of Guy's Hospital, under the initials "J. M.," towards the renovation and building fund of the hospital.

DR. VERNON GREENHOUGH, of Chapel-en-le-Frith, was the victim a few days since of a serious carriage accident, he having been pitched down a steep embankment owing to his horse having been startled by a dog.

DR. WHEATLEY, Medical Officer of Health of Blackburn, was presented last week with a silver fruit dish and other articles of plate by the members of the

(a) *American Medicine*, April 5th, 1902.

Borough Police Force, of which he was until lately surgeon.

DR. W. A. REIDY and his brother, Dr. Charles Reidy, of Maes-y-cwimmer, have been presented with illuminated addresses and cases of surgical instruments in recognition of their behaviour in connection with the Maes-y-cwimmer shooting case.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

PROPOSED ALTERATION IN THE MEDICAL CURRICULUM OF THE UNIVERSITY OF EDINBURGH.

IN the joint reports of the business and finance committees at the forthcoming half-yearly meeting of the Council an important item dealing with the curriculum of the medical student will come up for consideration. The committee recommends the Council to pass the motion by Drs. Richard Berry and Norman Walker—"That this Council requests the University Court to inquire into the feasibility of reorganising the medical curriculum on the lines suggested by the Pathological Club of Edinburgh." The report continues:—"Only a few years ago the medical curriculum was altered, and a fifth year was added, with a view to give the student in the end of his course more time for the clinical subjects, which are the completion of his equipment for entering the practice of his profession. This expectation has entirely failed. These latter sessions are as crowded as ever, and the additional year and extra expense give the medical student no relief. Concurrently with this, the increased attention to hospital teaching has resulted in the hours from 11 to 1 being given over absolutely to clinics. Hence the pressure upon, and friction with regard to the other hours available for systematic lectures have led to the present arrangements being further closely scrutinised. It was in this way that the scheme came to be drawn up, and its elaborate detail about hours is thus to be explained. The framers, however, claim, and your committee think with reason, that the scheme does more than offer a solution of this question of the hours, and that it also formulates a plan for the distribution of the time and energy of the medical student throughout his whole course which is well adapted to present requirements, and not as a balance, meantime sadly lacking, among the numerous subjects. . . the scheme makes the following proposals:—The academic year shall be divided into three terms of ten or eleven weeks each, all the alteration made in the existing periods being that all the classes, and not anatomy only, would meet on October 1st. All examinations shall be held thrice a year, and, unless under strict regulations, no student who has failed to pass an examination shall be allowed to attend the succeeding classes of the course. The order in which students may take out their classes is to be prescribed, so that they may proceed logically with their studies, and the subjects may be grouped in a rational sequence. . . Dr. Berry's scheme was widely commented on in the medical journals at the time of its publication some eight or nine months ago, and it is a matter for congratulation that it has now been formally considered and approved by the University Council. It is a far cry from this, however, to its actual adoption by the University. One can only hope.

LABORATORY OF THE SCOTTISH ASYLUMS.

The fifth annual report has recently been issued, and contains a gratifying record of steady progress. Dr. W. F. Robertson, the pathologist, states that a great deal of time has been occupied with the special study of material sent to the laboratory from asylums for special report, work which had, for various reasons, fallen somewhat into arrear, but is now practically up to date. Twenty-seven cases were reported upon during the year.

Eight workers have carried out independent researches upon such subjects as the intra-cranial lymphatic system, general vascular and cerebral capillary changes in paralytic dementia, morbid anatomy of Mongolian idiocy, tabes dorsalis, and certain forms of nervous disease in horses, and the pathogenesis of paralytic dementia. Arrangements are being made by which bacteriological observations may be carried out upon cases of insanity by workers connected with the laboratory. It is thus hoped that some definite progress will be made in research upon the acute insanities. The General Board of Commissioners in Lunacy heartily commend the laboratory, and express the opinion that so far from the erection of a central laboratory having suppressed scientific research in the individual asylums, opportunities for prosecuting such work have been facilitated by the training of the assistant medical officers of the asylums in methods, the circulation of "demonstration sets" of slides, and the collection of a reference and lending library. During the first four years of the laboratory's existence twenty-four assistant medical officers of asylums and six other medical men received instruction in laboratory work. Twenty-six demonstration sets were circulated 124 times, five special memoranda were issued, and 152 issues made from the lending library. There are probably few laboratories in the kingdom in which more honest scientific work is done than in this of the Scottish asylums, and it is not too much to say that nine-tenths of its success have been due to the zeal and industry of the pathologist who has done so much with such a modest establishment.

Belfast.

[FROM OUR OWN CORRESPONDENT.]

THE APPROACHING ELECTION TO THE SENATE OF THE ROYAL UNIVERSITY.

THE chief topic of conversation in medical circles in Belfast during the past week has been the approaching election of six representatives of Convocation on the Senate of the Royal University, and the manifesto of the Royal University Graduates' Association thereon, published as a letter from one of the secretaries of the Association in the Belfast papers of May 2nd. The six retiring members are Dr. J. W. Browne, Mr. E. Cuming, Rev. Dr. Leitch, Judge Shaw, Professor Sinclair, and Sir Wm. Thompson, all of whom offer themselves for re-election. Three other candidates have appeared—Dr. Cotter, of Cork; Mr. Michael Drummond, K.C., of Dublin; and Mr. Anderson, President of Queen's College, Galway. The above-mentioned letter quotes from a circular marked "confidential," said to have been sent to the Roman Catholic members of Convocation, calling on them to plump for Dr. Cotter and Mr. Drummond, and goes on to call on members of the Association to vote for the first five of the retiring members, but to substitute Mr. Anderson's name for Sir William Thompson. The reason of this attack on Sir William is stated to be his attitude towards the vexed question of the appointment of extern examiners in the Royal University. The Royal University Graduates' Association—more familiarly and briefly known in Belfast as "Dr. McKeown's Association"—is said to number about 500 members, of whom nearly half are members of Convocation, so that if they all do as their militant leaders bid them, they will exercise a considerable influence on the poll. The Association is composed of admirers of the Royal University, who admit that it is not in robust health, but think that a course of mild tonics and alternatives (such as extern examiners) will make it a thing of beauty and a joy for ever. There is a large number of outsiders, however, including probably the majority of medical men holding hospital appointments in Belfast, who refuse to have anything to do with the Association. They believe that the Royal University was conceived in iniquity, brought forth in sorrow, and has been a

malformed monster from its earliest days, and while some say that an extensive operation might effect a radical cure of its more objectionable deformities, others think that euthanasia and a quiet grave would be more satisfactory in the long run.

In the point at issue, however, many of these outsiders will undoubtedly agree with the Association, the feeling that the Belfast Medical School has been unfairly treated by Dublin being deep and widespread.

[We are not responsible for opinions expressed by our local correspondents.]

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

NATALITY IN GREAT BRITAIN.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—This important and most interesting subject has clearly many aspects, as shown by the different standpoints from which your correspondents have dealt with it. "A Student of Medicine" invites the opinion of the practical physician, and especially the gynaecologist, and I propose to make a few observations on this part of the subject. Before doing so, however, I should like to say a few words on the wider question of the ethics of this department of Malthusianism.

I apprehend that the advocates of the practice of preventing conception contend that the limitation of the number of children is a measure of prudence; as a matter of fact, I entirely agree with "A Student of Medicine," that the effect on the moral and mental health of both husband and wife is that selfishness is directly engendered, and that the good qualities developed by conscientious fatherhood and motherhood are inhibited. Moreover, in practice, the thriftless and improvident couples are usually the ones that let families multiply apace, whilst those who do adopt preventive measures are mostly the people in somewhat better circumstances and of a fair degree of intelligence; these people could almost invariably make provision for the increased financial responsibility involved, and their children, if they had any, would probably be of a type of mental development which is of the greatest service to the community.

My experience leads me to believe that in many cases the deliberate prevention of conception in the early years of married life is followed later on by unhappiness and mutual recriminations; for the instinct of fatherhood or motherhood which is at first latent may become developed when the opportunity would appear to have passed away. On the other hand, when one or more children have been born to couples who perhaps at first felt grave anxieties as to their financial prospects, there seems to be good reason to believe that they have almost invariably managed, perhaps with the exercise of a not unwholesome self-denial, to make a proper provision for the new-comers.

Speaking generally, therefore, the rule of wisdom appears to be to let events take their natural course.

I am far from urging that there are no cases where preventive measures should be adopted. There are cases where a family has attained a certain size, and where special circumstances make it undesirable for the parents and unfair to the existing children that the numbers should be indefinitely increased. There are cases where the woman's health imperatively demands that she should not incur the additional risks of child-bearing, either for a given period or at any time; and lastly, there are instances where the husband or the wife, or both, may be suffering from some disease that will necessarily lead to disease in their children, and in these cases it appears to me that the argument for preventing conception may be a sound one.

I come now to the question specially raised by "A Student of Medicine," namely, the effect on the physical health, and especially the pelvic organs, of women who,

while gratifying their sexual appetites, adopt systematically effective means to prevent conception. It must be admitted at the outset that the question is by no means an easy one, because a direct relation of cause and effect is often very difficult to trace. An experience of many years of gynaecological practice in hospital and in private supports the view that patients who have had many years of childless marriage show a special tendency to functional disorders associated with pelvic congestion, and leading to leucorrhœa, fulness and weight in the pelvis, backache, and chronic lack of energy. From this class also the ranks of neurasthenic women are largely recruited. Moreover, it is a fact that the mothers of moderate and large families hardly ever suffer from uterine fibro-myoma, and that, on the other hand, this condition when occurring in married women is nearly always associated with a long period of sterility; and it is by no means uncommon among single women. It may, of course, be argued that the tendency to fibro-myoma of the uterus is the cause and not the consequence of the sterility; but the view that the sterility is a causal factor is not without support, especially in view of cases where no sign of the disease has appeared until after many years of sterility. Hence the view is permissible that the development of fibro-myoma is, speaking figuratively, Nature's protest against the disappointed natural function of the uterus, namely, pregnancy. It is possible that the periodic congestion incidental to menstruation leads to pathological hyperplasia and fibrotic changes, in the absence of that respite from menstrual activity which successive periods of pregnancy and lactation afford.

These observations are made in the tentative spirit demanded by the scientific uncertainties of the subject, but no doubt it is a sound generalisation that the fulfilment of the natural functions of organs is more likely to be associated with health than their non-fulfilment.

I am, Sir, yours truly,

London, May 1st, 1902.

GYNÆCOLOGIST.

Medical News.

The Investigation of Cancer.

THE Worshipful Company of Drapers have voted a sum of £250, to be paid in five annual instalments of £50, towards the fund of the Middlesex Hospital for the scientific investigation of the cause and cure of cancer, on the understanding that the hospital's Director of Research shall present year by year to the Presidents of the Royal College of Surgeons and the Royal College of Physicians a report of the work done in the laboratories by himself and his assistants, and on condition that this work is duly approved and the Presidents consider the object worthy of support.

Merck's Annual.

THE fifteenth volume of the valuable Annual Reports issued by the well-known house of E. Merck, of Darmstadt, has just appeared. The medical profession owe much to the enterprise and research of pharmacists, and this work is such as to place all medical men under a debt of gratitude. All new and sufficiently important pharmaceutical preparations are reviewed in an impartial spirit, and there is no evidence of those objectionable features only too frequently visible in ordinary market and drug reports of many firms. We advise every medical man to procure a copy of this annual, as it will prove of much service for purposes of ready reference, and affords much material rich in suggestions.

Apothecaries Hall of Ireland.

At the quarterly meeting of the Governors and Company of the Apothecaries Hall, held on May 1st, it was proposed by Dr. J. McWalter, M.A., seconded by Dr. J. Evans, and passed unanimously:—"That, in the opinion of this Company, the action of the Institute of Chemistry in examining candidates in therapeutics and issuing certificates of qualification in that subject constitutes an infringement on the rights of the medical profession, and that our representative in the General Medical Council be requested to ascertain the legality of the practice."

Cork Fever Hospital.

At the annual meeting of this institution held last week the report of the medical staff stated that the total number of cases treated was 228. Typhus, 8 cases—no death occurred from this disease; enteric, 36, of whom 2 died; scarlatina, 145, of whom 5 died; diphtheria, 6, all of whom recovered; erysipelas, 9 cases, with 1 death; pneumonia, 9 cases, with 1 death. The percentage of mortality from every cause 4.3. There were no cases of small-pox. After the adoption of the report, and some further resolutions, the meeting terminated.

Suicide of a Lady Doctor.

MISS JEANIE M'LEOD, daughter of Mr. Alfred M'Leod, Lecturer on Elocution at Aberdeen University, was found dead in bed on Friday morning with her throat cut. She took her medical degree last month, and had just been appointed resident physician to the Aberdeen Sick Children's Hospital. She was one of the most distinguished women medical students Aberdeen University has produced.

Middlesex Hospital.

THE GOVERNORS of the Middlesex Hospital have received a further donation of £500 from Sir Elliott Lees, Bart., M.P., half of which has been allocated towards the maintenance of the inmates of the wards in the special department devoted to incurable cancer patients, and the other half to the research department established in connection with it for investigation into the cause of that malady.

The Medical Labourer's Hire.

At the hearing of a judgment summons at the Lambeth County Court the other day it was stated that the defendant, a fully qualified medical man, was acting as assistant at a weekly wage of fifteen shillings, with board and lodging. Out of this he will have to find the means to pay his tailor's bill, otherwise he is threatened with "seven days."

University of Durham.—Faculty of Medicine.

At the Convocation holden on Saturday, April 26th, 1902, the following degrees were conferred, viz.:—

Doctor in Medicine.—Laurence J. Blandford, M.B., B.S., Durh., Leopold S. Davison, M.B., B.S., Durh., Richard H. Dix, M.B., B.S., Durh., Henry A. Fielden, M.B., B.S., Durh., John R. Fuller, M.B., B.S., Durh., Edward W. Joscelyne, M.B., Durh., Eliot Swainston, M.B., B.S., Durh., David H. Weir, M.B., B.S., Durh.

Doctor in Medicine for Practitioners of Fifteen Years' Standing.—Edward H. Armitage, M.B.C.S., L.R.C.P., D.P.H., Charles W. J. Bell, M.R.C.S., L.R.C.P., E., Albert Bowhay, M.R.C.S., L.R.C.P., L.S.A., D.P.H., Edward J. Day, M.B.C.S., L.S.A., Ambrose W. Fairless, M.R.C.S., Thomas F. Gardner, M.R.C.S., M.R.C.P., L.S.A., Frederick C. Goodwin, M.B.C.S., L.R.C.P., D.P.H., William Gosse, M.R.C.S., L.R.C.P., Robert E. Hunter, M.B., M.S., Glas., M.R.C.S., Richard J. Morris, M.R.C.S., L.R.C.P., L.S.A., John L. Parke, L.K.Q.C.P., L.F.P.S., G., L.S.A., D.P.H., James W. Patrick, L.R.C.P. and S., George F. Pollard, M.R.C.S., L.S.A., Alfred T. Rimell, M.B.C.S., L.R.C.P., John Rogerson, L.R.C.P. and S., E., L.F.P.S., G.

Master in Surgery.—Joseph W. Leech, M.D., B.S., F.R.C.S., E., William H. Richards, M.B., B.S.

Bachelor in Medicine (M.B.).—Ernest B. Appleby, William R. D. Daglish, Mary E. De Russett, Henry W. Furnivall, James A. Giles, James H. Graham, Ivon H. S. Hawes, Kenred Manson, Lucy S. Molony, Robert W. Nevin, Henry Reah, Ralph S. Renton, Hermann H. Ruffmann, Alfred H. Proctor, Godfrey De Bec Turtle, Ralph T. Vaux, Marmaduke C. Wetherell, Hugh Widdas, Thomas Wilson.

Bachelor in Surgery (B.S.).—Ernest B. Appleby, William R. D. Daglish, Mary E. De Russett, Henry W. Furnivall, James A. Giles, James H. Graham, Ivon H. S. Hawes, Kenred Manson, Lucy S. Molony, Robert W. Nevin, Alfred H. Proctor, Henry Reah, Ralph S. Renton, Hermann H. Ruffmann, Godfrey De Bec Turtle, Ralph T. Vaux, Marmaduke C. Wetherell, Hugh Widdas, Thomas Wilson.

The Diploma in Public Health (D.P.H.).—Charles V.

Dingle, M.D., B.S., B.Hy.; Robert A. Dunn, M.D., B.S., D.Hy. Durh., M.R.C.S., L.R.C.P.; Alfred Reid, M.R.C.S., L.R.C.P.; Robert Walker, M.B. B.S. Durh., M.R.C.S., L.R.C.P.

Royal University of Ireland.

M.B., B.Ch., B.A.O. DEGREES EXAMINATION.—The following candidates have passed the above-mentioned examination:—

Upper Pass.—*John Armstrong, *Albert L. Black, B.A., Samuel R. Hunter, B.A., *Walter Phillips, B.A., Charles F. White.

Those marked with an asterisk (*) may present themselves for the further examination for honours.

Pass.—David R. Campbell, B.A., John Clements, Timothy F. Heas, John P. Higgins, M.A., John L. Lunham, Maurice J. Macauley, Francis H. McCaughey, Edward J. McKenna, Frederick C. Mann, Louis T. Moore, William F. O'Connor, Patrick O'Doherty, John J. O'Hare, Frederick W. Stewart, B.A., William A. Stoops, B.A., William J. Thompson.

THIRD MEDICAL EXAMINATION, 1902, SPRING.—The Examiners have recommended that the following candidates be adjudged to have passed the above-mentioned examination:—

Upper Pass.—Thomas Barry, William M. Crofton, B.A., Hugh P. Devlin, William Egan, Robert Johnston, Denis J. Keane, Samuel H. Whyte, Malcolm O. Wilson. The above candidates may all present themselves at the further examination for honours.

Pass.—Anna E. Adderley, Robert J. Cahill, Foster Coates, B.A., William H. Davis, John Dawson, Edward Fitzgerald, Arthur S. Gardiner, Devonshire P. H. Gardiner, Mary K. Gibson, Harry Gill, Samuel J. Killen, Francis McDonald, John W. McFarland, Robert H. McGiffin, Francis A. McOstrich, George B. Moffatt, Edward J. O'Hanlon, John S. O'Neill, Patrick Quinn, John G. Shanklin.

Conjoint Examinations of the Royal College of Physicians and Royal College of Surgeons.

The following candidates have passed the Second and Third Professional Examinations:—

Second Professional (Old Regulations).—W. H. Bourne.

Second Professional (New Regulations): A. Honours in Order of Merit.—J. Bradley, J. J. Connolly, Miss A. M. Barry, Miss J. C. Hargrave, J. Pratt, M. Lochrin; J. C. Murphy, J. Sheill (equal); J. C. Heelon, E. C. Mulligan. B. Pass, Alphabetically.—E. B. Bird, A. J. Bracken, G. P. A. Bracken, A. N. Crawford, C. A. Cusack, F. O'D. Fawcett, P. E. Harrison, G. A. D. Harvey, R. W. D. Leslie, T. C. C. Leslie, W. F. B. Loughnan, T. J. O'Donnell, E. J. Phillips, J. Quirke, R. E. J. Sheridan, W. J. Sullivan. C. Completed the Exam.—P. Kinsella, T. B. Moriarty.

Third Professional: A. All Subjects.—P. McDermott, R. C. Nicholl, J. P. Ziervogel. B. Completed Exam.—F. H. Cooke, E. Humfrey, J. Murray, O. F. M. Ormsby, R. F. H. Oulton, F. C. Yorke.

Conjoint Board for Scotland.

At the April meetings of the Scottish Conjoint Board of the Royal Colleges of Physicians and Surgeons of Edinburgh and the Faculty of Physicians and Surgeons of Glasgow, held in Glasgow, the following candidates passed the respective examinations as undernoted:—

First Examination, five years' course.—Fred Miller Murray, Frederick Barnes Elwood, Andrew Ford Garrand, John Wm. Nelson Roberts, Frederic James Breakell, Evan Alan S. Shaw, Edward Francis Nyhan.

First Examination, four years' course.—John Stothart Farrier, Alexander Jack, George Munro MacLeod.

Second Examination, four years' course.—Adam Ardill, Joseph Edmund Mullan.

Final Examination (and admitted Licentiate of the three Co-operating Colleges).—Henry Leighton Jones, Thomas Weir McCubbin, William Thomson, Edwin Norman de Vere Dawson, Henry Solomon, Stanley Lister, G. D. MacLaine, William Henry Duncan, Hugh Williams, Terence Aloysius Welch Patrick Carroll.

Notices to Correspondents, Short Letters, &c.

CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate, providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning corrected proofs.

THE SALE OF BROMIDIA.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It was stated at the inquest on the late Mr. Geoghegan that he had become possessed of an entire bottle of bromidia, a statement which is calculated to give rise to a very erroneous impression concerning this extensively prescribed medicament.

As agents for Messrs. Battle we desire to point out that bromidia is not in any sense a secret preparation, the complete formula being freely communicated to the medical profession in the literature bearing thereon. Nor is bromidia a "popular remedy," for it is not intended to be supplied to the public otherwise than in accordance with a physician's prescription, like any other active pharmaceutical product.

The bottles containing it only bear the plain bromidia label with the dose, and neither on the label nor on the wrapper is any indication given of its nature and use.

The paper envelope bears a label specially calling attention to the fact that the preparation is supplied unstamped for dispensing purposes.

Yours, Sir, yours truly,

ROBERTS AND CO.

76, New Bond Street.

[It would be interesting to know whether the bottle supplied to the victim was stamped in accordance with the law, and under what circumstances so large a quantity was supplied, presumably without a medical prescription.—Ed.]

L.R.C.P.—Your letter on "The Vagaries of Medical Etiquette" is unsolicited for publication.

DR. F. N. C. (Birmingham).—We have referred our correspondent's note to the writer of the article, "The Electrical Treatment of Pulmonary Phthisis."

ASSISTANT.—The cause which has led to the friction described appears to us to be one which our correspondent could himself easily remove without loss of dignity.

MEDICO.—The district has grown rapidly of late years, the train service, for a suburb, being excellent. The class of houses is good, and quite possibly a new-comer might find an opening.

DR. F. H. Y.—The allegation if untrue, is, in our opinion distinctly libellous.

Meetings of the Societies, &c.

LONDON.

WEDNESDAY, MAY 7TH.

OBSTETRICAL SOCIETY OF LONDON (20, Hanover Square, W.)—8 p.m. Specimens will be shown by Mr. Alban Doran, Dr. McCann, Dr. Ralph Vincent, and others. Paper—Dr. John S. Fairbairn: Five Specimens of Fibroid Tumour of the Ovary, with Observations on their Pathological Anatomy.

THURSDAY, MAY 8TH.

BRITISH GYNECOLOGICAL SOCIETY (20, Hanover Square, W.)—8 p.m. Dr. Bedford Fenwick: Fifty Laparotomies. Specimens will be shown by Dr. A. J. Smith, Dr. H. Macnaughton-Jones, and others.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.)—8.30 p.m. Discussion on "The Early Diagnosis of Specific Fevers." Opened by Dr. Sidney P. Phillips.

FRIDAY, MAY 9TH.

THE BRITISH LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL ASSOCIATION (11, Chandos Street, W.) General Meeting. Cases will be shown by Dr. Wyatt Wingrave, Mr. Mayo Collier, and Dr. Abercrombie. Adjourned discussion on "The Diagnosis and Treatment of Various Forms of Nerve Deafness."

CLINICAL SOCIETY OF LONDON (20, Hanover Square, W.)—8.30 p.m. Mr. W. G. Spencer: Congenital Diffuse Lymphangioma terminating in Lymphosarcoma in a Child aged 4 years. Mr. George Turner: Sarcoma of the Ankle-Joint. Mr. C. B. Lockwood: Sarcoma of the Synovial Membrane. Dr. W. Ewart and Dr. Isambard Owen: A Case Illustrating the Clinical Features of "Horizontal" Dilatation of the Left Auricle. Dr. Isambard Owen: "Horizontal" Dilatation of the Left Auricle. Dr. W. Ewart: A Note on Palpable Systolic Intercostal Pulsation in a Case of Mitral Stenosis, with Dilatation and Thrombosis of the Left Auricle.

POST GRADUATE COURSES AND LECTURES (Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C.)—Demonstrations will be given at 4 p.m. as follows:—Monday, Skin; Tuesday, Medical; Wednesday, Surgical; Thursday, Surgical; Friday, Eye.

WESTMINSTER HOSPITAL.—On Tuesday May 13th Dr. Allchin will give a Demonstration in the Post Graduate Clinical Course on "Some Clinical Aspects of Arthritis" at 4.30 p.m.

DUBLIN.

THURSDAY, MAY 8TH.

ROYAL COLLEGE OF SURGEONS.—Council Meeting.

FRIDAY, MAY 9TH.

ROYAL ACADEMY OF MEDICINE IN IRELAND.—Section of Surgery, College of Surgeons, 8.30 p.m.

Appointments.

BROUGE, DANIEL, M.B., C.M. Edin., L.R.C.P. Lond., M.B.C.S., Deputy Medical Officer of Health for the Borough of Devonport.

BROWN, H., M.B., Ch.B. Vict., Resident Obstetric Officer to the General Infirmary, Leeds.

CLARKSON, W., L.R.C.P. Edin., L.F.P.S. Glasg., Medical Officer of Health to the Morpeth District Council.

DODGSON, H., M.B., Ch.B. Edin., Senior Assistant Medical Officer to the Cumberland and Westmorland Asylum.

ELDER, J. B., M.B., Ch.B. Aberd., Junior Assistant Medical Officer to the Cumberland and Westmorland Asylum.

HINGTON, CHARLES ALBERT, M.D., B.Sc. Lond., M.B.C.S., Honorary Physician to the Crownhill Convalescent Home, near Plymouth.

JONES, HERBERT, L.R.C.S. Irel., L.S.A., Medical Officer of Health for the Bromyard Urban District.

LAIRD, ANDREW J., M.D., D.P.H., Assistant Medical Officer of Health for the County of Lanark, Medical Officer of Health for the Borough of Crewe.

LEWARCHAND, ARTHUR WHARTON, L.R.C.P. Lond., M.B.C.S., Honorary Medical Officer to the North Devon Infirmary, Barnstaple.

MELLAND, CHARLES HERBERT, M.D. Lond., M.B.C.P., Honorary Physician to the Ancoats Hospital, Manchester.

STEVENSON, ROBERT, M.D., Medical Officer of Health to the Bootle Postal District.

TIPPETT, SYDNEY G., M.B. Lond., Assistant Surgeon to St. Bartholomew's Hospital, Chatham.

WALLACE, J. SIM, M.D., D.Sc., L.D.S. Eng., Honorary Dental Surgeon to the West End Hospital for Diseases of the Nervous System.

Vacancies.

Borough of Weymouth and Melcombe Regis.—Urban District Council.—Medical Officer of Health. Salary £300 per annum. Applications to Richd. Nichols, Howard, Town Clerk, Municipal Offices, Weymouth.

Fisherton Asylum.—Assistant Medical Officer. Salary £150 per annum to commence, with board, lodging, and washing. Applications to Dr. Finch, Salisbury.

Kent County Asylum, Barming Heath, Maidstone.—Fourth Assistant Medical Officer and Pathologist. Salary £175 per annum, with furnished quarters, attendance, coal, gas, garden produce, milk, and washing. Applications immediately, to F. Pritchard Davies, M.D., Superintendent.

Kings Norton and Northfield Urban District Council.—Medical Officer of Health. Salary £500 per annum. Applications to Edwin Docker, Clerk of the Council, 10, Newhall Street, Birmingham.

Liverpool Stanley Hospital.—Senior House Surgeon. Salary £100 per annum, with board, residence, and washing. Applications to the Chairman of the Medical Board.

Royal Albert Hospital, Devonport.—Resident Medical Officer. Salary £110 per annum, with board and lodging. Applications to the Chairman of the Selection Committee at the Hospital.

Royal Cornwall Infirmary.—House Surgeon (unmarried). Salary £100, board, and apartments. Applications to the Secretary, 4, Parkverras Terrace, Truro.

West Riding Asylum, Wakefield.—Pathologist and Assistant Medical Officer. Salary £140, with furnished apartments, board, washing, and attendance. Applications to the Medical Director.

Births.

CHARLES.—On April 22nd, the wife of J. R. Charles, M.D., M.B.C.P., Pelsall, Staffordshire, of a daughter.

TURNER.—On May 2nd, at Purley, Surrey, the wife of S. Duke Turner, M.B., D.P.H., of a daughter.

Marriage.

MURRAY-McNAIR.—At the Cathedral, Bombay, on April 11th Captain John George Patrick Murray, M.B., C.M. Edin., Indian Medical Service, eldest son of Deputy Inspector General George Bell Murray, R.N., to Grace Edith, only daughter of J. W. A. McNair, Esq., Lahore, Punjab.

Deaths.

ADAMS.—On April 30th, at Springwell, The Terrace, Barnes A. J. Bowman Adams, M.B.C.S., L.R.C.P., eldest son of Dr. James Adams, of pneumonia, aged 38 years.

BERRY.—On May 2nd, at 66, Pembroke Villas, London, W., Henry Thomas Berry, M.B.C.S., in his 63rd year.

STEPHENS.—April 30th, at Lynton, N. Devon, Daniel Robert Porritt Stephens, M.B. Camb., F.R.C.S. Eng., eldest son of the late Daniel Woolcott Stephens, of Hinderswell, Yorkshire.

The Medical Press and Circular.

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Original Communications.

A CASE OF PYÆMIA FOLLOWING OTITIS MEDIA.

By WM. MURRELL, M.D., F.R.C.P.,

Physician to the Westminster Hospital, &c.

THE diagnosis and treatment of otitis media, especially when followed by pyæmia, is a subject which of late has attracted a good deal of attention, and it is only by a careful and systematic record of clinical cases that we can hope to arrive at a definite conclusion. Dr. Philip Hammond, of Boston, Mass., in a recent paper on "Indications for the Mastoid Operation" (*American Medicine*, April 12th, 1902), points out that the absence of temperature is no guide whatever. There may be considerable elevation of temperature during the more acute stage of the inflammation, but this usually subsides as soon as a free discharge from the drum cavity occurs. Dr. Hammond also emphasises the fact that absence of tenderness of the mastoid on pressure signifies nothing, for the cortex is extremely thick in many cases, and an acute inflammation must have existed for some time to become apparent to the touch through so much bone. Probably the most difficult and unsatisfactory cases are those in which there has been a chronic or latent discharge from the ear, followed by apparent recovery. A case of this kind may go on some years, giving rise to very little pain or inconvenience beyond a little slightly offensive discharge; suddenly, however, the whole condition becomes septic, and the patient is in a position of extreme danger.

The following case, which ran a short course and terminated fatally, is instructive in many ways:—

F. R., a boy, æt. 14, was admitted on March 27th, 1902, suffering from pyæmia. From the history it appeared that whilst at school he had contracted measles, followed by broncho-pneumonia. In the course of the illness a foetid purulent sanguineous discharge was noticed from the left ear. Some days before admission to the hospital a fluctuating swelling was discovered, apparently involving the right sterno-clavicular articulation, with another over the right elbow. The temperature for nine days whilst at the school was of a hectic type, ranging from 103.2° to 104.6° at night, and falling to 99.2° in the morning. Sweating was profuse, but there were no rigors.

The general condition of the patient on admission was good. The temperature at 8 p.m. was 102°. A few moist sounds were heard over both lungs, but there was no consolidation either at apex or base. The heart sounds were normal; the pulse was 128, of fair volume, and there was no albumin in the urine. The tongue was furred, but the breath was

not offensive. The swelling over the elbow was about the size of a hen's egg, fluctuated freely, and undoubtedly involved the joint. The swelling in front of the sternum was smaller, but evidently also contained pus. There was some discharge from the ear, but it was not very offensive, and on percussion over the bone no tenderness could be detected. At 9 p.m. on the day of admission the abscesses were opened by Mr. Walter Spencer, but it was decided to leave the ear untouched. Streptococci were found in the pus from the abscesses. For some days the wounds discharged freely, but there was no fall in temperature, which continued to range from 100° to 104.8°. The patient's general condition was very unsatisfactory, and brandy and champagne had to be given, with occasional hypodermic injections of one-sixtieth grain of strychnine. On March 30th, an examination of the blood showed 24,000 leucocytes per cmm., consisting of finely granular cells, 89 per cent., coarsely granular, 5 per cent., hyaline, 2 per cent., and transitional, 4 per cent. On April 1st the patient's condition was so critical that it was determined to operate on the ear. Under gas and ether, administered by Mr. Nimmo Watson, Mr. Spencer opened up the lateral sinus and evacuated a small quantity of very foetid pus. The opportunity was taken of examining and further laying open the abscesses connected with the elbow and the sterno-clavicular articulation. The recovery was fair, and on the following day the highest temperature was 101.4°, the pulse 142, and the tongue clean and moist. There were, however, indications of collections of pus in the left ankle, in the right hip behind the great trochanter, and over the sacrum, the last apparently having commenced as a bed-sore. On April 3rd all these abscesses were laid open freely. The patient was kept in a boracic acid bath, but there was no material fall in temperature, and the pulse ranged from 124 to 136, becoming more and more feeble. The patient died at 9.30 p.m. on the 7th.

Autopsy (by Dr. R. G. Hebb) ten hours after death. —Body much emaciated, flaccid. Surgical wound behind the left ear with deep excavation where part of the petrous portion of the temporal bone has been removed. Right elbow-joint freely open. Pus in right sterno-clavicular articulation and in adjacent parts. Pus in both hip-joints and right ankle joint, and purulent lymph in left shoulder-joint. Brain 3½ lbs., sub-arachnoid œdema, nervous substance rather soft, otherwise normal. Pia normal except at outer surface of dura just outside jugular end of lateral sinus, where there is purulent lymph; the dura normal. There is a clot in the left lateral sinus, adherent and yellow, near bone, but beyond this soft and black. No clot in jugular vein. All the other organs normal.

Mr. Philip de Santi, who examined the temporal bone, reported that there was septic thrombosis of the lateral sinus due to middle ear suppuration.

This case illustrates forcibly the necessity for scrupulous care in the treatment of acute suppurative inflammation of the middle ear, and the importance of prompt surgical interference. There was no difficulty in diagnosis, and the point of infection was recognised from the first. Such, however, is not always the case, and in a pyæmia following otitis media which I published with Mr. de Santi (*British Medical Journal*, December 21st, 1901) the origin of the mischief was disclosed only at the necropsy, when the left middle ear was found to contain pus in small but definite quantities, the tympanic membrane being widely perforated. In the present case there were no head symptoms, and it was rightly concluded that there was no cerebral or cerebellar abscess, and that the meninges were not involved. It was a typical case of arthritic pyæmia, but why the brunt of the attack should have fallen on the joints, leaving the viscera free, it is difficult to say. The patient was sound of heart and lung and this probably affords an explanation of the good fight he made in spite of the extensive suppuration. In this connection the large proportion of leucocytes will be noted. Baldy, of Philadelphia (*American Medicine*, March 15th, 1902), has thrown doubt on the value of blood counts in surgical cases, but useful information is often afforded by them especially in the matter of prognosis. Leucocytosis occurs only when the struggle between the patient and his disease is intense. A blood count of 24,000 is high, but Cabot records a case of septicæmia with arthritis in which the white cells numbered 43,000, and a case of sloughing breast in which there were 48,000 per cmm.

Whether anti-streptococcus serum should have been employed in this case is a moot point. I have seen so much good from it in cellulitis, general suppurative peritonitis, in diseases of the middle ear, thrombosis of the lateral sinus, and in other form of septicæmia, purulent surgical affections, that I am not likely to discard it lightly. I remember especially a case under Mr. Spencer of acute pharyngitis due to *streptococcus pyogenes* followed by deep glandular inflammation and pericarditis which was cured by streptococcus serum. But in the present case the fact that the patient had been infected for nine days before admission seemed to me to be an argument against its employment. It is quite possible that instead of improving his condition it might have made him worse. I have heard of a somewhat similar case in a child, in which an injection of 20 cc.—undoubtedly too large a dose—proved rapidly fatal.

Vienna Clinical Lecture.

BLOOD PRESSURE IN CHRONIC NEPHRITIS.

By Dr. ERNST VON CZYHLARZ,

Assistant to Professor Nothnagel.

THE following observation may be of interest to the profession from the fact that in the whole range of medical literature no similar researches have yet been placed on record which can lay claim to any degree of accuracy. The following results have been obtained in Professor Nothnagel's service with Gärtner's "tonometer" which is now acknowledged to be as valuable an instrument in clinical observations as is the stethoscope, the urinometer, or the thermometer, as has been shown on many previous occasions. I shall commence at once by giving the facts as observed.

CASE I.—S. M., æt. 35, potter, chronic interstitial nephritis or lead-poisoning kidney. When admitted

on February 2nd last year, he passed 2,600 c.c. (92½ ozs.) of urine, sp. gr. 1012, nucleolar albumin nil, but albumin was present to the extent of 0·5 per cent. Sugar 0; acetone 0. In the sediment a few granular casts. Tonometer 210 millimeters. The cardiac impulse was in the fifth intercostal space one finger's breadth outside the nipple line. He complained of headache and dyspnoea, but there was no oedema. Pulse 90, radial artery moderately dilated, thickened and serpentine in outline.

February 3rd.—2,400 c.c. of urine passed; sp. gr. 1020; albumin 0·5 per cent.; sediment as above; tonometer 210 mm.; while the objective and subjective symptoms are unchanged.

4th.—Urine 2,800 c.c.; sp. gr. 1010; albumin 0·5 per cent.; sediment as before; tonometer 200 mm.

5th.—Urine 2,400; sp. gr. 1009; albumin 0·5 per cent.; sediment same; tonometer 200 mm.; general condition better; objective condition unchanged.

6th.—Urine 2,500; sp. gr. 1010; albumin 0·5; sediment as above; tonometer 200 mm.

7th.—Urine 2,400; sp. gr. 1011; albumin 0·5 per cent.; tonometer 200 mm., or 7·874 ins. of hg.

8th.—Urine 2,200 c.c.; sp. gr. 1013; albumin less than 0·5; sediment as before; tonometer 205; patient complained of headache.

9th.—Tonometer 200 c.c.; general conditions good.

10th.—Tonometer 200 c.c.; general conditions good.

11th.—Tonometer 180 c.c.; general conditions good; objective symptoms offered nothing for remark.

	Mm. Hg.		Mm. Hg.
12th.—Tonometer	180	21st.—Tonometer	165
13th.— Ditto	175	22nd.— Ditto	155
14th.— Ditto	180	23rd.— Ditto	150
15th.— Ditto	175	24th.— Ditto	160
16th.— Ditto	170	25th.— Ditto	160
18th.— Ditto	170	26th.— Ditto	150
19th.— Ditto	160	27th.— Ditto	160
20th.— Ditto	175	28th.— Ditto	155

At this time patient was discharged from hospital as well. During his stay there he was kept in bed on milk diet. The headache lasted but a short time after admission as a constant symptom, then became periodical, and finally only occasional and transitory. The dyspnoea and other uræmic symptoms disappeared with the headache. The quantity of albumin remained almost constant throughout at 0·5 per cent. The urine varied in amount between 2,000 c.c. and 2,600; on the day preceding his discharge it was 2,300 c.c.

CASE II.—T. M., æt. 58, farmer, with chronic interstitial nephritis and arterio-sclerosis. He was admitted on August 5th with severe headache, consciousness unimpaired, but there was vertigo and persistent vomiting. The cardiac impact was in fifth intercostal space in the anterior axillary line, and could be seen beating on the thoracic wall. The radial artery was tortuous and dilated, and its walls were much thickened. Pulse 82, arhythmic, regular, but quick. Tonometer, 225 mm. No oedema. Urine, 3,000 c.c. Sp. gr., 1010. Nucleolar albumin, 0. Ordinary albumin, 0·5 per cent. Sediment contained a few granular casts.

	Mm.	
Aug. 6th.—Tonometer	200	Urine unchanged and other conditions same.
7th.— Ditto	200	Ditto.
8th.— Ditto	190	General conditions better, especially the headache. No vomiting.
9th.— Ditto	180	Ditto.
10th.— Ditto	180	Patient feels better. Objective symptoms unchanged. Albumin 0·5 per cent. Sediment, with granular casts.

11th.—	Ditto	180	During this period urine 3,000 c.c.; sp. gr., 1011; albumin, 0.5 per cent. A few granular casts. Patient felt perfectly well and was discharged.
12th.—	Ditto	175	
13th.—	Ditto	175	
14th.—	Ditto	180	
15th.—	Ditto	170	
16th.—	Ditto	165	
17th.—	Ditto	160	

This is a fair picture of ten other cases followed by similar results which need not be recapitulated here. They all go to prove that the blood pressure is undoubtedly lowered in chronic nephritis by confinement to bed with proper treatment and suitable diet. This lowering of the blood pressure is not accompanied by any other symptom indicative thereof, since no cardiac enfeeblement is evident during the course of the disease unless, indeed, it be inferred from the subjective symptoms of the patient himself, who states that he feels perfectly well when the fall takes place. The severe headache, vertigo, and persistent vomiting subside as soon as the blood pressure begins to fall, so that this may be regarded as the cause of these grave symptoms and should, therefore, receive early attention.

ANÆMIA IN DISEASES OF THE SKIN.

By DAVID WALSH, M.D. EDIN.,

Hon. Physician, Western Skin Hospital, London, W.

THERE can be little doubt that the condition of anæmia, using that term in a wide and general sense, has a considerable influence not only in the causation but also in the modification of many diseases of the skin. Indeed, the determination of blood to the surface of the body explains to a great extent the action of many applications and plans of treatment in cutaneous maladies. Looked at in this way, it seems likely that in not a few cases the baths, lotions, ointments, and other remedies used by the dermatologist effect a cure mainly by increasing the flow of blood to the skin. It may be said broadly that the great lesson to be learned in the treatment of skin troubles is when to soothe and when to stimulate, or, to put the matter in other words, when it is desirable to induce either local anæmia or local hyperæmia.

To take a case in point, say, an ordinary pale pink, old-standing patch of chronic psoriasis. Although the process is undoubtedly of a chronic inflammatory nature it seems more than likely that in the later stages local anæmia results from the thickening of the skin and the obliteration of the capillaries. Rub this patch with some highly irritant application, such as chrysarobin, and the psoriasis rash will sometimes rapidly melt away. The action of this irritant drug is to set up an intense vascular flush of the skin to which it is applied, whereby the thickening of the skin is absorbed and the offending microbes that probably lie at the root of the malady are destroyed. Anyway, judging by results alone, the good effect of strong stimulation upon psoriasis may be taken as an instance of cure dependent upon the correction of local anæmia.

The pallor of many of the patients who attend a skin hospital is a noticeable feature of that class of practice. One of the first conditions that suggests itself is that of the so-called physiological acne of the young adult. The pale face, the small pulse, the coated tongue, and the constipation, as everyone knows, are constantly associated with the crop of "black-heads," papules and pustules scattered over the face. In such cases ordinary treatment comprises among its essentials the internal administration of some iron compound and the external application of a stimulant, as sulphur. There are various constitutional states characterised by pallor and associated

with multiple rashes of the skin; among them may be mentioned chiefly rickets, tuberculosis, syphilis, and chronic disease of the kidney. In all these cases the skin manifestation may be due either to the local anæmia of the surface or to the local excretion of some poisonous products, or to both causes acting together. In any case successful treatment will depend upon the correction of the anæmia of the skin by appropriate external and internal remedies.

It is not intended to enter fully into this most interesting and suggestive subject in the present article, which is intended to be more in the nature of a preliminary communication than of a formal discussion. At the same time a word may be said of the pruritus that is often one of the most distressing complaints brought under the notice of the dermatologist. The most serious and obstinate forms of this malady are often met with in persons who are past middle age, or have attained old age. In them the decline of life is sometimes rendered a burden by the incessant irritation and itching of the skin, which leads to scratching that is surreptitious by day and involuntary by night. That there is some relation between this disturbance of the sensory nerve-ends and the local anæmia of the skin seems more than probable. In a fair number of these trying cases it is possible to find a cause in some external irritant, such as that of body parasites, from which no class of society, high or low, is exempt. In a larger number, however, one cannot discover any such obvious starting-point for the generalised itching. In such cases, quinine or salicylate of soda are sometimes useful when given internally, and mild iron preparations. Hot baths often afford relief, and creolin may be added, in the strength of about one teaspoonful to the gallon of water. In elderly people the writer has found the hot creolin bath answer best in combination with tablespoonful doses of Hommel's hæmatogen twice daily. The latter is a mild preparation of organic iron, and is of considerable value in the treatment of anæmia as a complication of skin complaints. From its non-constipating and slightly stimulant qualities it is specially adapted for children and for old persons. Menthol soap, as advised by Norman Walker, may relieve the itching. He advises that the patient be lathered all over before going to bed, and should then sleep in a flannel night-dress. It is only as a last resort and in desperate cases of pruritus that narcotics should be used. To resort to drugs of that kind is to confess that one has been baffled both in discovering the origin of and in treating the mischief.

For robust persons the sulphate of iron in combination with sulphate of magnesia forms an excellent alterative mixture.

One of the most powerful modern remedies placed in the hands of the dermatologist is the superheated air system introduced by Mr. Tallerman. Copious sweating is produced, and so powerful is the influence upon the skin that the present writer has been able to cure chronic eczematous conditions by that means alone. In most chronic skin troubles it is also necessary to act on the other excretory organs, especially the bowel and the kidneys, by the use of aperient waters, and to improve the quality of the blood by the administration of iron in the form most suitable to the needs of the individual case. The writer has a case of chronic psoriasis covering roughly about one-half of the body surface. It had resisted all kinds of treatment, including violent stimulation with chrysarobin ointment. Under the Tallerman treatment the improvement has been immediate and rapid, and has given results that were attainable by none of the ordinary plans of treatment. At the same time it is more than likely

that to prevent recurrence careful external treatment with antiseptic applications will also be required.

Recent researches have shown that secondary *anæmia* is a symptomatic condition of wide significance, in which the red and white corpuscles and other constituents of the blood may be variously altered to an almost unlimited extent. The most familiar instances of skin eruptions associated with more or less profound pallor are those met with in lead poisoning, Bright's disease, and in the subjects of tuberculous or cancerous disease. The way in which some skin affections run riot in these cases must be familiar to all who have had much experience in that class of affections. It is perhaps best seen in the case of the mixed and other hypertrophic skin lesions frequently met with in patients having a tuberculous family history.

Toxic *anæmia* may be due to absorption of toxic products from a skin affection. This often happens in the case of children who have extensive suppurating eczematous or other inflammatory cutaneous troubles. The pallor of such patients suggests that the skin is deprived of its most efficient weapon in regaining a healthy state, inasmuch as its blood supply is defective both in quantity and in quality. In young children presenting this combination of severe eczematous trouble and pallor of skin the author has found hæmatogen most valuable in teaspoonful doses twice daily in milk. At the same time it is of course necessary to attack the skin from the outside with various soothing and antiseptic applications. Often the most useful plan in the case of young children is to apply the antiseptic in the medium of a warm bath, followed by the application of drying antiseptic dusting powders to the affected skin. It is well known that cases of eczema in *anæmic* children are frequently most rebellious to treatment, and a cure may be delayed for months or even for years, with lasting injury to the constitution. The best chance for recovery will be afforded in such cases by a combined plan of external and internal treatment with appropriately chosen remedies.

NOTES ON A CASE OF LEAD POISONING. (a)

By R. B. McVITTIE, M.D.

A RETIRED Indian officer, *æt.* about 58, who had always enjoyed fairly good health in India with only occasional slight attacks of fever, settled with his family in a fine country house most healthfully situated. In about three months time he began to complain of some general seediness, loss of appetite and muscular weakness, which he attributed to having over-exerted himself, being always a man of unusually active habits. A month later he suffered from occasional very severe attacks of abdominal pain, with increasing nausea and loss of appetite.

After a residence of six months he was seized with the first really violent paroxysm of vomiting, abdominal pain and constipation, the remaining members of the family being all in good health. From this attack he made a partial recovery, and was able to take a little food, and get about again. He now began to observe what he described as a "fumblyness" about his hands, especially the right, and became unable to button his clothes or write a letter. He was supposed to have gout by some medical men who saw him and was ordered to Buxton, where he underwent treatment with baths and waters from which he derived very little, if any, benefit, although perhaps the change effected some improvement in his appetite.

(a) A Paper read before the Section of State Medicine of the Royal Academy of Medicine in Ireland.

He had returned to his residence when I saw him, and was taking thialion. He had right wrist-drop, but having lost all his natural teeth during the Burmese campaign, there was no line on the gums. He still had occasional attacks of nausea and a tendency to constipation; he, however, could sometimes take his meals pretty well, but always observed that the soup increased the nausea, and was unnaturally depressed and irritable.

The water supply was examined and I found it to be supplied from two wells situated in a field above and behind the house at a distance of about 100 yards. The pipes from the wells appeared to be iron, but in the house the tap from which most of the water was drawn was attached by a few feet of lead piping to the main coming from the wells, and water taken in the morning from this tap contained, according to Dr. Lapper's analysis, 1·67 grains of lead, while that taken direct from the well contained no lead.

Since this discovery he has used water taken directly from the wells with complete restoration to his general health, although the right hand has not yet fully regained its power.

The disastrous consequences of resting satisfied with an incorrect diagnosis are forcibly brought home to us here, for while this poor man was supposed to have gout he was continuing to poison himself every day, and was going rapidly down the hill.

It is remarkable that one member only of a large household should suffer so severely while the others escaped any manifestations of injurious effects. This was probably explained by the facts that he was the oldest member of the household by a good deal, and that having been exposed for many years to the injurious influences of the Indian and Burmese climates, his eliminatory organs were probably not in as active a condition as those of the other members of the household; and further, that he probably consumed more water per diem than any of the others, as it was his custom after active exertion about the place to come in and take large draughts of water with whiskey in them.

The nausea after the soup is interesting, and may perhaps be explainable from the fact that soups are usually made by a prolonged process of simmering or slow boiling, and that in this way by evaporation a certain amount of concentration would result by which he would take a larger quantity of lead in a given quantity of fluid.

CLINICAL NOTE ON THE VALUE OF HYDRASTIS CANADENSIS IN RENAL HÆMORRHAGE.

By WM. BRAMWELL, M.A., M.D., B.Ch.,
Liverpool.

HYDRASTIS canadensis is now one of the official remedies in use at the Rotunda Hospital, Dublin, to check hæmorrhage from the uterus. It does not however seem to have been much resorted to in cases of hæmorrhage from the kidneys. The following case will I think, be a good instance of its value in hæmorrhage of this nature which sometimes baffles all our efforts at successful treatment.

J. G., a man, *æt.* 65, came to me some time ago complaining of what he thought was blood in his urine. He said that he had had a stroke a year previously, from which he had so far recovered as to be able to attend to his business, though not with the same regularity as formerly. I found his heart considerably hypertrophied, and there was a loud mitral regurgitant murmur. The urine was of high specific gravity, of deep blood colour, answering to

the usual tests for blood, and depositing large quantities of coagula on the floor of the vessel.

I concluded that my patient was suffering from the hæmorrhage of congested kidney, and tried many remedies directed to this cause but without effect, until I resolved to try hydrastis. This I gave in ten minim doses of the fluid extract every two hours, at the same time taking care to keep the bowels free. By the end of the first day of this treatment there was marked improvement, and in three days the hæmorrhage had entirely ceased, nor has it since returned.

The above case seems to point to this drug as worthy of trial in those cases of obstinate renal hæmorrhage which one occasionally meets with.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, MAY 9TH, 1902.

HOWARD MARSH, F.R.C.S., President, in the Chair.

CONGENITAL DIFFUSE LYMPHANGIOMA TERMINATING IN LYMPHOSARCOMA AFTER LYMPHANGITIS.

MR. W. G. SPENCER read a paper under this title. The case was as follows:—A girl, *æt.* 4, was born with the right leg longer than the left. It caused no uneasiness until, without any assignable exciting cause, it became swollen by inflammation immediately before coming under observation. For the following three months until death there was marked and continuous hectic fever, an evening temperature of 103° F., with a fall to a subnormal morning temperature of 97° F. or even 96° F. The pulse throughout was about 130 to 140, on many days rising to 170 or even 180 per minute. The respiration was constant at 35 to 40 per minute (chart shown). First the leg, then the thigh, and finally the hip, loin and groin became swollen, with, in the later stage, some decrease of size in the leg and lower thigh. There was no change in the skin, but small incisions allowed serous fluid to escape, with fibrinous casts of the dilated lymphatic spaces, white globular masses the size of pear and beans. Streptococci, and at other times staphylococci, were found in the discharge, but there was no true suppuration or pus found until the day of death, when a small collection was present in the region of Scarpa's triangle. No chylous fluid ever escaped, nor did lymph vesicles form on the skin, nor did the skin become rugose. *Post-mortem*—The swellings of the thigh and hip region were found to be due to dilated lymphatic spaces with intercytic masses of lymphosarcoma, as shown in microscopic sections. Other cases including macroglossia, in which congenital lymphangioma has terminated in lymphosarcoma, were mentioned. The fever in this case was continuous, not remittent.

Dr. H. D. ROLLESTON took exception to the term "lymphosarcoma," as applied to this case, and thought that the condition would be more correctly expressed as "lymphatic-gland sarcoma."

Mr. GEORGE TURNER communicated a case of

PRIMARY SARCOMA OF THE SYNOVIAL MEMBRANE OF THE ANKLE-JOINT.

The patient was a man, *æt.* 28, who two months before admission into St. George's Hospital knocked his foot against a brass screw. Three weeks after this he noticed a swelling in front of the right ankle. This had slowly increased in size and measured about 1½ by 1½ inches. There was no obvious connection with the tendons. When removed it was found to be growing from the synovial membrane of the ankle-joint. Dr. Rolleston reported the tumour to be a fibrifying and chondrifying mixed-cell sarcoma. Attention was drawn to the rarity of primary sarcoma of synovial membranes of joint. Myelomata of tendon sheaths are much more commonly met with, and are innocent clinically, differing thus from a case recorded by the President of primary sarcoma of the synovial membrane of the knee-joint.

The patient was shown to the Society at a clinical evening early in the year.

Mr. C. B. LOCKWOOD read a paper on a case of

SARCOMA OF THE SYNOVIAL MEMBRANE OF THE KNEE.

The patient was a young married woman who had disease of the right knee of three years' duration. The joint was slightly flexed, but possessed almost its full range of movements. The capsule was slightly distended by a swelling of the synovial membrane which made the circumference of the joint three-quarters of an inch greater than its fellow. The surface of the swelling was rather warm, and it was tender on pressure. A consultation was held, and the opinions were almost unanimously in favour of the disease being tuberculous. As no treatment had been tried it was thought well to rest the joint and apply a splint. Nothing was seen of the patient for about a year, when she returned with what appeared to be well-marked tuberculous disease of the knee. A resection was performed, and the absence of carious material or of pus excited some suspicion. The material was independently examined by two pathologists and pronounced to be "spindle-celled sarcoma" and "oval-celled sarcoma." When first seen two points might have excited suspicion that the disease was not tuberculous, (1) the absence of muscular wasting, (2) the free and painless mobility of the joint after having been the seat of supposed tuberculous disease for three years.

In the discussion on these two papers,

The PRESIDENT referred to the case alluded to by Mr. Turner, which he had reported in the thirty-second volume of the Society's "Transactions." The patient, a man, *æt.* 21, was admitted into St. Bartholomew's Hospital on account of a swelling in the knee, which had existed for fifteen months. When the knee-joint was opened the growth was found to be surrounded by synovial membrane. It was removed, and recurrence of the growth took place four times, the first time after three years and the last time six years from the time he came under observation. On the last occasion the leg was amputated. It was remarkable to note how the growth successively affected different portions of the synovial membrane. Microscopical examination showed that it was a spindle-celled sarcoma. The patient was at the present time alive and free from any return of the disease. By a curious coincidence he was in the hospital a few days ago with consolidation in one lung. Knowing his history, it was feared that the lung was the seat of growth, but it had cleared up. A short time ago the President had seen a young woman, *æt.* 22, with a condition very like that found in Mr. Turner's case, except that the tumour was in the knee. When the joint was opened, the growth was almost pedunculated. It proved to be a sarcoma. Mr. Lockwood had dwelt on a very important point, namely, the obscurity of the diagnosis in these cases. Mr. Lockwood had remarked that the temperature had led him to suppose that the disease was tuberculous, but this was not really a trustworthy guide in differential diagnosis, because malignant growths in joints were not infrequently found associated with high temperature.

Mr. W. G. SPENCER called attention to an important point of difference between Mr. Lockwood's case and the others, in that the growth in Mr. Turner's case and in the President's was localised, whilst in Mr. Lockwood's it was diffused. This feature of the latter case rendered the diagnosis additionally difficult. The President's case appeared to resemble a class of tumour recently referred to in a sister society as "endothelioma." With regard to diffuse growths in the synovial membrane, as distinct from tuberculous, he had seen two cases which were put down as "rheumatic" without any sufficient evidence for this view. There was a case also under the care of his colleague, Mr. Stonham, of a girl with a tuberculous history. When the joint was opened there was no evidence of tubercle, and it may have been a case either of a fibrous condition or of sarcoma. Mr. Hardie, of Manchester, had described in 1894 a sarcoma occurring in the synovial membrane of the knee-joint. These rare forms of sarcoma appeared to run a different course

to that observed in the case of sarcoma attacking bones.

Mr. TURNER, in reply, said that the discussion had shown, as Mr. Spencer pointed out, that these sarcomata were of two kinds, the circumscribed and the diffuse. In his case tuberculosis was not even thought of before operation; the diagnosis lay between some kind of new growth and a bursal cyst.

Mr. LOCKWOOD also briefly replied.

A CASE ILLUSTRATING SOME OF THE CLINICAL FEATURES OF "HORIZONTAL" DILATATION OF THE LEFT AURICLE.

A paper on this subject was contributed by Dr. WM. EWART and Dr. ISAMBARD OWEN. The authors premised that a complete account of the clinical features of this affection was not yet possible, but they had endeavoured to bring out some of the broad lines which might facilitate its identification by comparing the clinical record of the original case published by Drs. Owen and Fenton in the last volume of the Society's "Transactions" and that of the present case which was exhibited before the Society in January of this year with a provisional diagnosis of the condition in question. The patient, an omnibus driver, æt. 32, subject to winter coughs, had had pneumonia in 1896, but denied any rheumatic, syphilitic or other affection. He dated his illness from a "chest cold" one month before his admission on November 20th, 1901. In spite of palpitation and dyspnoea during the last fourteen days he had remained at work until unable to get up on November 19th. *Condition on Admission.*—Face slightly puffy, with dusky lips and complexion; no ascites and hardly any anasarca; only slight enlargement and occasional pulsation of liver. External jugular veins filled, but not greatly distended nor visibly pulsating. Pulse irregular and quick, with many small beats; respiration quick and without much distress. Coarse rales; slight cough, no expectoration. Extensive cardiac impulse in the left precordium. A visible and palpable impulse was also perceived below the level of the right nipple and internal to the latter—chiefly in the fourth intercostal space. This was the seat of the habitual pain described by the patient, and, together with the epigastrium, was the only tender part, the left precordium not being tender or painful. The apex beat was under the sixth rib, about 1½ inch beyond the left mid-clavicular line. Two murmurs, a slight and uncertain presystolic, and a distinct steady systolic, were audible at the apex; and they were also heard with almost undiminished clearness in the right infra-mammary region, where there was occasional thrill. Percussion yielded a considerably widened dullness anteriorly, and a characteristic increase in the auricular dullness in the back. Gradual improvement occurred under rest, tonics and stomachics, and he was successfully treated for fistula. On December 30th, after a period of tympanitic abdominal distension, a free hæmoptysis occurred, and on the 31st he was bled to 16 ozs. with great relief. From that time he slowly gained strength, and was allowed up on January 7th. He was now able to walk slowly on the level without dyspnoea, and the pulsation in the right infra-mammary region was not perceptible except after hurried walking or stooping. The pulse has also improved, but is still weak and irregular. *Clinical Remarks.*—The etiology of this apparently rare affection remained obscure. The chief clinical features were insidiousness of onset, gradual progression, long-continued latency and remarkable toleration for the auricular dilatation which was permitted to grow without necessarily setting up severe pain, dyspnoea or other urgent symptoms until loss of compensation supervened. By means of skiagraphy the diagnosis might perhaps in the future be made at a comparatively early stage, but not without the help of dorsal percussion, and, in particular, of percussion of the left auricle. *The leading objective signs* noted were: 1, Systolic pulsation with or without thrill in the right fourth intercostal space; 2, synchronicity of this pulsation with the apex beat; 3, equality in the loudness of the existing murmurs at the pulsating area and at the apex; (4) great increase in the transverse diameter of the præcordial dullness which might extend towards the right beyond the mamillary line; (5) increase of the

post-cordial dullness, with a characteristic enlargement (chiefly in the transverse diameter) of the post-auricular dullness with a loss of its symmetry; 6, the liver might be at times the seat of an inconstant pulsation; 7, the absence in this case, in spite of the cyanosis and dyspnoea, of any advanced general or serous dropsies was remarkable; 8, the dyspnoea seemed to present an important clinical peculiarity in its association with cyanosis and with quick breathing without any great respiratory distress. More striking still was the readiness of the present patient to lie almost flat, in marked contrast with the common type of orthopnoea seen in advanced cardiac cases; 9, lastly, an important confirmatory sign was the impairment of the respiratory movements and sounds on the right side of the chest. *The subjective symptoms* were above all the pain and tenderness localised to the right of the sternum in contrast with those special to ordinary cases of mitral stenosis in which the pain was referred to the ventricular or left parasternal region. To the dyspnoea reference has already been made. As regards prognosis and treatment the inference was that the condition when fully developed was not likely to be cured. The observations in hand tended, however, to show that considerable alleviation might be effected by rest and by venesection, rather than by medicinal treatment.

Dr. ISAMBARD OWEN also contributed a paper on "Horizontal Dilatation of the Left Auricle," with special reference to other cases and specimens besides the one he had shown in May, 1901. Inquiries at all the principal museums and medical schools in the United Kingdom had shown that only two other specimens were known to be in existence, namely, one in St. Bartholomew's Hospital and one in University College. These were briefly described, after which Dr. Owen compared and contrasted the most important clinical and pathological features of the three cases.

In the discussion on these two papers,

Dr. A. F. VOELCKER inquired whether in Dr. Ewart's case there was any murmur in the tricuspid area. He asked what were the grounds for supposing that the pulsation observed on the right side was due to dilatation of the left auricle. It seemed to him open to consider this pulsation as due to dilatation of the right auricle.

Dr. HERRINGHAM expressed himself in a similar sense. It appeared to him that all the signs described by Dr. Ewart could be explained by the assumption of dilatation of the right auricle.

Dr. EWART, in reply, briefly gave the reasons which led him to the conclusion that the principal dilatation affected the left, and not the right, auricle.

Dr. EWART also read a short note on

PALPABLE SYSTOLIC INTERCOSTAL PULSATION IN A CASE OF MITRAL STENOSIS, WITH DILATATION AND THROMBOSIS OF THE LEFT AURICLE.

The purpose of this communication was to elicit further information concerning the significance of systolic pulsation felt over the region of the right auricle, the frequency of its occurrence, the various modes of causation, and the value which it might possess as a diagnostic physical sign. In this instance the systolic pulsation felt at the fourth and fifth intercostal spaces had been regarded during life as due to the direct pulsation of an enlarged left auricle. But it was found after death that the seat of the pulsation corresponded to the surface of the right auricle. The left auricle was, however, markedly dilated above a button-hole stenosis of the mitral valve, and was completely filled with a spongy thrombus which had partly broken down into a grumous fluid. The history of the case was then briefly related. The author considered that visible and palpable pulsation of the right auricle did not belong to the normal cardiac function; if capable of being felt the beat should presumably be diastolic or presystolic in time. In the ordinary cases of dilatation of the right side of the heart he had not hitherto noted any pulsation to the right of the sternum. When the heart was displaced into the right chest the abnormal pulsation is systolic, and to be regarded as a direct ventricular pulsation conveyed from the ventricular walls. If palpable systolic

pulsation to the right of the sternum (not due to intrapericardial aneurysm) was as uncommon as he believed it to be, a study of its conditions of occurrence was of importance, and any definite observations by others on this point would be of value. Pulsation within the auricular area of the præcordium had now been shown to be sometimes due to the left auricle when immensely enlarged. The present case showed that on the other hand a systolic pulsation might be transmitted through the right auricle when the left auricle was distended in such a way as to be incapable of performing its systolic contraction. To these modes of causation others might probably be added as the result of future inquiry.

The meeting then adjourned.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

PATHOLOGICAL SECTION.

MEETING HELD AT THE ROYAL COLLEGE OF SURGEONS ON FRIDAY, MAY 2ND, 1902.

Professor E. J. McWENNEY, M.D., President, in the Chair.

THE PRESIDENT called on the Hon. Secretary of the Section (Professor White) to read the report of the Reference Committee on the specimens of diseased vertebrae exhibited at a previous meeting by Dr. Doyle. The report stated that the inflammation which had been present in the vertebrae had caused the absorption of a large portion of the transverse ligament of the atlas, but that neither tuberculous disease nor suppurative inflammation had occurred.

Dr. CRAIG and Professor WHITE then read their paper, on

CASE OF CONTINUED FEVER DUE TO THE BACILLUS ENTERITIDIS OF GÄRTNER.

Dr. Craig said the patient who is the subject of the communication was an unmarried man, æt. 22, of temperate and regular habits. About September 18th, 1901, he complained of not feeling well, was out of sorts, and to recuperate he went home to Wexford for ten days. On the 24th, he had shiverings, felt worse, and during the next few days vomited several times; had slight diarrhoea, but felt no pain. He returned to Dublin on the 28th of the month, and on the 30th he visited the Meath Hospital, where he came under his (Dr. Craig's) notice. His temperature was 103°; pulse 100; respirations 24; his tongue was furred with a creamy matter, though clean at the tip and along the margins. When protruded it was seen to be ataxic; the patient was covered on the front and back of the trunk with rose spots, and was suffering from diarrhoea, the stools being thin and yellowish. Typhoid fever was diagnosed, and the man was admitted to hospital. The following day the temperature was 104°, his cerebration was slow, he was disinclined to talk, lay on his back, had an eruption of herpes labialis, and in the evening his temperature reached 104°8'. The rash became darker. Sir John Moore saw him in consultation, and recommended his removal from the ward, as he looked on the case as one of typhus. Professor White examined the blood-serum and found that Widal's reaction took place with a one in twenty-five dilution. During the following days, his condition became worse, the diarrhoea more frequent, still neither pain nor tympany; his spleen was distinctly enlarged. He now refused nourishment, became wildly delirious, having to be held down; he passed his faeces and urine under him unconsciously. He got black coffee and hypodermics of strychnine, but no alcohol. He died on the eleventh day after admission to hospital. The autopsy revealed an enlarged spleen and a condition of inflammation of the mucous membrane throughout the length of the small intestine, but no enlargement or ulceration of Peyer's patches.

Professor A. H. WHITE, Hon. Sec. of the Section, said the small intestine did not present the ordinary lesions of typhoid fever; the whole mucous membrane was inflamed. The spleen was enlarged, and from it he obtained a pure culture of an organism which, though at first sight appeared to be the typhoid bacillus, he

now considers to belong to the *B. enteritidis* group. The organism is a motile bacillus, which decolorises by Gram, and does not liquefy gelatine nor coagulate milk; it ferments glucose, but not glycerine. These, and other points, Professor White demonstrated by the exhibition of about twenty different cultures on various media of this organism and similar cultures of the typhoid bacillus, bacillus coli, and two known varieties of the *B. enteritidis* kindly given him by Professor O'Sullivan. Unfortunately, he did not immunise an animal against this organism, but hoped to do so in order to determine, if possible, to which of the varieties of the *B. enteritidis* group this organism belongs. In this connection, it should be noted that the blood serum from some typhoid patients gave a clumping reaction with this organism at low dilutions only, while the serum of this patient gave a reaction with typhoid bacilli at one in twenty-five but not at one in fifty. Professor White then recounted a number of outbreaks of serious illness following on the eating of meat containing these organisms, in many of which deaths resulted, and gave more especially an abstract of Durham's work on the subject. He looks on the present case as one not of typhoid fever but of fever due to a bacillus having all the morphological, cultural, and pathogenic characters of the *B. enteritidis*, and suggests that possibly some of the milder and shorter cases of fever may be due to this or some similar organism.

Professor McWENNEY desires to congratulate Professor White on his large and beautiful series of cultures. His paper raises many interesting points of which, however, he will but touch on a few. (1) The constancy of character of these organisms. They are subject to great variety, and they cannot place much importance on slight differences. He inclines to the idea that the Gärtner organism occupies an intermediate position between the typhoid bacillus and coli bacillus. He regrets that Professor White had not immunised an animal against this bacillus; until this is done he has not shown that the organism is that of Gärtner. The case related in its clinical aspects had a striking resemblance to a series of six or eight cases brought forward by Chiari, at the International Medical Congress, Moscow, in which there were no typhoid lesions, but in which splenic puncture obtained micro-organisms which gave typhoid infection. He looked on the case as one of typhoid septicæmia due to an aberrant bacillus.

Dr. COLEMAN thought the authors were carrying the refinement of diagnosis too far. His recollection was that in Chiari's cases the micro-organisms were obtained from the gall-bladder.

Professor McWENNEY: From both the spleen and the gall-bladder.

Dr. BAWLEY: The absence of ulceration in Peyer's patches does not exclude typhoid fever. Mann has drawn attention to this fact. Is it characteristic of Gärtner's bacillus not to cause ulceration?

Professor WHITE had not much to say other than to thank the members for the reception given to his paper. With what the President has said he agrees in the main; but he considers the Gärtner group of micro-organisms as distinct organisms, not aberrant forms. If this theory is accepted, then the case is not one of typhoid fever. The organism found is, he believes, undoubtedly a *B. enteritidis*. He will, however, immunise an animal. He did not examine the gall-bladder because he had not got it. He was aware that there are a number of cases of typhoid fever without intestinal lesion recorded. Many of them, however, had not been proved, or had, bacteriologically, only been imperfectly proved. Some cases, however, had been completely proved, and in these typical typhoid bacilli were found. Such cases alone should be accepted as typhoid septicæmia. In his opinion they cannot have too refined a diagnosis. He is not aware whether ulceration may follow on bacillus enteritidis infection.

Professor C. Y. PEARSON, of Cork, then exhibited a SARCOMATOUS OSTEO-CHONDROMA OF FEMUR REMOVED BY DISARTICULATION AT HIP.

C. C., æt. 57, farmer, married, some family. Family

history good. Always healthy himself, and has had no previous illness. About eight years ago, had a fall from a ladder, a distance of 11 feet, and landed on his feet. About two years after this he noticed a small swelling on the front of his thigh at the lower part. This was about the size of a marble, hard, and unaccompanied by pain. It gradually increased in size, and in another two years it was of such a size that he had to get his trousers enlarged for it. At this time (about four years ago) he was seen by the late Dr. O'Sullivan, who, after consultation, advised amputation; the patient refused to consent, and returned home to the country. Up to this time he had never suffered much pain. On August 17th, 1901, he was again admitted to the North Infirmary. The tumour had by this time assumed large dimensions, and was causing severe pain. It was of almost stony hardness, and measured 31 inches in circumference at its widest part. The skin over it presented numerous dilated veins, and a cutaneous eruption of a lichenous character. The leg was much swollen and oedematous. There were two glands in the groin of stony hardness and about size of a walnut. Operation performed August 22nd. The femoral vessels were exposed by anterior vertical incision, and ligatured above and below the glands which were then excised. The amputation was then completed by a socket-shaped incision, all vessels clamped as divided, no tourniquet or digital pressure being employed. The patient made a good recovery, but returned in April, 1902, ailing with severe abdominal pain, and was found to have a tumour with communicated impulse in the epigastrium; behind was a large gland with secondary deposit; also an enlarged gland near external iliac. The tumour was a periosteal osteochondroma, sections of which showed ossification in cartilage and the sarcomatous tissues. A section of one of the glands showed large-cells, with active nuclei resembling squamous epithelium, but believed to be cartilage cells.

Professor C. YELVERTON PEARSON also showed a breast with large encapsuled tumour, which he had removed from a girl, *et.* 18. It had commenced five months previous to removal, and had rapidly increased. There was no enlargement of axillary glands, but marked engorgement of the veins. Microscopic examination showed it to be a papillomatous form of adenoma, with penetration of the acini.

Professor McWHEENY said that Professor Pearson had brought before them very interesting specimens. Sarcomata are usually infective through the blood current, though cases are on record showing that the lymphatics sometimes convey the infection. In his experience the enlarged lymphatics usually disappear after operation. The cells seen in the section exhibited by Professor Pearson are remarkable, being large, cartilaginous, with active nuclei.

Professor BENNETT congratulated Professor Pearson on the successful removal of such a large osteoid sarcoma. He found that such growths taking their origin from the periosteum are as a rule of the more malignant type. The case is further interesting from the considerable time the tumour existed before it gave evidences of malignancy, and it is much to be regretted that the poor man did not get operated on years before he did. Malignant tumours of this character usually infect the abdominal organs, but the most frequent site of infection is the lung.

Dr. BLAYNEY desired to draw attention to some very interesting statistics of the recurrence of sarcomata that have recently been published, showing a percentage of ninety. The prognosis is decidedly bad in such cases. It has, however, been recorded in the paper to which he has referred that cases in which suppuration occurred had a smaller percentage of recurrence of the disease than any others; and some surgeons have recommended that hypodermics of the toxin of the bacillus prodigiosus be injected into such tumours to promote suppuration, and that the production of pus during healing, after operation, be encouraged.

Professor PEARSON thanked the Section for the kind reception that his paper had got. He did not inject Coley's or any other fluid in sarcomatous tumours; he thought the methods recommended savoured of trifling

with human life. He waits and watches results before adopting extraordinary measures. He omitted mentioning that all the muscle tissue of the leg below the site of the tumour had undergone colloid degeneration. The Section then adjourned.

OBSTETRICAL SOCIETY OF LONDON. MEETING HELD WEDNESDAY, MAY 7TH, 1902.

PETER HORROCKS, F.R.C.S, President, in the Chair.

MYOMA AND FIBROMA OF THE UTERUS.

MR. ALBAN DORAN showed specimens to illustrate his contention that fibroma and myoma of the ovary were not necessarily the same thing. The first specimen was a double tumour removed from a single woman, comprising a cyst which was obviously ovarian, while underneath was another tumour absolutely solid. The ovarian ligament ran well on to the cyst and on to the tumour, which bulged from its lower part. Section of the latter showed pure muscle cells with hardly a trace of fibrous tissue, exactly resembling a specimen which he had shown before the Society and which figured in the "Transactions" of 1888. The other specimen was a pure fibroma of the ovary from a woman, *et.* 55. This was shown to consist of pure white fibrous tissue.

Mrs. STANLEY BOYD also showed a large fibroma of the ovary removed from a woman, *et.* 50, who two years before had noticed some enlargement of the abdomen and difficulty in micturition. Three months before she had seen her the growth had become more rapid, and when seen it reached two fingers' breadth above the umbilicus. It was perfectly movable. The uterus could not be defined apart from the tumour, and it was diagnosed to be a fibroid of the uterus. At the operation she found that it occupied the position of the left ovary, and was connected with the uterus by a pedicle two inches long. It was removed along with the tube which was healthy. By a curious coincidence she had operated on this patient's younger sister some years previously for fibroid of the uterus.

Mr. STANLEY BOYD showed a tumour removed from a woman, *et.* 47, married seven years, but who had never been pregnant. The periods had always been very free, but since two years they had become more excessive, leaving only a fortnight free in each month. The pedicle occupied the place of the right ovary, and the uterus and tube were normal.

FIVE SPECIMENS OF FIBROID TUMOUR OF THE OVARY, WITH OBSERVATIONS ON THEIR PATHOLOGICAL ANATOMY.

Dr. JOHN S. FAIRBAIRN read a paper in which he directed attention to the descriptions of these growths as given in the text-books and monographs on the subject. The general statement is that these tumours are formed by hyperplasia of the whole stroma, so that the organ is converted into a hard tumour retaining more or less the original shape of the ovary. Five specimens, varying in size from a small growth the size of a hen's egg up to a large tumour of over four pounds in weight, were described in detail. In all of them the new growth had arisen within the ovary, and affected only a portion of the stroma, leaving a considerable part of the organ as a separate and easily recognisable structure. The microscopic appearances were also noted, and a short clinical history of the cases from which they were obtained was added. After looking through a large number of recorded cases of fibroma and fibro-myoma of the ovary, some fifteen or sixteen were selected as similar to those described in the paper, and a short abstract of them was given. When such specimens have been shown at societies, they have given rise to some discussion from the unusual persistence of a portion of the ovary. The number of instances quoted, together with the five specimens under review, is sufficient to show that the descriptions usually given are misleading. While the difficulty of detecting unstriated muscle cells among fibrous tissue cells is acknowledged, the evidence of a comparative examination of sections from these tumours appears to be in favour of their being considered fibromata. The sections provide a very good opportunity of

contrasting the minute structure of the growth with the ovarian stroma from which they have originated; the results of such a study are adduced in favour of considering these firm hard growths of the ovary as simple fibromata, and not as fibro-sarcomata. The question of these tumours arising from a chronic oophoritis was discussed very briefly, and the importance of the tunica albuginea in forming a strong covering to ovarian growths was pointed out. In conclusion, the fibromata of the ovary were divided into three classes for purposes of description:—(1) The ovary is entirely replaced by the new formation. This occurs in small as well as large growths, and therefore does not depend on the size to which the growth has attained. (2) A local growth of the stroma, leaving part of the ovary unaffected, except by compression. The growth tends to remain within the capsule of the ovary. (3) Pedunculated fibromata like subperitoneal fibroids of the uterus. These may either have originated in the stroma and later been extruded, or they may be growths of the tunica albuginea.

Mr. ALBAN DORAN observed that, thanks to the author's paper, they would know something in future concerning a class of growth of which they had in years gone by been remarkably ignorant, and respecting which they had held very erroneous views. They used to be taken for spindle-celled sarcomata, but the saying that solid carcinomata were commoner than solid sarcomata was based on the assumption that these tumours belonged to the sarcoma class. He thought the view as to the malignancy of these tumours was due to the fact that formerly, although they thoroughly studied morbid histology, they were imperfectly trained in normal histology, and so mistook muscle fibres for spindle cells.

Mr. BLAND-SUTTON congratulated the author upon having been successful in so short a time in collecting five specimens of this rare kind of tumour. He pointed out that the distinguishing features of these tumours were that they were encapsuled, that they were ovarian in shape, and on section displayed a whorled pattern. The age limits of these tumours differed from that of similar tumours of the uterus. The latter did not form after the menopause, whereas these tumours might apparently form at any age. He protested against the histology of a tumour being determined by a fourth year's student, who scarcely knew the use of the microscope, and his dictum produced as evidence at the Society. Thanks to the points elucidated in the paper, they could now turn their backs on histology and in future, whenever they removed a tumour of this kind, they would bisect it, and if they found the whorled appearance they would group it among the non-malignant tumours forthwith. He observed that the author had rescued these formations from a group of tumours which had a very bad character, and he hoped he would continue his rescue work.

Dr. GRIFFITH pointed out that the corpus fibrosum was the ultimate result of a corpus luteum. He had seen them in great numbers in an ovary, producing some enlargement, though nothing comparable to the tumours that had been shown them. Another kind of enlargement of the ovary of which no mention had been made was that due to an overgrowth of the stroma, a form which was often met with in performing hysterectomy.

Dr. BRIGGS, of Liverpool, observed that one result of the paper would be to direct greater attention to fibromata of the ovary than had hitherto been accorded. He thought there was still a disposition among gynaecologists to regard sarcoma of the ovary as very common. All the patients he had operated upon for such tumours, as recorded in his paper, were still living, and since then he had added eight more to the list. One of these was from a girl, *æt.* 18, and the appearance was that of brain substance of the tumour; indeed, it looked very like a sarcoma, but that girl was still alive, and engaged as a hospital nurse.

Dr. SPENCER admitted that he had formerly held that a fibroid of the ovary was circumscribed by the ovary, but he had since met with enormous tumours. He had three specimens, one of which he thought clearly showed the origin of an ovarian fibroid from a corpus luteum.

LARYNGOLOGICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, MAY 2ND.

The President, Mr. E. CRESSWELL BABER, F.R.C.S., in the Chair.

CLINICAL MEETING.

Dr. A. BRONNER showed macro- and microscopic specimens of a large papillomata of the left maxillary antrum, which had caused destruction of the bone, and was accompanied by an offensive discharge. It had been twice removed with a snare, and the second time without recurrence.

Dr. WALTER DOWNIE showed (1) a specimen of sarcoma of the right tonsil from a woman, *æt.* 58, which was enucleated in September 1899. The patient remained in good health and without local discomfort until October, 1901, but she now had new growths in palate, pharynx, and infra-auricular region. (2) A specimen from a man, *æt.* 33, consisting of the soft palate, fauces, pharynx, larynx, and gullet, the seat of an extensive round-cell sarcoma, many secondary tumours in other viscera. (3) A large fibrous growth (removed November, 1892) from the naso-pharynx of a boy, *æt.* 11, who a year later developed symptoms of sarcoma of the left maxillary antrum. The left superior maxilla was excised and no further recurrence had taken place. (4) A large fibrous growth (removed February, 1901) from the naso-pharynx of a boy, *æt.* 14, followed by continued improvement in health and with no local recurrence.

Dr. J. DONELAN showed a case of laryngeal stenosis in a man, *æt.* 50, resulting from a large syphilitic ulcer of the left side of the larynx. The patient had been shown twice before, on which occasions the diagnosis had been doubtful. Dr. Donelan also showed a case of syphilitic contraction of the posterior pillars of the fauces in a man, *æt.* 44.

Dr. HERBERT TILLEY showed a case of complete occlusion of the right nasal vestibule in a man, *æt.* 32, following the insertion of a strong styptic for the arrest of epistaxis. The septum was deflected to the right, and Dr. Tilley said he proposed to remove the scar tissue and at the same time to perform Asch's operation on the septum. Dr. Tilley also showed a case of advanced destruction of the intra-nasal structures associated with suppuration of the right maxillary sinus, and invited opinions as to whether such a condition might arise independently of syphilis as a result of septic infection of the nasal mucosa.

Dr. H. L. LACK showed a case of great symmetrical thickening of the upper and anterior part of the nasal septum in a man, *æt.* 38, who had been under constant treatment for the past twelve years for nasal obstruction. The thickening was so great that it had been diagnosed as a cyst of the septum. It had been cut away and cauterised many times, but had always recurred. Dr. W. Hill and Sir Felix Semon said that they had great difficulty in preventing the recurrence of similar swellings. Dr. Lack also showed a case of inherited syphilis of the nose, pharynx, and larynx, with complete occlusion of the anterior nares in a boy. The appearances in the pharynx and larynx clearly simulated lupus, but the ulceration which had at first existed about the right of the anterior nares had healed under iodide of potassium, leaving complete atresia. The left nostril was already occluded.

Dr. J. W. BOND showed a case of large laryngeal growth in a woman who had suffered from huskiness of the voice for ten months. There was no history, sign, or symptom of either tuberculosis or syphilis. The growth involved the right side of the larynx, was red, and firm to palpation, and extended from below the cord to the level of the tip of the epiglottis. There was much diversity of opinion as to whether the swelling was the result of tuberculous infiltration or whether it was sarcomatous.

Dr. ST. CLAIR THOMSON showed a case of glosso-labial laryngeal paralysis, with complete paralysis of one cord and abductor paralysis of the other. Dr. Thomson had been able to watch the case from an early stage. There had been thickness of speech for twelve months. In

November last paresis of the abductor muscles was noticed, but one month ago there was double abductor paralysis. At the present time there was complete paralysis of the left cord and abductor paralysis of the right.

Dr. E. LAW showed a case of excrescences or incrustations or chalky deposits low down in the trachea. The patient had suffered from osena since childhood, but that at the present time was practically cured, only a small crust being noticed in the post-nasal space. She complained now chiefly of a constant hacking cough. On examination, a number of papillomatous excrescences or incrustations or crust-like deposits were seen low down in the trachea; a large one with ragged edges on the right side and a number of smaller ones dotted in an annular or crescentic arrangement around the trachea. Members were invited to express opinions as to the diagnosis. Mr. Waggett, who had observed the case under strong illumination for the purpose of making a drawing, ventured on a diagnosis of papillomata. Dr. Lack and Sir Felix Semon were both of the opinion that the excrescences observed were due to crusts.

Mr. R. LAKE showed a case of tuberculosis of the larynx occurring in a man, *æt.* 30, in which the epiglottis had been removed by means of the galvano-cautery snare. The stump had healed quite satisfactorily. Mr. Lake also showed a case of tubercular perichondritis; the thyroid cartilage was exposed by an external incision and a yellowish-white semi-transparent mass was found separating the perichondrium from the cartilage. This was carefully removed.

Dr. L. H. PEGLER showed a case of geographical tongue occurring in a boy, *æt.* 14. Mr. F. H. Tod showed a case of syphilitic necrosis of the intra nasal structures exposing to view the openings of the sphenoidal sinuses on each side and of the posterior ethmoidal cells on the left. There was some difference of opinion as to whether the openings seen were the normal ostia sphenoidalia or whether they were adventitious.

Mr. E. B. WAGGETT showed a case of cystic adenoma of the pyramidal lobe of the thyroid occurring in a woman, *æt.* 43, who first noticed a lump in the neck six years ago. It had recently increased to double its former size, and had become painful, evidently the result of hæmorrhage into the cyst.

Special Article.

DR. DOVER AND HIS POWDER.

AN interesting sketch of the career of Dr. Dover, whose powder has made his name a household word, appeared in a recent number of the *Chemist and Druggist*.

Dover's Powder, says our contemporary, which secured the tiniest reference among the seven personally named remedies of the German Pharmacopœia quoted from the *Apotheker Zeitung* the other day, had been famous 150 years when tuberculinum Kochi came into the physic market, and few there are who would not back the old compound against the young one as a stayer yet. "Thomas Dover," says the German journalist, "was a London doctor, and died in 1741." That is all he tells of him; what a generous record! Old Dover was no *savant*. He discovered no bacillus; he was a good way on the road towards quackery, and yet I fancy his life is better worth narrating than are those of half of the famous men of medicine stamped with the hall-mark of any university whatsoever.

"The Ancient Physician's Legacy to his Country—Being what he has collected himself in Forty-nine Years' Practise. Or an Account of the Several Diseases incident to Mankind, described in so plain a Manner that any Person may know the Nature of his own Disease. Together with the several Remedies for each Distemper faithfully set down. Designed for the Use of all Private Families." That was Thomas Dover's sole contribution to literature, and therein his famous formula is contained. It was published in 1732, when he was past seventy, and he lived nine years longer. But Thomas felt he had a message to deliver, and he had but little faith in the "clan of prejudiced gentlemen," as he termed the Royal College of Physi-

cians. They returned his contempt; or more probably they began the squabble, for Dover tells in his book that they had referred to him in derision as "the quicksilver doctor." But it was a title in which he gloried. He had immense faith in quicksilver, "this precious jelly of mettals as it may be called." It makes a pure balsam of the blood, he says; that is why it cures venereal complaints. You all give it, he adds, but you disguise it. I give it in an honest, open manner. You give it combined with sulphur, the worst excipient you could find, in the form of Ethiop's mineral. That is like striking a man with a sword in the scabbard. They (the clan of prejudiced gentlemen) say it is a poison. "Their opinion is a sign they have travelled far at home." He advises them to "take a trip to Hungary and visit the mines where the quicksilver is dug. They may there see slaves working entirely naked to prevent them stealing the mettall." But these slaves, it appears, dodged their taskmasters "by swallowing every day so much that they buy a choppin of drink with it at night."

Dover was born somewhere in Warwickshire in 1680. How he got his medical training is not known, but some time in his youth he lived in the house of the famous physician Sydenham. There he had small-pox, and his treatment is worth recording. First he was bled to the extent of 22 ozs.; then he had an emetic. It was January; he had no fire in his room, the windows were always kept open, and the bedclothes were only allowed up to his waist. The medicine he took was twelve bottles of small beer, acidulated with spirit of vitriol, every twenty-four hours. Having resisted both the disease and the treatment he is first heard of in practice at Bristol in 1684. He plodded on there till 1708, when at the age of forty-eight he set out with a privateering party on a voyage round the world. They had two ships, the *Duke* and the *Duchess*. Captain Woodes-Rogers, who has left an account of the expedition, was in chief command, and Dover, who had charge of the *Duke*, was his second. He must have been on the sea in his early life, or he would hardly have been chosen to command a vessel. The buccaneers were away from England three years, and they came back with a Spanish frigate of twenty-one guns and lots of loot. Among the other events of the voyage was one of world-famous importance. On February 2nd, 1709, Dover touched at the island of Juan Fernandez, and brought away from it Alexander Selkirk, who had been there alone four years and four months, and who was the prototype of the immortal Robinson Crusoe.

A few months later the expedition landed at Guayaquil, in Peru. Having sacked the city and stored their plunder in the ships, the sailors slept in the churches, and Dover records quaintly how they were annoyed by the smell of the corpses. For plague was raging in the place at the time, and the victims were laid just below the floor with only a plank or two to cover them. Forty-eight hours later, after they had again put to sea, a large number of the sailors were attacked by the disease. One hundred and eighty of them altogether had it. Dover, who had four surgeons under him, ordered them to be bled freely, and he says about 100 ozs. of blood was taken from each man. The surgeons went round and started the bleeding, and only stopped it when they had made their rounds. Then he gave them spirit of vitriol, and only seven or eight died. Returning to England, Dover practised in Cecil Street till 1728, when he is again missed for two or three years. From 1731 to 1736 he lived in Arundel Street, Strand. There he wrote his book, in the preface of which he quotes Dr. Radcliffe's opinion that it is expedient that young gentlemen entering our profession should travel. "If travelling be necessary to make an accomplished physician," Dover remarks, "I am very sure that I have travelled more than all the physicians in Great Britain put together."

His diaphoretic powder is prescribed in his book in a chapter on gout. The formula differs, but the resulting compound is practically the same thing that we call Dover's powder. The original formula was as follows:—

Take opium 1 oz., saltpetre and tartar vitriolated each 4 oz., liquorish 1 oz., ipecacuanha 1 oz. Put the saltpetre and tartar into a red-hot mortar, stirring till they have

done flaming. Then powder them very fine; after that slice in your opium; grind these to a powder, and then mix the other powders with these. Dose: from 40 to 60 or 70 gr., in a glass of white-wine posset going to bed, covering up warm, and drinking a quart or three pints of the posset-drink while sweating.

In two or three hours at furthest the patient will be free from pain; and, though before not able to put his foot to the ground, 'tis very much if he cannot walk next day. The remedy may be taken once a week or once a month.

A side-light on the relations between doctors and apothecaries in the early days of the eighteenth century is thrown by Thomas Dover's treatise. In a chapter on ague (for which he says bark is the best medicine known to mankind, though he wishes he could have the resinous quality of it separated from the earthy part) he remarks that he cannot prescribe to please the apothecaries. He cannot bring a fever case to £3, though he has known apothecaries who have run up their bills in such cases to £40, £50, or £80. Every time a physician writes, he says, it is supposed to put 10s. or 12s. in the apothecary's way. Then, as a postscript, he prints the following on the last page:—

N.B.—Having taken notice of some errors in the practice of other physicians, I shall frankly own one in my own; I have hitherto been too zealous in recommending one particular apothecary, but am resolved, for the future, to let all my patients make use of any apothecary they like best, which I think is but doing justice to the gentlemen of that profession.

Whether this was a really honest repentance, or whether the one particular apothecary had offended Master Dover, doth not appear.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, May 11th, 1902.

THE TREATMENT OF LUPUS AND PSORIASIS.

M. HALLOPEAU, at the last meeting of the Dermatological Society, read a paper on the treatment of lupus and psoriasis by permanganate of potash, in which he pointed out that although some specialists believed that permanganate of potash was powerless against lupus, he had recently treated a woman for one of the gravest forms of the disease with that agent, and the success was complete. He presented several other cases in which the cicatricial tissue was very extensive, and he did not doubt that by persevering in the application of the salinated solution he would obtain a complete cure. In psoriasis he obtained also considerable satisfaction by applying compresses to the lesions of a solution of permanganate 0.3 to 1 per cent., according to the tolerance of the patients.

BURNS.

According to M. Goldstein the same salt (permanganate of potash) in saturated solution painted on burns is superior to all other treatment. By it the pain is quickly relieved and healing rapidly follows. As the permanganate when in contact with organic substances becomes decomposed into caustic potash, oxygen and oxide of manganese, M. Goldstein believed that the potash and the oxygen produce the anæsthesia by local caustic action, while the oxide of manganese ensures the asepsy of the wound.

CHOREA AND ARSENIC.

M. Fabel has recently passed in review the arsenical preparations employed in the treatment of chorea, and which are in order of importance Boudin's solution—

(1-1000), Fowler's solution, arseniate of soda and cacodylate of soda. In children of eight to ten years old the daily dose of Boudin's solution, to commence with, is a drachm or a drachm and a-half and gradually increased by half a drachm until symptoms of intolerance appear (vomiting, diarrhoea, pricking sensations in the limbs), at this period the choreic agitation begins to yield, and after a rest of four or five days the arsenical solution is prescribed again, but in decreasing doses. Prof. Cornby prefers to commence with large doses, two drachms and a half daily, and rapidly increase until an ounce is reached, or nearly one grain of arsenious acid. M. Fabel considers this treatment too heroic, and positively dangerous. The Fowler solution is given in subcutaneous injections by the Lyons school, it being easy to execute and improving rapidly the state of the patients; but, in spite of these advantages, M. Fabel prefers the usual internal administration as recommended by Reese, who gives from three to four drops twice a day to children of from eight to ten, and this dose need never be exceeded during the whole treatment.

The arseniate of soda has been employed particularly by Gillette and Cadet de Gassicourt. Gillette's formula is as follows:—

Arseniate of soda, 0.05 gramme.

Water, 500 grammes.

A teaspoonful contains the fiftieth part of the active principle. From one to two teaspoonfuls are given to commence with, and gradually increased the following days until intolerance sets in. Cacodylate of soda is generally employed subcutaneously according to M. Garraud, of St. Etienne; its effects are certain and its employment without danger. M. Lannois considers that it should be preferred to any of the metallic preparations.

SYPHILIS.

Cyanide of mercury, } 15 grains.
Hydrochl. of cocaine, }
Water, 3iij grains.

Inject a full Pravaz syringe every two days into the muscle of the gluteal region. A series of thirty injections are required for a complete cure.

The advantages of this treatment of secondary syphilis and the later manifestations of the disease over the ordinary methods of treatment are: it is painless, produces no local reaction, and it is rapidly effective.

THE BLIND IN FRANCE.

Dr. Troussseau presented a report to the Ophthalmological Society from which it appears that the number of the blind in France reaches the high figure of 31,966, or a proportion of 8 to 10,000 of the population. This proportion considerably exceeds that of Denmark, Sweden, Switzerland, Austria, and notably Holland, where it is exactly 4.46 per 10,000. According to Dr. Troussseau, two-thirds of these unfortunates might have escaped the terrible deformity if proper precaution had been taken. Purulent ophthalmia was one of the chief causes of avoidable cecity. Professional wounds of the eye were another cause that might be avoided. Workmen at such trades as stone-cutting, filing, grinding, &c., and all those employed at steel and iron works should be compelled to wear protective spectacles.

A third great cause of cecity, single or double, was myopia. Parents should pay more attention to the eyes of their children during the school period.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, May 10th, 1902.

At the Surgical Congress, Hr. Petersen, Heidelberg, gave an address on

RECURRENCE IN CANCER.

Recurrences or secondary tumours at the site of operation arose when epithelium was present that had already undergone changes, and later took on the character of carcinoma. They were frequently caused by disease being left behind, and also by previous implication of the glands of the region, such diseased lymph vessels being often found on section at a considerable distance from the original disease. Inoculation with the disease was certainly possible in this way. Intentional implantation of living carcinoma was very rarely successful. Inoculation recurrence was therefore not impossible, but precaution should be exercised in the diagnosis, and this mode of origin must only be accepted when all others were excluded. The recurrences had this in common that they all proceeded from cells that were undergoing cancerous degeneration. In other cases the recurrence was not restricted to the spot, but occurred at parts locally removed from the original site. These pluricentral growths also frequently occurred at different times; they were, therefore, pluritemporal, as in the case of the epithelial tumour of the ovaries, where it was found in different spots in the one stage, or in different stages. These conditions were better observed in benign tumours that developed more slowly. In the neighbourhood of carcinoma were tissues which showed commencement of the disease, though this might escape the naked eye. The epithelium was only anaplastically changed and overlooked at the operation. Frequently the epithelium was not changed, and only became so later on. The period of time between the occurrence of the original tumour and recurrence varied greatly. Deferred recurrences were specially interesting. There were also peculiarities in the original growth that influenced recurrences. Encapsulation processes might retard recurrence and further it was not every cancer cell that when left behind led to return of the disease. Such cells sometimes underwent retrogressive metamorphosis as in lung and liver carcinoma. More delayed recurrences were to be attributed to pluricentral forms of the disease.

Prof. Wennebach, of Groningen, has a paper in *Therapie u. Gegenw.* 2/1902 on

AN EFFECTIVE TREATMENT OF SEPTIC ENDOCARDITIS.

The desideratum for the cure of an infective ulcerative endocarditis is a harmless antiseptic which, when introduced into the blood current, is strong enough to kill the bacteria circulating in it and to disinfect the diseased spot on the endocardium. Such a remedy the author believes Crede's argenticum colloidal to be, introduced into the market under the name of collargol. It can not only be used externally and internally, but it may be injected in a 1 or 2 per cent. solution directly into the blood current. When one can overcome the dread of injecting such a thick-looking material into the system one becomes convinced of its harmlessness. The author reports two cases that speak in favour of the external efficacy of the remedy. It should be used

early in the disease, and the author does not see why it could not also be used in cases of rheumatic endocarditis, which must really be of bacterial origin.

At the Surgical Congress, Hr. Korte, Berlin, discussed

THE PATHOGENESIS AND TREATMENT OF PERITYPHILITIS AND PERITONITIS,

introducing a report of sixty cases of subphrenic abscess. Subphrenic abscess occupied an unusual position, from its etiology, its not easy diagnosis, and its treatment. As regarded etiology, its more frequent cause was inflammation of the vermiform appendix; it was so in nearly the half of the speaker's cases. In consequence of this origin the abscess was nearly always on the right side. Other causes were ulcers of the stomach and duodenum (ten times out of the sixty). Gunshot wounds were also a cause. It was more frequently situated between the left lobe of the liver and the stomach, and most frequently contained gas. Stomach contents were not found in his cases. Five of these cases recovered and five died. At the autopsies no direct communication was found between the abscess and the stomach, but only an indirect one, that might be blocked. The abscess might also arise from the liver or bile passages—five cases, and here the prime cause might be echinococcus of the liver and gall-stones. These cases were, as a rule, unsuitable for operation on account of the multiple collection in the liver—five deaths. The abscess originated in the spleen in five cases with three recoveries and two deaths. Four from empyema—three recoveries and one death; four after perinephritis, with two recoveries and two deaths; two from disease of the ribs, both recovering. The diagnosis was based on the history of inflammation of the organs from disease, of which experience taught us such abscesses had their origin, and next on displacement of neighbouring parts. When empyema was the cause it could only be determined by operation. The operation should be performed quickly after exploratory puncture, as general infection readily took place. As regarded operation, the peripleural incision, and that along the margin of the ribs, were to be considered. With the first-named we had to reckon on the possibility of an empyema developing.

The following precautions were taken to prevent infection of the pleura. A portion of pleura the size of a five-shilling piece was sutured off and the operation performed within this space. A secondary empyema followed in four cases. In fifteen cases the incision was at the margin of the ribs and four times in the middle line. In order to ensure a good result the patient should come into the hands of the surgeon early.

The total number of operations performed by the speaker was sixty, of which forty recovered and twenty died.

		Recovered.	Died.
Peripleural incision	41	27	14
Costal margin incision ...	15	10	5
Middle line incision	4	3	1
	60	40	20

Royal College of Physicians and Surgeons, Ireland.

The following candidates have been admitted to the Diploma in Public Health of the Colleges:—W. E. Burton, F. J. de Lisle, M. McGrath, E. McCombe, J. E. M. O'Ferrall, Gibb Smith, A. E. Robb, A. Williams

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 10th, 1902.

HYSTERIA.

At the "Gesellschaft der Aerzte" Yörök showed a young woman, æt. 18, with nineteen needles in the left leg which she had inserted herself. They were readily seen by the aid of the Röntgen rays. He purposed cutting down and removing them forthwith.

MULTIPLE CARTILAGINOUS EXOSTOSIS.

Spiegler demonstrated a case of multiple cartilaginous exostosis of the humerus, scapula, and costal joints, as well as several joints in the left foot. These commenced to form about the seventh year of age, and gradually increased until puberty, when osseous growth ceased. There was no history of rachitis, but rather an inhibition of osseous growth, particularly in the left forearm. The mother of the patient, as well as several other of the ancestors, presented deformities or malformations.

ERYTHROMELIA.

Ehrmann next showed a patient, æt. 20, with a rare form of erythromelia of the left leg, which commenced twenty years ago with redness and thickening of the skin. Since that time the cutaneous surface from the nares to the malleolus of the left leg had acquired a peculiar colour with a smooth, thin integument. About the knee the skin had the appearance of atrophic cutis idiopathica, lower down that of scleroderma. Sensation was not impaired. Electrical stimuli, owing to the cutaneous atrophy, was increased. This, he thought, was a doubtful case, and he could not decide whether the vessels were at fault, whether it had a toxic origin, or was due to erythema angio-paralyticum of Neumann, or to simple toxic erythema.

Ganz said this was certainly a very unusual case, as the disease was usually bilateral, though not to the same extent and not unilateral as in this patient.

Neumann thought it was premature to affirm a cognate relationship between the symptoms of erythromelia, idiopathic atrophy of the skin, and scleroderma.

Weinlechner recalled the case of an elderly woman with atrophy of the skin which was occasioned by contraction of the knee-joint, and asked if the same cause might not be incriminated in the case before them. Ganz replied to this by saying that the condition might arise in a case of scleroderma but not in a case of atrophic cutis idiopathica.

Kreibich recalled the case of an old woman whom he attended with a shiny swelling over the instep, which he fixed, and which afterwards became contracted. Kaposi thought this case of Kriebich was similar to the knee-joint case, and that the reddening and desquamation were nothing else than pityriasis rubra at the stage of atrophy.

Ehrmann said he quite understood why contractions were not present in erythromelia and idiopathic atrophy, while present in scleroderma, viz., that the first two were simply atrophy of the parts, while the latter sclerotic condition involved the subcutaneous and fibrous tissues.

FOLLICULAR OR PERIFOLLICULAR ABSCESSSES.

Spitzer presented a patient whose skin was literally covered with scars, large and small, reminding one of syphilitic or scrofulous lesions. Histological examination proved it to be due to a follicular or perifollicular

process, producing an enormous dilatation of the folliculi, which culminated in abscesses. In these were found pus and detritus, containing the white purulent cocci.

PNEUMOTHORAX.

Hofbauer presented a case of acute pneumothorax which had appeared within three weeks without fever or other complication. Neither clinical history, Röntgen rays, nor physical examination afforded an adequate reason for the morbid phenomenon.

EPICARINS.

Winkler has been using epicarins in the dermatological department with apparent success in seborrhœa capitis and shedding of hair. His prescription is:—

R. Epicarini	...	...	50 grammes
Spt. æther sulp.	...	15.0	"
Spt. vini gall	...	800	"

M

Sig.—Hair wash. To be used daily by rubbing well into the scalp.

He also uses an ointment made with soft soap.

CARCINOMA OF PENIS.

Englisch next read a lengthy communication on cancer of the penis. In the protocols of Vienna for the years 1892 to 1898 inclusive there were 540,539 patients treated, 12,607 suffered from carcinoma, 81 of whom were suffering from carcinoma of the penis (1.78 per cent.). In the literature of the subject he found 528 cases, 12 of which were minutely described. The disease appears between fifty-one and sixty years of age. The origin usually assigned was slight inflammation of the foreskin, frenulum, or glans. Congenital phymosis was noted in only 29 per cent. of the cases, which fact was opposed to the view of this being one of the factors in the ætiology of the disease.

The induration is usually preceded by œdema, hypertrophy, extraordinary swelling, or, what is more frequently the case, tubercles in the form of warts or papillomata. The usual period of development is twelve to fifteen months.

The early symptoms are local, such as frequent micturition, burning in the urethra, particularly near the orifice, with sometimes a little discharge, then the glans become swollen when the external phenomena commenced. These premonitory symptoms lasted about eighteen months. The glands of the inguinal canal, in front of the symphysis pubis, and bladder are usually enlarged. Metastases in the internal organs are very rare.

The rational treatment is amputation either with the knife or galvano-cautery, at the same time removing all enlarged glands within easy reach. Out of 465 cases operated on, 438 recovered completely (94.19 per cent.), while 5.8 per cent. went from bad to worse.

YOHIMBIN IN THE TREATMENT OF IMPOTENCE.

Yohimbin seems to be efficacious as a remedy for impotence. Silberstein records several successful cases. It may be remembered that this drug was brought before the profession some time ago as a powerful agent in impotence, but from its limited application we were cautious in its praise. It is a crystalline alkaloid, obtained from the bark of the yohimbe tree.

Oberwarth and Löwy used 0.005 to 0.015 of a gramme in the form of a hypodermic injection in dogs, which caused swelling of the testes and scrotum, followed by erection.

Eulenburg and Beeyer next used it clinically with a similar result.

Silberstein showed two patients suffering from hypochondriacal impotence, whom he had treated with yohimbin with perfect success. He records a number of chronic alcoholic paralytics with whom he obtained equally good results. Two cases of chronic bromide drinkers had their potency restored in a similar manner after one week's use of yohimbin, although the patellar reflex had been lost for a month.

The Operating Theatres.

WESTMINSTER HOSPITAL.

CHOLECYSTECTOMY.—Mr. WILLIAM TURNER operated on a man, *æt.* 31, who for nine years had suffered on and off from typical attacks of biliary colic; a fortnight previously he had had an attack which lasted twenty-two hours and then suddenly ceased, but the stone was not passed per rectum, though very carefully looked for. On admission he complained of a continuous aching pain in the epigastric region and a general feeling of malaise; he was slightly jaundiced, tongue furred, temperature normal, pulse 64; on examining the abdomen there was distinct prominence in the epigastric region, the upper segments of the recti muscles were very rigid, and there was marked tenderness at a spot two inches above and one to the right of the umbilicus; this region also was dull on percussion; the dullness extending over to the left side and seeming to correspond to the left lobe of the liver rather than to the gall-bladder; the edge of the liver could not be made out. Ether was administered and the same resistance and dullness was found as before, so a vertical incision was made from the margin of the ribs $1\frac{1}{2}$ inches on the right of the linea alba for six inches downwards; the skin, superficial fascia, and the anterior layer of the sheath of the rectus were divided, and the fibres of the muscle then separated in the line of incision; at this stage there was some free hæmorrhage from the muscular branches of the superior epigastric artery, which was controlled by Spencer-Wells' forceps and then by catgut ligatures. The posterior layer of the sheath of the rectus and the transverse muscular fibres of the transversalis were divided with a scalpel in the same line; the peritoneum was picked up with dissecting forceps and opened, and then the opening enlarged with scissors, the first finger of the left hand acting as a director. The liver was found to be enlarged, extending down to midway between the margin of the ribs and the umbilicus, the edge being turned somewhat backwards; on lifting up the edge the gall-bladder, containing numerous gall-stones, was found, rather contracted and firmly bound down by numerous adhesions to the intestines, stomach and omentum. As the conditions of the ducts could not be made out for certain, and as it was obvious that the adhesions were in a great measure responsible for the continuous aching pain complained of, these were next dealt with, being divided between Spencer Wells forceps and the cut ends carefully ligatured with fine catgut, the lower part of the wound being carefully packed with sponges. Retractors were then placed in the wound and the liver being held up by an assistant's finger, the condition of the ducts was carefully explored; gall-stones were found to extend the whole length of the gall-bladder, but none were found in the cystic duct itself, which was small; the finger was introduced

into the foramen of Winslow, and then the common bile duct was found rather enlarged but empty, and with no trace of a stone in it. Some enlarged glands were felt posteriorly behind the peritoneum, their enlargement being presumably caused by the chronic inflammatory condition around and of the gall-bladder. The hepatic ducts were next isolated and found also to be empty. The peritoneum binding down the gall-bladder to the liver was next divided first along the left side, and then the gall-bladder carefully separated from the liver and traced down to the cystic duct, which was ligatured with silk about a quarter of an inch from its junction with the common hepatic duct, then divided, and the mucous membrane touched with pure carbolic acid, and the gall-bladder containing fourteen stones removed. The cystic artery gave some little trouble, but was soon controlled by a catgut ligature. The cavity was sponged quite dry, a few oozing points being ligatured; the silk ligature tying the cystic duct was passed through a drainage tube having no side holes, this last was inserted to the bottom of the wound and brought out about the centre of the skin incision; a small plug of gauze was also packed into the raw surface of the liver and brought out alongside the tube. The abdominal wound was now sewn up in layers; peritoneum with simple continuous catgut stitch, posterior layer of sheath of rectus and transversalis muscle with the same; separated fibres of rectus by four interrupted kangaroo-tendon stitches, anterior layer of sheath with continuous fine silk and skin by two interrupted silk-worm gut sutures and three continuous blanket sutures, a small space being left about the centre for the drainage tube and gauze to come through. The drainage tube was stitched in position and the wound dressed in the ordinary manner with double cyanide gauze and wool. The operation lasted an hour and fifty minutes, but the patient stood it very well. Mr. Turner said that this case presented several points of interest; first the patient was a male and only 31, whereas gall-stones were much more common in females and after the age of 35; then the marked spot of localised tenderness about two inches above and one inch to the right of the umbilicus, which has been pointed out in books as so characteristic of stone in gall-bladder, and as being almost as commonly met with as the tenderness at McBurney's spot in appendicitis. Then again, he said, the gall-bladder itself could never be definitely felt owing to the liver being lower than normal, and its edge curled in owing to the numerous adhesions demonstrated at the operation. As regards the operation itself, he said he preferred the vertical to the transverse incision, as the rectus muscle is not damaged, but only its fibres separated, and ample room obtained by the use of suitable retractors. He pointed out that the muscular fibres of the transversalis met with posteriorly to the sheath of the rectus sometimes bother the surgeon, but they must be divided before the peritoneum is opened. The peritoneal adhesions were troublesome, as is often the case, taking time and care to deal with satisfactorily; they were mostly between the gall-bladder itself and the hepatic flexure of the colon, though some went on to the pyloric end of the stomach, omentum, and all round the common duct to the duodenum. His reasons for removing the gall-bladder and not opening and draining, he remarked, were first because the large ducts were patent and con-

tained no stones; secondly, the incurved edge of the liver practically prevented the bringing up of the gall-bladder satisfactorily to the surface; then the gall-bladder itself was not distended with bile, but had very thickened walls, and from the old inflammatory trouble was of an hour-glass shape; again the presence of the adhesions was undoubtedly giving much trouble and discomfort to the patient, and had to be dealt with, anyhow to give him his best chance of relief; and lastly, because stones are known to be formed more easily in a chronically inflamed gall-bladder, so that after removal they would have recurred if drainage only had been adopted. He thought the deep silk ligature might, if cut off and left, give rise to more adhesions and some chronic inflammation round the common duct, so he brought the end outside and passed a drainage tube over it to provide against any leaking which might occur when it came away. Mr. Turner also said that in the after-treatment he preferred rectal feeding for four or five days, and if necessary a little morphia could be given. Sometimes the presence of the plug of gauze and the drainage tube gives rise to reflex vomiting, and if this occurred the plug should be partially or completely withdrawn, and the tube pulled out half an inch. He hoped the plug would be able to be completely removed on the third or fourth day, and the drainage tube and the silk ligature in about eight to ten days. The surface of the liver, from which the gall-bladder had been removed, being left uncovered with peritoneum, a certain amount of bile was usually found staining the plug, and the patients often absorbed a little, and became a little jaundiced after the operation.

It is satisfactory to state that the patient, eight days after the operation, is going on very well; the plug was removed on the fourth day; the temperature had not been above 100°. The slight transient jaundice disappeared on the sixth day, and he has practically no pain.

"Christian" Science.

Among the fashionable forms of pseudo-science, so-called "Christian Science" has undoubtedly taken a firm hold. Recently the Hon. W. G. Ewing, who believes he owes his life to this form of "healing art" and has travelled 50,000 miles advocating its virtues, lectured to a large audience in the Queen's Hall and is reported to have claimed that in the whole life of "Christian Science" the aggregate fatalities under its practice in twelve of the United States during a period of thirty years were not equal to the deaths occurring under material medicine in any one week in the last two years in the cities of Chicago and greater New York. Certainly this does not speak well for American medicine, but we should like to know the source of the statistics on which so astounding a statement is supposed to be based.

Typhoid and Our Troops.

It is lamentable to know that enteric fever still prevails to an enormous extent among our troops in South Africa. In the expectations of peace the public readily forget the hardships and perils of a campaign. Mr. Brodrick has just given us numbers which forcibly illustrate this. The number of cases of typhoid among the troops was 1,507 in December last, 2,750 in January, and 2,122 in February, whilst the deaths were 224 in December, 396 in January, and 333 in February. It would seem that most of the cases occur among the men serving in mobile columns. While fully admitting the difficulties and making great allowance for wilfulness and "sheer cussedness," we cannot but believe that the education of Tommy Atkins in the elements of hygiene is still almost entirely neglected.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 14, 1902.

PREGNANCY AND TYPHOID FEVER.

THE recent lamentable experience of an illustrious patient has directed general attention to the relation between pregnancy and typhoid fever. It is of the greatest importance to the clinician, and presents features of much moment judged from the prognostic standpoint. It has been sometimes affirmed that such physiological conditions as pregnancy, the puerperal state and lactation diminish the predisposition to typhoid fever, but there is no inconsiderable difference of opinion upon the matter. When, however, infection occurs during pregnancy, most authorities consider that abortion or premature labour is not only liable but likely. Certainly gravidity must be reckoned a most serious complication of typhoid fever. There is much discrepancy in the statement of writers with regard to the course and prognosis of typhoid fever in pregnant women. Professor H. Curschmann, in his masterly monograph, which has recently been rendered available for English readers, edited by Professor W. Oslen, deals with the available statistics. Murchison believed that the prognosis was always grave, and in an advanced state of pregnancy considered that a fatal termination to premature labour almost invariably occurs. Liebermeister had a fatal issue in one-third of the eighteen cases coming under his observation. Curschmann met with fourteen cases at Leipsic; pregnancy was interrupted in all but one, and death occurred in five, that is in 35.6 per cent. At Hamburg his results were more favourable. Of all the women coming under observation in 1886-1887, thirty-eight, or 3.4 per cent were pregnant. Of these, three went to term, and were delivered during convalescence of living children, while fourteen, or 41.1 per cent., were discharged after recovery from the attack of typhoid

fever without interruption of the pregnancy. The mortality during pregnancy was 7·8 per cent. Sacquin has collected from various sources the statistics of 233 cases of pregnancy during typhoid; abortion, miscarriage, or premature labour occurred in 150 of these, and death occurred in thirty-seven, or 16 per cent. Unfortunately in this country trustworthy statistics in regard to this matter are wanting, or are to a great extent inaccessible, and most of our text-books offer but little help. To the general practitioner and those burdened with the responsibility of such cases guiding information is much needed, and we shall be pleased to publish any trustworthy statistics which may be furnished us either from general practitioners or those who from the wider outlook of hospital experience are able to formulate prognostic indications.

THE POPULARITY OF HOSPITAL NURSES.

FOLLOWING on a paper by Miss F. M. Johnston, in the April number of the *Nineteenth Century*, on the subject of hospital nurses, in which the author takes them gravely to task for various shortcomings, there has been a certain amount of discussion in the public press bearing on the reality of the drawbacks alleged to attend their employment. Miss Johnston bears witness to the fact (?) that the nursing profession is curiously unpopular, a feeling which she believes is steadily on the increase. The gravamen of her charges is that trained nurses become hardened and indifferent to the comfort of the persons committed to their charge. Now we, as medical men, know something about nurses, and we have no hesitation in asserting that Miss Johnston has "got hold of the wrong end of the stick." We are not concerned to deny that nurses are unpopular in one sense, but so are disease and suffering in every sense. Their presence entails considerable expense, a partial dislocation of the domestic economy, and it is, so to speak, a harbinger of woe, though not of their making. If nurses, like doctors, ultimately become inwardly callous to suffering they, like the latter, usually contrive to mask the fact beneath a smiling and sympathetic countenance. This callousness is a law of nature, for existence would be intolerable if one's nervous system were to be kept continually vibrating in response to gusts of inopportune emotion. The one reproach to which the trained nurse must often plead guilty, is that of putting too great a strain on the household administration. That they do so in some instances to an unnecessary extent is in accord with one's own experience, but, short of undertaking part of the menial work themselves, it is obvious that a domestic service intended to defray the requirements of an average household must inevitably prove inadequate when this further considerable strain is thrown thereon, wherefore the Abigail cries aloud in her wrath. Moreover, it is a trifle absurd to generalise on such a subject. Nurses are not all cast in the same mould, and "it takes a lot of all sorts to make a world," even of nurses. They are

not all of the kind so forcibly depicted by Mr. Gant in his "Modern Nurse," hopelessly immoral and absolutely unscrupulous, neither are they all of the ministering angel type. The average, we make bold to say, is a satisfactory one, whatever their detractors may say to the contrary. That average is a neatly-attired, sensible young woman, fairly educated, and intelligent enough to carry out the instructions given by the medical man in charge. She may, it is true, be addicted to gossip, and she may not always have that suavity of manner and gesture which go to make the perfect nurse, but she is a precious and, on the whole, welcome figure at the bedside, and, in the majority of instances, leaves behind her feelings of gratitude for services rendered. It may be noted in passing that the harshest appreciations of the trained nurse come from women patients, indeed the period which nurses pass on the female side of hospital wards is unquestionably the most trying part of their career. The nursing profession is an institution which, if not altogether peculiar to Anglo-Saxon countries, owes its modern evolution to the Anglo-Saxon spirit, and the worst that can be said of it is that it has the defects of its virtues which are many.

IS SMALL-POX AN AIR-BORNE MALADY?

It is curious to note how in some cases practical medicine, although in many ways the most progressive of all sciences, nevertheless halts doubtfully in front of some problem apparently not of a hopelessly insurmountable nature. The inner secrets of many a plague and pestilence, for instance, have been unravelled, and mankind is well on the way towards their extinction. On the other hand the most acute scientific research has in not a few instances been baffled by elementary facts in such diseases as small-pox, measles, whooping-cough, and cancer. The case of small-pox is especially curious, as the affection presents a well-marked lesion, and its pathological and clinical features are all, or nearly all, strongly marked and characteristic. In spite of the interest which this complaint has always aroused among the medical profession, there yet remains some doubt as to the agency by which the disease is mainly spread, that is to say, whether the virus is conveyed by actual contact between the healthy and the infected or is carried by the air. The point has been hotly disputed in years past, but recently the tendency has been to reject the air-borne theory in favour of that of actual contact. One of the strongest facts adduced by the supporters of aerial convection is the prevalence of the disease among the population in the immediate neighbourhood of small-pox hospitals. Time after time careful observation has proved by means of "spot maps" marking the exact location of small-pox cases, that the majority of patients were to be found close to the hospitals in question. It was shown, moreover, that the number of cases was greater the nearer the hospitals and *vice versa*. The Local Government Board

took the matter up, and proved pretty conclusively that personal contagion could not be separated from the question of zonal incidence round small-pox hospitals. No sound conclusions, therefore, can be formed unless they satisfactorily dispose of that source of fallacy. Indeed, the trend of general scientific opinion has been unmistakably in favour of direct contagion for several years past. The air-borne theory, however, has been once again pointedly raised by Dr. Thresh, the well-known medical officer of the county of Essex. The small-pox hospital ships, as most people know, have been anchored down the Thames, off the Essex shore, during the present outbreak of small-pox in London. Dr. Thresh has found that the Orsett Union, opposite the hospital ships station, has suffered from a prevalence of the disease seven times greater than that of the rest of Essex, and two-and-a-half times greater than that of London, although previously it had been affected about equally with the rest of the county and far less than the metropolis. He then repeats the old observation of hospital incidence upon surrounding population in direct ratio to vicinity, only that the conditions are altered at Orsett by the position of the ships out in midstream. His analysis shows that the attack rate at the nearest shore-margin has been one in ten of the population, with a rapidly diminishing ratio according to distance. These and kindred facts lead Dr. Thresh to the conclusion that the infection has been disseminated by the air blowing from the hospital ships to the shore. It is not possible to feel a certain amount of sympathy with the result of his investigations, and it seems impossible to avoid the conclusion that small-pox may in some instances and to a limited extent be subject to aerial convection. Dr. Thresh has indeed put his case strongly, but he has not satisfactorily dealt with the ever-present fallacy of personal communication. Until that is done his further conclusions lack the force of logical argument. Were the air-borne theory of the spread of small-pox to be accepted as the explanation of the commonest agency at work then it would be well-nigh impossible for any conscientious local authority to find a site for a small-pox hospital. In a recent article upon this subject a writer in the *Standard*, who handles the whole subject with singular lucidity, points out that Dr. Thresh's case would be strengthened if it could be shown that the occurrence of attacks on shore coincided with the blowing of the wind in that direction, and that vessels passing on the river had also received the infection. Speaking generally, it is a matter of great practical importance to preventive medicine that this point should be authoritatively settled. Meanwhile it is comforting to reflect that the efficacy of vaccination and re-vaccination retain their proud position as the sheet anchors of prevention in dealing with this terrible scourge of humanity.

THE King has appointed Mr. Thomas Joseph Stafford, F.E.C.S.I., to be a member of the Royal Commission on Sewage Disposal.

Notes on Current Topics.

Metropolitan Asylums Board Expenditure.

THE enormous expenditure of the Metropolitan Asylums Board is assuredly a matter which should attract the attention of persons competent to discuss it. That the functions of the Board are admirably discharged is a matter as to which there can be little difference of opinion, but this virtual unanimity of opinion may possibly not obtain when the expenditure is regarded from the point of view of economical administration. Admitting that the conduct of the Chairman of the Finance Committee in issuing a statement criticising the financial administration of the Board without previously bringing it before his Committee, was somewhat irregular, the fact remains that he calls attention to some discrepancies which we should be pleased to see explained. He may well ask, for instance, why an increase of 1 per cent. in the average daily number of inmates should be held to justify an increase of 38.8 per cent. in the expenditure. Some share of the increase, it seems, is due to the abnormally rapid rise in the office expenses, and this is a point which calls for strict investigation, for we know by experience how this branch is apt to develop unless kept well under control. It would be unjust to compare the weekly cost per patient in the Board's hospitals with that of patients in the general hospitals, if only for the reason that in the cost of the Board's patients is included the repayment of interest on loans and similar surcharges which do not enter *en ligne de compte* at the public hospitals. Nevertheless it is not easy to understand why a patient at the North-Eastern Hospital costs *net* 1s. 8d. a day, while at the Grove Hospital his maintenance entails a daily expense of 3s. Criticism directed against the policy of the Board in providing accommodation in excess of probable requirements is beside the mark, because it is the obvious duty of the Board not to be found wanting at the critical moment, and all estimates of probable requirements are necessarily more or less vague and experimental.

Visitors to Small-Pox Hospitals.

THE question of regulating the access of visitors to patients in the small-pox hospitals of the Metropolitan Asylums Board is one requiring much tact and delicacy for its satisfactory solution. The Board has had before it several alternatives—among them (1) to forbid such visits altogether, and (2) to allow only revaccinated persons to enter the hospitals. Obviously the proposal to deprive the dying of the consolation of a last sight of those near and dear to them could not be entertained, nor did the Board see its way to refusing admission to non-vaccinated persons, although strong persuasion is brought to bear on such visitors. The Board has decided that in future the dangerously ill may receive one visitor a day except in respect of the father and mother, who may visit together. Stringent precautions are taken to minimise the risk of infection, and the names and addresses of

all visitors, whether vaccinated or not, are forwarded to the medical officer of health of their districts. Beyond this the Board was not disposed to go, and we think public opinion will on the whole endorse their attitude. In the appendix to a recently issued report, some interesting figures are given concerning the incidence of the disease among the visitors. Of 1,372 visitors to patients during the six months ended February 28th last, 964 were protected by vaccination at the time of the visit, and seven of these contracted small-pox, being .73 per cent.; while of the remaining 408 persons who refused revaccination at the time of the visit, 35 contracted small-pox, or 8.58 per cent. In the light of these figures it is open to question whether the Board would not have been justified in declining to admit non-vaccinated visitors altogether.

Opium or Morphia?

So little instruction is now given in pharmacology to medical students that the majority of them become practitioners without having any clear idea why some physicians in certain cases use alkaloids and in others select crude drugs. This is particularly marked in the case of cinchona and quinine, nux vomica and strychnine, opium and morphia. One of the reasons for selecting an alkaloid is that the dose can be accurately measured; but with standardised solutions and solid extracts the dose can be given with quite as much accuracy. As a rule the student sees the cinchona preparations prescribed in secondary syphilis, and in cases of anæmia; in chronic catarrhs of the stomach and intestine the preparations of nux vomica are preferred to strychnine. When he comes to study the therapeutics of opium he learns from one of our greatest pharmacologists that "in prescribing opium the physician administers a complicated body producing secondary effects which cannot be regulated, depending as they do on the varying proportion of the alkaloids contained in the opium. He should therefore never prescribe it where the conditions are urgent, and where the object is to produce rapidly and decisively the special action which morphia possesses." We have no intention to discuss the wisdom or otherwise of this dogmatic teaching which is in theory generally accepted since 1816 when Sertürner, the then obscure Hanoverian apothecary, discovered the alkaloid. But we do desire to show that the statement is only a partial truth, and that the medical profession in prescribing solutions and extracts of the crude drug with its many alkaloids and bases, has good ground for the practice. It is almost one hundred years since (1803) Charles Derasne discovered narcotine which, not long afterwards, O'Shaughnessy employed with success in the treatment of intermittent fever, and H. S. Roots (1832) recommended as a substitute for quinine to the Indian Government. The alkaloid narcotine produces convulsive action when injected into the lower animals, but the experiments with the substance is not conclusive—it belongs to the codeine or alcohol-radical group, and is a very

unstable base, readily breaking up into cotarnine and opianic acid. We are throughout assuming with Matthiessen and Foster that there is only one kind of narcotine, though there are many homologous bases. Given internally, narcotine has, besides its antiperiodic action, other properties that make it a valuable addition to salts of morphia; it quickens the pulse, raises the temperature, and in full doses acts as a diaphoretic. We are therefore not surprised to find Ebert advocating with much insistence the restoration to opium preparations of the narcotine that is too often removed in their preparation. And as its presence counteracts the depressing effects of the alkaloid morphia, which acts from the first as a depressant, we think physicians show wisdom in prescribing the opium preparations in preference to the alkaloid morphia.

The Use and Abuse of Tobacco.

THAT tobacco smoke had a towering reputation as a deodoriser and disinfectant, long before the invention of bacteriological pathology, is well-known to all who have investigated the history of the subject. The establishment of its character as a preventive of plague infection was effectively rooted in the English literature of the latter half of the seventeenth century. During the terrible epidemic of the plague of London, in 1665-6, the tobacconists' shops were passed over by the Angel of Death. And the recent visitation of cholera to Hamburg gave a corresponding record of the immunity of those privileged establishments against the entrance of that enemy to human life. Of latter years tobacco smoke has, of course, been made the subject of bacteriological experiment, but the results can hardly be said to be so convincingly demonstrative as those which Nature carried out by the much cruder methods to which we have referred. These considerations recall to us the memory of the disinfectant and curative reputation which tobacco-smoke enjoyed at the time of its first introduction to the inhabitants of the British Isles. Students of English literature know something, more or less, of the thundering "Counterblast to Tobacco" which was issued by the British Solomon soon after its adoption by his subjects. In this decidedly emphatic document King James I. informed his readers that "Tobacco being a common herbe, which (though vnder diuers names) growes almost euerywhere, was first found out by some of the barbarous Indians, to be a Preservative or Antidote against the Pocks, a filthy disease, wherunto these barbarous people are (as all men know) very much subiect, what through the vncleanly and adust constitution of their bodies, and what through the intemperate heate of their Climate; so that as from them was first brought into Christendome, that most detestable disease; so from them likewise was brought this vse of Tobacco, as a stinking and vnsauourie Antidote, for so corrupted and execrable a maladie, the stinking suffumigation whereof they yet vse against that disease, making so one canker or venime to eate out another." In this light we have strongly placed before us the value of

tobacco smoke against three of the greatest enemies of the physical welfare of humanity: plague, cholera and syphilis!

Is Leprosy Curable?

THE perusal of M. Dom Santon's great monograph "La Léprose," which appeared about twelve months since, leads us to the conclusion that to-day there is no reason why we should look on all forms of leprosy as incurable. The pessimistic view has too long paralysed medical action and interfered too much with a systematic attack on the disease by our modern methods of treatment. M. Dom Santon is not at all optimistic in his views. He made the circuit of the globe that he might visit every leper colony, and it is interesting to note the conditions under which the victims of the disease live. In not a single leper colony was there an approach to cleanliness, in all the sanitary conditions were disgraceful, and the dietary was poor in quality, and either eaten raw or prepared in the most unappetising manner. The patients themselves appear in the great majority of the cases to be devoid of hope, and in silent despair await the inevitable. Withal, we find that he records that when lepers are removed to a healthy climate, receive proper dietary, and are necessitated to practice personal cleanliness, their conditions so improve, that in periods varying from 2, 5, 10, 15, and 20 years they are practically cured. In some cases a spontaneous cure results, of this type is the interesting series of cases brought before the Alumni Association of the University of California, by Dr. D. W. Montgomery. The disease was contracted in the Hawaiian islands by a missionary, a married man, and father of eight children. His case is, however, open to some doubt, the case occurred so far back as 1837. The sixth and seventh children were twins, and one of them, the seventh child, developed leprosy, and an account of this was published by Dr. Shoemaker. The third, fourth, and seventh children married, the latter twice. Of these the third child, a girl, had six children, of whom the second and third suffered from well-marked anæsthetic leprosy, though an examination of the blood in these cases failed to find any *lepra bacilli*. The third boy developed anæsthetic leprosy also. It is unnecessary to go through the remaining cases, suffice it to say, that of the descendants of the missionary seven had well-marked leprosy, and of these five, still alive, have recovered. One is dead. She suffered from erythematous leproide, which disappeared in about one year during her stay in the lunatic asylum, Honolulu, where she remained afterwards free of the disease until her death twelve years afterwards. The remaining leper of the seven has been lost sight of. The cases not only show that leprosy is an hereditary disease, but they demonstrate that it does not always terminate fatally, and they emphasise what M. Santon teaches that the disease should be grappled with as a curable one, and the first step in the process is the improvement of the hygienic surroundings of the patients. Driving lepers into isolated village communities

intensifies the evil for the leprosy, and by preserving a nidus of infection keeps an ever present danger threatening the health of the public. The isolation sites should be selected with an eye to promoting the recovery of the patients, who should be under the treatment of a medical officer possessing full power as a medical officer of health to enforce cleanliness and to supervise the dietary. The expense would be considerable, but the stamping out of the disease would be an ample recompense.

The Waste Energy of Coughing.

THE amount of energy expended in coughing is very considerable; indeed, one of the patient statisticians for which Germany is renowned has calculated that a patient who coughs once every quarter of an hour for ten hours expends energy equivalent to 250 units of heat, which may be translated as equivalent to the nourishment contained in three eggs or two glasses of milk. In normal respiration the air is expelled from the chest at the rate of four feet per second, whereas in violent coughing it may attain a velocity of 300 feet. This waste of energy is especially important, because it occurs, for the most part, in persons whose assimilative functions are already working under difficulties, consequently the ingestion of the corresponding quantity of nourishment by no means compensates for the exertion. It follows that persistent cough is *per se* a manifest cause of emaciation, though there are many other factors which tend in the same direction, hence the desirability of restraining cough within safe limits, especially when it is due to irritative reflexes such as are excited by laryngitis and pharyngitis. Increased rapidity of expulsion of air without increased exertion is obtained in high altitudes by reason of the low barometric pressure and the consequent diminution of resistance to the exit of the expired air, a fact which explains in part the beneficial influence of high altitudes in diseases associated with cough.

A Scientific Scapegoat.

THE mosquito is surely the scientific scapegoat of the opening years of the twentieth century, and terrible must be the fate that awaits him! A most interesting—and edifying—example of self-denying zeal in this connection has just been reported by Major Buchanan, I.M.S., of the conversion of his senior hospital assistant, Joongey Lal, to the orthodox faith in the true agency in the transmission of malarial disease. This (latter) enthusiastic doubter would not be convinced in any other way than by the practice of the crucial experiment on his own person. Accordingly, he was subjected to the penetrating practice of the properly selected *Anopheles*. He had expressed the wish to begin with inoculation of benign tertian. And his blood was sucked by caged mosquitos in whose circulation the *gametes* of that form of malaria had been shown to prevail. The experiment proved so successful that, although he had previously wished to confirm its results by corre-

sponding tests connected with the pathology of the malignant form of tertian ague, he thought it judicious to change his mind. A correspondingly interesting conclusion—from the historical and theological, if not the scientific standpoint—has been simultaneously arrived at by Dr. Edward Clapton. In his *Life of St. Luke*, recently published, this gentleman has shown evidence that St. Paul's "thorn in the flesh, the messenger of Satan," was no other than the same mischievous malarial mosquito. This is an announcement very similar to that which so much perplexed the orthodox theologians of the nineteenth century—that the "fiery serpent" which troubled the advancing Israelites in the wilderness was no other than the *Guinea-worm* (*Dracunculus Medinensis*). Of such surprises is every scientific edifice constructed!

Poison Labels.

SOME pharmaceutical chemists have commenced to print on their poison labels the antidote for the poison designated on the label. The idea has much to recommend it and may, under certain circumstances, be helpful. There are, however, some objectionable features in the practice. First, the extra-printing takes from the clearness of the label, by necessarily lessening the prominence, the name of the toxic agent and the word "poison." Nothing should be allowed to interfere with or obscure the danger signal. It cannot be too prominent, in clear, bold type—of a size four times that of an ordinary label is what is wanted—a type that will at once catch the eye and arrest the attention; if this is secured an antidote will not be required, and if it is not secured an antidote in lay houses is seldom efficacious. Secondly, the list of antidotes will cause time to be lost in putting them to the test, instead of sending the patient to a hospital, or bringing medical aid to him. Any physician called in to a case of poisoning knows how the danger threatening the patient has seemed to drive away every atom of quiet intelligent thought from his friends, yet it is for them the list of antidotes is printed. Of course there are exceptions; model households where everybody is calm and intelligent, be the danger never so great; but such people will not drink medicine without reading the label, and hence they require no antidote. It is the careless household that suffers, the people who mix up liniments, mixtures, and lotions and swallow their medicines from the bottle without even taking off the wrapper that incur the danger. People for whom the pharmaceutical chemist pastes poison labels on the outer cover and on the front and back of the bottle. When these careless ones, and they are not the minority of those buying medicines, get a liniment or lotion the bottle soon tells of its being used—the cork is either loose or altogether out, and the label is blurred by dirty finger marks and stains of the preparation prescribed. Any well-considered measure for protecting life against accidental poisoning will have our warm support; but we think the suggestion, which some

chemists have carried out, of obscuring the name of the drug and the word poison, with a list of antidotes, admirable as it is in theory, would be in practice pernicious.

The Effect of Inoculation against Typhoid Fever in South Africa.

DR. ALEXANDER CROMBIE has recently published statistics relating to the occurrence of enteric fever amongst 250 officers who came before the Medical Board of the War Office invalided from South Africa on account of wounds and disease. He found that 112, or 44·8 per cent., had been inoculated against enteric fever; that 29, or 11·6 per cent., had had a previous attack of typhoid fever; and that 109, or 43·6 per cent., had not been inoculated or had a previous attack. Of the total number (250) 59, or 23·6 per cent., suffered from enteric fever in South Africa, but of these a considerable number were actually invalided on account of debility following enteric fever, so that this latter percentage cannot be put forward as representing the real proportion of officers so infected. It is, of course, considerably higher than the actual ratio. Of the 112 who were inoculated, 32, or 28·5 per cent., suffered from typhoid fever; of the 29 who had had a previous attack, only 3, or 10·3 per cent., had a second attack in South Africa; and of the 109 not inoculated 24, or 22 per cent., had attacks in South Africa. Of the 112 who were inoculated, 102 had been inoculated once, with 30 cases, or 29·4 per cent.; and 10 with two cases, or 20 per cent., had been inoculated twice. These statistics are, unfortunately, not such as to enhance the value of prophylactic inoculation in the minds of the medical profession.

The Notification of Infectious Diseases.

It is apparently too early to look for improvement in the mental condition of public boards and such like bodies. It is true that education is more general, and that elementary ideas of the importance of prophylactic hygiene have filtered into minds which previously were innocent of such notions, but still there is no evidence that the elected representatives of the public share in this improvement. Presumably, the cause is that what has been gained by the increase of education has been lost by the unlimited powers accorded to illiterate voters. The educated man, no doubt, at present understands the importance of prophylactic hygiene, but then the educated man has but seldom a seat on rural sanitary boards. A striking instance of the amount of crass stupidity which can be exhibited by a popular board has lately been furnished by the action of the Kingstown Urban Council regarding a proposal to adopt the Infectious Diseases Notification Act and Prevention Act. Kingstown is a health resort, and apparently considers that this fact will shield it from the visitation of infection. Consequently, although the importance of notifying infectious diseases has been brought before the Council on many occasions, and although the Local

Government Board Inspector has specially directed the Council's attention to the fact that Kingstown is the only urban district in Dublin in which this Act is not in force, at its last meeting, when the question of adoption of the Act was again brought forward, consideration of the matter was postponed for twelve months. And yet Kingstown was, and perhaps is, termed the premier township of Dublin, and is generally crowded with visitors, and with convalescent invalids. We wonder if the opponents of notification will justify themselves, as did the representative of a neighbouring village in a similar matter, by saying, "the inhabitants are all fishermen, and don't understand such things. If visitors like to come they must take the risk."

An Improved Method of Percussion.

THE simplicity of percussion as a method of physical diagnosis may explain the fact that although it has been in daily use for close upon a century, little or nothing has been done to improve upon the original plan. It is, however, a common experience that, among men similarly trained, some are able to obtain by the method much more precise and trustworthy information than others. This shows that even in such a simple matter there is scope for tact. A common error in attempting percussion is for the hand to be laid flat upon the surface to be examined, instead of placing only the extremity of the anvil finger thereon, an arrangement which has for effect to dull the resonance. An improvement has been suggested by a Hungarian physician, Dr. J. Plesch, which a simple trial will show to merit that description. Instead of placing the hand on the surface in the manner just described, his plan is to flex the middle finger of the left hand *at a right angle*, at the joint between the first and second phalanges, only the pulp of the finger being brought into contact with the surface, by forcibly extending the joint between the second and third phalanges. Percussion is then practised on the lower epiphysis of the first phalanx. This is claimed to give a clearer note of resonance, and to have the advantage of enabling the observer to limit his investigation to a smaller area of the surface. In abdominal percussion, too, this method is less distressing to the patient than when the flat of the hand is applied.

Cancer Research.

It is encouraging to note that the large private fortunes which are becoming comparatively common in many parts of the civilised world are not retained invariably for personal ends. In the United Kingdom, for example, several illustrious examples of gifts to the nation have been recorded during recent years. So far as the progress of preventive medicine is concerned, the princely gift lately given by Sir Edward Cassel, towards the solution of the tuberculosis problem will mark an era in that beneficent campaign. For some time past signs have not been wanting that steps would be taken to organise the resources of modern science in the investigation of

cancer. Last week it was announced that a Dundee manufacturer, Mr. J. K. Caird, had made an offer of £18,000 to establish a cancer hospital in connection with the town infirmary. At the same time he offered to guarantee £1,000 a year for five years for a laboratory in which original research work could be conducted. So far as the terms of this munificent gift are apparent it might be wished, from the purely scientific point of view, that the larger sum had been devoted to research. There is no practical reason why cancer patients should not be treated in the ordinary surgical wards of any properly-equipped hospital. From a purely philanthropic point of view Mr. Caird is entitled to public gratitude for adding to the hospital accommodation of his native town. The case of cancer differs from that of consumption, inasmuch as special hospitals for consumptives isolate so many centres of tuberculous infection from the healthy portion of the community.

Coroners and Nurse Witnesses.

A SOMEWHAT peculiar passage-at-arms is reported to have taken place a few days since between the resident medical officer of the Bootle Hospital and Mr. Coroner Brighouse. It seems that the coroner had summoned a nurse employed at the hospital to give evidence concerning the death of a woman who had died in the institution, ignoring the medical officer, who took advantage of the opportunity afforded by the inquest to intimate to that official that he was in charge and was responsible for anything that took place therein. Of course, the coroner declined to receive mandatory instructions from a mere house surgeon, and said so, and there the matter rests. The right and power of the coroner to summon whom he may please to give evidence is unquestionable, but at the same time it is unusual, not to put it more strongly, for a coroner to appeal for evidence to anyone other than the medical officer in charge. Circumstances might conceivably present themselves in which a deviation from the usual procedure would become necessary, but no such circumstances came to light on the occasion under consideration. We would remind Mr. Samuel Brighouse, County Coroner for South-west Lancashire, that "'Tis good to have a giant's strength, but 'tis not good to use it as a giant."

The London Water Bill.

It is now certain that Mr. Long's Water Bill for the Metropolis will be considerably modified from its original form before it passes into law. As pointed out at the time in the columns of the MEDICAL PRESS AND CIRCULAR, his proposals were open to most serious objections. A Joint Committee of both Houses of Parliament was appointed to consider the transfer of the eight metropolitan water companies to a Water Board. That committee has now reported adversely to some of the most essential features of Mr. Long's scheme. They have decided to cut out the representation of the Borough Councils of the Metropolis, and also of the urban districts and boroughs

of the bordering counties, with the exception of West Ham. The promoters have been requested to draw up a fresh scheme for a Board of about thirty-five members, including chairman and vice-chairman, but without giving a majority to the representatives of any one county. These alterations greatly strengthen the hands of the London County Council in their fight against the monopolist companies. The long and weary struggle that has waged over the water supply of London is a standing object-lesson to every town in the United Kingdom.

Judicial Decision on New Milk.

THE decision of the High Court of Justice in the appeal case of Smithies against Bridge will, we hope, put an end to many of the plausible excuses put forward by milk contractors for supplying an article deficient in fats. In the case that was the subject of the decision the milk supplied contained only 2.09 per cent. of fat, and the explanation offered was that the cows supplying the milk gave it deficient in fat; and the contractor claimed that he was not liable for a prosecution because he supplied the natural product without being tampered with. It was also argued that there was no milk standard. The Lord Chief Justice pointed out that the order of the Board of Agriculture as to the composition of milk does not establish a standard for what is or what is not genuine, but is only *prima facie* evidence, withal the purchaser when he asks for new milk is entitled to get an article that is not other than ordinary new milk by reason of any special way the cows have been treated. If it were otherwise the door would be open to all manner of abuse; a contractor or dairy keeper would be free to give his cows brewers' wash and grain, and thus enormously increase the flow of milk of an inferior quality. Milk enters so largely into the food of children and the dietary of the sick that its purity cannot be too strictly guarded, and we hope we are done with the ingenious excuses of dairymen who keep abnormal cows.

Final Report of the Anderson Fund.

SIR C. C. KNOLLYS, K.C.M.G., Colonial Secretary of Trinidad, in a letter bearing date April 19th, reports the receipt by him of the sum of £258 15s. 6d. subscribed to this fund, and the expenditure of that amount in the purchase and repair of three removable wooden houses in Port of Spain by his instructions on behalf of Mrs. Anderson and her twin sons. In one of these houses she will reside, while from the other two she will draw an annual total net rental of about £50. He expresses his opinion that certainly the money could not have been expended to greater advantage. Mrs. Anderson also writes to convey her sincere thanks to Lord Stamford and his committee for their sympathy shown in the trouble they have taken, and her deep sense of gratitude to subscribers, and to the proprietors and editors of the medical journals for the great help they have given, which has relieved her of intense anxiety as to the future of her sons.

Ludgate Hill as a Health Resort.

IN the second volume of the Report of the Committee of the Royal Medico-Chirurgical Society on the Climates and Baths of Great Britain, reference is made to Dr. Norman Moore's description of Ludgate Hill as an old-time health resort:—"London was, perhaps, once a sanatorium for malarial cases from Essex. St. Earconwald, Bishop of the East Saxons, was buried early in the seventh century in his cathedral of St. Paul. The litter in which he was carried about when too ill to walk or ride was placed there, and a visit to his tomb has cured many sick East Saxons. It is reasonable to suppose that a stay on the healthy upland of Ludgate Hill, while performing devotions at St. Earconwald's tomb, was a natural cure for the tertian fever of the Essex marshes." Dr. Moore explains that Pilgrim Street, leading into Ludgate Hill, was the old way from the landing-place near the mouth of the Fleet, to St. Paul's and to the tomb of St. Earconwald; and adds the interesting personal note:—"When I lived at St. Bartholomew's, I often looked at the name of Pilgrim Street with interest, as the memorial of a time when Ludgate Hill and St. Paul's Churchyard were a health resort, about which anæmic East Saxons might be seen walking, enjoying the dry soil and fresh air, paying their respects to St. Earconwald, and refreshed more and more every day by the breezes from the hills of Hampstead and Highgate." And now we seek our health resorts in distant lands and discard the haunts of our forefathers.

The Bristol Pseudo-Plague Bacillus.

OBJECTION to such anomalous nomenclature might be taken on several grounds. But at present Dr. Klein, the discoverer of this new microbe is content to glorify the ancient port of Bristol by giving the fresh foe the designation of "the Bristol bacillus" for it was in dead rats sent from a ship at Bristol that these plague-like organisms were found. Morphologically they are practically identical with bacillus pestis, but cultural experiments show them to be quite unlike this much-dreaded micro-organism. Dr. Klein at the last meeting of the Pathological Society showed various cultures of "the Bristol bacillus" and clearly indicated the need for care and thorough investigation to prevent confusion between it and the true bacillus of plague. Bacteriologists acting for our port sanitary officials will do well to make a note of Dr. Klein's advice.

The Health of the School Girl.

THE school girl of to-day is, in the natural course of events, destined to become the mother of the near future. Nothing should be allowed to interfere with her fitness to attain to her true physiological destiny. The school and the health of school girls has recently received a good deal of attention on both sides of the Atlantic. It has been objected, not without reason, that the school system fails to recognise individual variations in the child, and especially between the boy and the girl, and thus does not adapt the training to the individual need. The

health of school girls about puberty is often far from perfect. The burden of school work together with the demands of outside life often proves disastrously heavy. Neglect of matters pertaining to school hygiene still continues. The lack of satisfactory vital statistics in relation to the school population is much to be deplored. There can be no doubt that faulty school life goes far to unfit a girl for making the best of college training, and much that at present is inseparable from our educational methods prevents the fullest physical development of the female and hinders her in attaining to the joy and dignity of motherhood.

Electricity and Bacteria.

THE effects of direct, alternating, and Tesla currents on bacteria are of much interest. Zeit finds that a continuous current of 250 to 300 ma. passed through bouillon cultures kills non-resistant bacteria by heat; that 48 ma. used for two or three hours are antiseptic, not germicidal; that non-resistant forms are killed by a current of 100 ma. after an hour and a quarter through the formation of electrolytic products; that anthrax spores are killed in two hours, and spores of bacillus subtilis were alive after three hours. No antiseptic nor bacterial effect resulted from passing Tesla currents around a bacterial suspension within a solenoid. Dr. Foulerton, of the Middlesex Hospital, at the last meeting of the Pathological Society dealt with this question and recorded the results of a series of experiments which went to show that distinct germicidal effects could be obtained by the use of high tension alternating currents. This, however, is in opposition to the conclusion of other observers. A wide field for careful experiment lies open to bacteriologists. At present we must retain an open mind and wait for more conclusive results.

THE Health Committee of Accrington Town Council have resolved that an intimation be given to the members of the medical profession that phthisis will in future be regarded as a notifiable disease.

PERSONAL.

DR. J. E. WOLFHAGEN has been appointed German Consul at Hobart, Tasmania.

DR. WILLIAM S. PLAYFAIR will occupy the chair at the annual dinner of the Indian Medical Service at the Café Monico, on Thursday, June 12th.

DR. WILLIAM HOFFMEISTER, medical attendant to the Royal establishment at Osborne, has been appointed a Member of the Fourth Class of the Royal Victorian Order.

DR. HENRY SHINGLEWOOD TAYLOR, J.P., has been appointed a Commissioner for receiving the oath of allegiance to his Majesty for the district of Ficksburg, O.R.C.

THE Bishop of London is to take the chair at the forty-second annual dinner of King's College, London,

which will be given at the Café Monico on Monday, June 16th.

PROF. RUPERT BOYCE, Professor of Pathology at University College, Liverpool, and Mr. Williams, Bate Hardy Demonstrator in Physiology at Cambridge, are proposed for election into the Royal Society.

THE Victoria Cross was bestowed by the King at Buckingham Palace on Monday last on Captain E. T. Inkeon, M.R.C.S., L.R.C.P. Lond., Royal Army Medical Corps, for distinguished service on the battle field.

THE King has sanctioned the following promotions and appointments to the Order of the Hospital of St. John of Jerusalem in England:—Robert Brudenell Carter, F.R.C.S., to be Knight of Justice; Robert Fraser Calder Leith, M.D., F.R.C.P. Ed., and Sir William Henry Bennett, K.C.V.O., F.R.C.S., to be Knights of Grace.

THE Lord-Lieutenant dined with the President and Fellows of the Royal College of Surgeons of Ireland on Saturday evening, and afterwards delivered an address eulogising the gallantry of Surgeon-Captain Crean, which had gained for him the Victoria Cross. The honorary fellowship of the College was bestowed on Captain Crean during the evening.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE LUNACY QUESTION.

FROM time to time note has been made in the public Press and elsewhere of the constantly growing estimated expenditure on the asylum proposed to be built at Bangour for the pauper lunatics of Edinburgh and district, and at last a special committee have reported to the Board in such a fashion as to throw the whole scheme into the melting-pot once more. For sixty years the pauper lunatics of Edinburgh have been boarded at Morningside Asylum at a cost of £33 per inmate per annum and at Craiglockhart Poorhouse at a cost of £23. Owing to lack of accommodation at Morningside negotiations were entered into which resulted, in 1897, in the formation of a lunacy board for the Edinburgh district, which immediately took steps to acquire a site for an asylum to accommodate 600, and capable of being extended to hold 1,000 inmates. Building plans on a lavish scale were got out, interior fittings of costly design were suggested, and the total cost of the scheme was to reach the extravagant figure of £641,735. The special committee now report that the plans are much more costly than any Lunacy Board should authorise, and consider it essential that a radical re-modelling of elevations and specifications should take place. The total cost of their scheme comes out at £397,003, as compared with the £641,735 of that recommended by the former Lunacy Board. Following on this report, and in continuation of the views expressed by him on the treatment of incipient cases of mental disorder, Dr. Clouston, of the Royal Asylum, comes forward with the proposal that the City Parish Council should establish a hospital near Edinburgh, as a supplementary building to Bangour, for the more acute and curable cases, to which they would be sent for, say, the first three months. A simple, uncomplicated building for 100 beds could be put up for £200 a bed, which would, of course, be deducted from the cost of Bangour. This he would call the "Queen Alexandra Hospital," or some other name which would not imply any evil suggestion to the patients' minds. Dr. Clouston's ideal is to have four means of treating brain diseases in Edinburgh:—1, the Royal Infirmary, for incipient cases; 2, the Queen Alexandra, for the acute; 3, Bangour, for the

more prolonged and the chronic; 4, the "boarding-out system," for the quiet and easily managed. "Pauper lunacy," he justly remarks, "is a misnomer"—five-sixths of the patients have nothing to do with pauperism, except when overtaken by this dire affliction. It may be that the unparalleled delay in the whole business of Bangour Asylum will, after all, prove a blessing if it lead to the District Lunacy Board adapting their buildings and methods to the modern treatment of insanity.

PHYSICAL TRAINING IN SCOTLAND.

Slowly but surely the country is beginning to realise that physical efficiency is a necessary basis for national well-being. It is to be hoped that the work of the Royal Commission on Physical Training in Scottish Schools will furnish material which shall aid to procuring a readier access to the sources of national strength. The Commission is to inquire into the opportunities for physical training now available in the State-aided day schools and other educational institutions of Scotland, and to suggest means by which such training may be made to conduce to the welfare of the pupils. It is also to endeavour to ascertain how such opportunities may be increased, by continuation classes and otherwise, so as to develop, in their practical application to the requirements of life, the faculties of those who have left the day schools. We trust opportunity will be afforded for the presentation of medical evidence, and that the leaders of the profession in Scotland will see to it that such material as is in the hands of medical men shall be forthcoming. We venture to think that in a matter concerning the physical well-being of the community it is the duty of the medical profession to assume its rightful position, and by a scientific presentation of the case affirm our contention that medical men should take their place as leaders and form and mould public opinion, rather than silently acquiesce in the maintenance of obsolete form or willingly follow in the fashionable crowd.

We trust the Royal Commission will lose no time in making known the results of its inquiries, and will suggest means for securing the highest physical development and training of the youth of the nation.

Belfast.

[FROM OUR OWN CORRESPONDENT.]

THE ULSTER MEDICAL SOCIETY.

At the last meeting of this Society, held on the 8th inst., Professor Whittla, the President, in the Chair, Dr. A. B. Mitchell showed (a) a radiogram of a very "oblique fracture of the femur," and patient; (b) three patients operated on for abscess due to "spinal caries." Dr. Lyness showed (a) a case of "double talipes equino-varus" treated by excision of astragalus, and (b) a case of extensive epithelioma of the lower lip treated by excision and plastic operation. Dr. Houston showed a case of "pernicious anæmia" which had been in the Royal Victoria Hospital about nine months ago under Dr. Calwell's care. The patient is now in good health, and Dr. Houston said that the red corpuscles numbered 800,000, and the hæmoglobin was 19 per cent. Dr. John Campbell showed a number of specimens of abdominal tumours, and subsequently read a paper on "The Treatment of Dysmenorrhœa."

Dr. Greenfield (Holywood) read a paper on "Some Forms of Peritonitis and their Treatment," in which he gave a most interesting and entertaining account of the treatment as carried out "by the local knowledgeable man" in a village.

A special committee of the society has been holding frequent sittings during the last few months for the purpose of revising the constitution and rules to adapt them to the new circumstances of next session, when the Medical Institute will be opened and handed over to the Society by Professor Whittla. These new rules, &c., will be submitted to a special general meeting in June. Such rapid progress is being made by the builders that it is quite possible that the new home may be ready for the

Society at its opening meeting in November, though when the foundation stone was laid it was not expected to be ready till next year.

Dr. F. K. Wheeler has signified his wish to resign his post of Surgeon to the Royal Victoria Hospital on account of ill health. As it is understood that his ailment is happily of only a temporary nature, he has been requested by the Board of Management to withhold his resignation and take a few months' leave of absence.

There is naturally much rejoicing among its members at the triumph of the Royal University Graduates' Association's policy in the election of six members of Convocation, the six candidates nominated by that Association having been returned at the head of the poll. In many quarters, however, it is felt that as Galway is already represented by two ex-presidents on the Senate Mr. Anderson might well have waited a little while for a Government nomination, and that it is a matter for sincere regret that Sir William Thomson, who has done such excellent work on the Senate, should be displaced.

[We are not responsible for opinions expressed by our local correspondents.]

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

A NEW ASEPTIC VACCINATOR.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

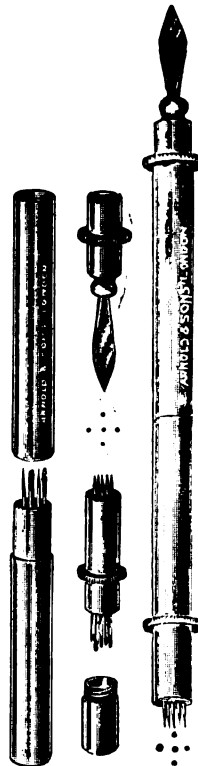
SIR,—As Local Government Board Inspectors invariably find fault with the point of the popular Cooper-Rose instrument, on account of it not being readily cleansed, and there being nothing better in the market, I have

been induced to ask Messrs. Arnold and Sons, London, to carry out my idea of one that would remedy the defect, and this they have done most satisfactorily.

It is the usual pencil shape. One end contains the spat, and the other, on being pulled out and reversed, reveals a small case perforated with five small holes at the end, through which five ordinary tailors' needles can be inserted from the inside of the case, projecting externally $\frac{1}{8}$ ths of an inch, and kept in their position by a cap which screws on and off, thus allowing the needles to be renewed at any time, while also exposing sufficient of the points to allow effectual sterilising by the flame of a spirit lamp. The needles, being removed from time to time, do their work most effectually and so gently that children hardly feel the operation, thus avoiding the heavier and painful pressure that is required when immovable needles get blunted.

It is a great advantage to have the needles so easily removable, one can thus accurately regulate the size of the scarifications by using only two or three needles, and these should be made as recommended by Dr. Renner, and not by twirling as when using the Cooper-Rose instrument.

Being made wholly of metal, all or any part of it can be perfectly sterilised by boiling in an ordinary test tube. Refill needles are contained inside the instrument, which pulls apart in the centre. To arrange new needles in their place, hold the small case up to the light, and, with a pair of forceps they are easily put into the holes; when placed, screw on cap and fix it on



end of instrument. I may say this vaccinator has received the approval of the Local Government Board, and I invariably find that the use of it removes one of the great dreads mothers have to vaccination—the ordinary lancet usually being a perfect terror to them.

I am, Sir, yours truly,
J. WILSON, M.D. Ed.
Public Vaccinator, No. 4 District.

Cheltenham.

TEMPERANCE AND ADVERTISEMENT.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It would be interesting to know what evidence Professor Folet can adduce in support of his statement given on academic authority "that out of every 100 consumptive patients in the Paris Hospitals in no less than 71 per cent. the malady can be traced to alcohol."

It must be evident to any ordinary observer that disease (applying the term in its broadest sense) is a powerful incentive to stimulants, and hence we find that phisical patients among others resort to these; the disease, however, being the cause rather than the effect of the intemperance; and thus we see in the enthusiasm of the total abstinence party they mistake cause for effect.

If the question of total abstinence is solely based on wild speculation, there is more reason to show on presumptive evidence (alcohol being an antiseptic and the blood being charged therewith) that it would rather tend to arrest than to cause the disease, alcohol being inhibitory to the action of the bacillus.

I am, Sir, yours truly,
CLEMENT H. SEERS.

Queen's Road, Peckham, S.E.

STREET MUSIC AND SEASIDE INVALIDS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—My attention has been called to the article in your issue of the 23rd ult. under this heading, in which the writer, referring to St. Leonards, suggests that "healing and most invaluable therapeutic conditions" can to a great extent be secured "by prudent byelaws, excluding the whole race of roving musicians from the neighbourhood," and makes mention of a medical correspondent who writes "telling of two patients who were disturbed daily by the sudden discordant outburst of a piano organ."

The article would certainly convey the impression that no steps have been taken by the local authority to provide for such a case. On the contrary, they procured an enactment in a local Act, passed in 1885, which gives any householder full power, either personally, or by his servant, or by any constable, to require any street musician or singer to depart from the neighbourhood of the house of such householder, and renders any person who sounds or plays upon any musical instrument, or sings in any street near, or within hearing of such house, after being so required to depart, liable to a penalty of 40s.

The remedy is, therefore, entirely in the hands of householders. If they will not take the trouble for their own convenience and comfort, or that of their visitors, to put the law in motion, the Authority is certainly not responsible. If I am correctly informed, no larger powers exist, so far as the public authorities are concerned, in the metropolis, or in any other seaside or health resort.

The regulations in force at Bexhill are made by a private estate owner, and are, of course, limited in application to that estate. The writer of the article does not seem to be aware that all byelaws made by local authorities have to be sanctioned either by the Home Secretary or the Local Government Board, as the case may be; and I have no hesitation in saying that, in my opinion, a bye-law for "excluding the whole race of roving musicians" from any neighbourhood would not be allowed, but even if it were so, would be held by the Courts to be unreasonable and bad.

I am, Sir, yours truly,
FRED A. LANGHAM, Mayor.

Mayor's Parlour, Hastings, May 8th, 1902.

NATALITY IN GREAT BRITAIN.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In a recent debate in the House of Lords on temperance legislation the Prime Minister reproached a certain right reverend prelate with having mixed up two very distinct objects, viz, the prevention of drunkenness and the prevention of drinking. *Mutatis mutandum* your correspondents, or some of them, appear to confuse the prevention of families with the limitation of families. The former merits unstinted condemnation as anti-social and selfish; the other will be conceded by all reasonable persons to be not only permissible but highly commendable.

After all, the "man in the street" must not arrogate to himself the right to dictate to his neighbour the number of children he ought to add to the population; still less is he entitled to impose his fastidiousness concerning the methods employed to attain the object in view, assuming, of course, that no extra-legal measures are contemplated.

Healthily constituted couples, not hard pressed for the means of existence, who deliberately and wantonly eschew a family, really call more for pity than blame. Such practical egotism, as "Gynæcologist" very aptly observes, is demoralising to those who practise it, and brings its own Nemesis. The very worries incidental to the possession of a family have their salutary aspect, for, as an American novelist sentimentally observes, "it's a good thing for a dog to have a certain number of fleas, because it prevents him worrying himself over the fact that he is a dog." Life would be insipid were it not for its trials, and unalloyed pleasure, were it humanly possible, would promptly cloy the palate.

The moral of it all is that selfishness, in this anti-social or any other form, is fraught with disaster to its votaries, while the abnegation, of which the rearing of a family is the outward and visible manifestation, brings its own reward and satisfaction.

I am, Sir, &c.,
AN OLD BACHELOR.

HOSPITAL OF ST. FRANCIS.—AN ANTI-VACCINATIONIST HOSPITAL.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—With reference to an editorial appearing in your issue of the 9th ult., we desire to point out that the letter from the Secretary to the Hospital of St. Francis in the number dated April 23rd disclaims, on the part both of the Council and their staff, their approval of the remarks made at the annual meeting by the chairman of that meeting, who neither is, nor has been, chairman or member of the Council.

To make our position plain we wish to state that no member of the medical staff is either a vegetarian, anti-vaccinator, or anti-vivisectionist, though by the rules of the hospital no medical man who practises vivisection is eligible to work in connection with it.

We are, Sir, yours truly,
F. INGOR WILLEY. A. E. GILES.
J. W. MACVINE. M. AGAR.
W. G. HALSTEAD. T. J. HITCHENS.
F. J. FIELDER. B. STEVENSON.

New Kent Road, S.E., May 2nd, 1902.

[We have pleasure in publishing this disclaimer, which places matters on a more satisfactory footing. We trust that steps will be taken to protect the institution against irresponsible statements on all future occasions.—Ed.]

DR. SHAW MACKENZIE AND THE SAMARITAN HOSPITAL.

We have been asked to publish the following letter:—

[COPY.]

Samaritan Free Hospital for Women and Children, Marylebone Road, N.W.,
April 16th, 1902.

DEAR SIR,—The Committee of Management of the Samaritan Free Hospital understand that some mis-

apprehension has arisen as to the circumstances attending your provisional appointment as honorary physician to the hospital and the subsequent election of another candidate.

The Committee willingly state that your non-election permanently was not attributable to any fault or shortcoming on your part. You gave your valuable services to the hospital for some weeks, and the Committee had no reason whatever for dissatisfaction.

The Committee take this opportunity of expressing their regret that the letter to you, and the communication to the "Medical Directory," notifying your appointment, omitted to state that it was provisional only.

I am, dear Sir, yours faithfully,

W. GUNTRIP KING, Secretary.

To J. A. Shaw-Mackenzie, Esq., M.D., &c.,
31, Grosvenor Street, W.

New Inventions.

THE QUADRANT MOTOR BICYCLE.

WE were asked by a correspondent last week for our opinion of motor bicycles for country practice, and of the most serviceable form. There can be no doubt that a trustworthy, safe, and easily worked motor bicycle offers to a country practitioner—especially to one who lives in a district where the distances to be travelled are considerable—very obvious advantages. Accordingly, every advance which takes the motor bicycle a little further from the stage at which it was only a glorified toy, and a little nearer to a working machine of practical use, will be eagerly welcomed by many medical men. We have recently had placed at our disposal by the Dublin agency of the Quadrant Company, Townsend Street, an improved Quadrant motor bicycle, with permission to expose it to any fair tests which would elicit its speed, hill-climbing capacity, and simplicity of working. We may say at once that we were thoroughly satisfied with the manner in which the bicycle did its work. It went of its own accord at a rate of some eight to ten miles an hour up hills which we confess we find a difficulty in riding on a safety, while, when helped a little by pedalling, it went up extremely steep gradients. On level ground, a speed of from fifteen to twenty miles an hour was easily obtained. The mechanism of the bicycle appears to be simple, and unlikely to go out of order if it receives fair treatment. Any slight breakdowns can be easily repaired by any one who has the slightest mechanical skill. The Quadrant possesses the great advantage over, we believe, all other motor bicycles, that it is controlled by a single lever, and that consequently the ease with which it is managed is very greatly increased. The brakes are good, and enable the bicycle to be ridden safely down almost any hill. The tank contains sufficient petrol for about 100 miles, while the accumulator, from which the current for the ignition spark is obtained, will last for 700 miles, and is then readily recharged. For country use, however, an accumulator possesses the drawback that it may be difficult or impossible to get it recharged when required. If a trustworthy dry cell of sufficient power could be substituted the advantage would be considerable. However, for town use the accumulator is perfect. The engine used is of the well-known Minerva type. We fancy, that, before long, many medical men in the country will have substituted some form of motor vehicle for horses and carriage, and, for those who do not wish to incur the cost of a motor carriage, a motor bicycle will be most suitable. Indeed, with the object of acquiring experience and skill in handling a motor, we would suggest to any one who purposes purchasing a car, to first obtain a motor bicycle and to learn from it the peculiarities of motors.

The Age of Medical Students.

A new bye-law, regulating the admission of medical students to Aberdeen University, has come into force, according to which no student will be admitted under the age of 16 years. A certificate of birth will in future have to be produced by applicants for registration.

Literature.

DISEASES OF THE RECTUM. (a)

WHEN a book has reached its seventh edition it may fairly be regarded as having been a success, and we think we can say with truth that the work before us is another worthy descendant of the original volume by Mr. W. Allingham brought before the medical profession a good many years ago. The main differences, as Mr. Herbert Allingham says in his preface, in the seventh edition will be found to deal with the subjects of excision of the rectum and inguinal colotomy. With regard to the former, we notice that a decided preference has been given to Kraske's operation, which is here mentioned first, the authors say: "In former years the rectum was always excised by the perineal method. Kraske's method . . . is a great improvement on this, so that his method, or some modification of it, should be always used. The only exception to this rule is in cases when the growth is at the anus or limited to the neighbourhood of the sphincters." Whereas, in the sixth edition, in speaking of perineal excision, this being here mentioned first among operations for excision of the rectum, we read: "By the following method (perineal excision) the rectum is most easily and rapidly excised"; while the description of Kraske's operation is prefaced by the phrase: "A modification of excision of the rectum, which has been freely discussed of late years, which has found favour with some surgeons, is Kraske's." From these extracts it may be concluded that the large experience of Mr. Herbert Allingham between 1896 and 1901 has led him to prefer Kraske's operation to any other for all cases with the one exception he mentions. Turning now to the operation for inguinal colotomy, we find several practical and very important modifications in the technique: in the 1896 edition the authors direct the first incision of the operation to be made about an inch and a-half (3.8 cm.) inside the left anterior superior spine, but in the present work the position for this incision is indicated as the junction of the middle and outer thirds of a line from the umbilicus to the anterior superior spine; in the 1896 edition we were told "With a stroke of the knife the external oblique and the other muscles are severed"; in the 1901 book we are taught to tease through the rest of the abdominal muscle with the fingers, after division of the fibrous aponeurosis of the external oblique. No special precaution before opening the peritoneum is given in the 1896 edition, but in the present one we are cautioned to take the picked-up portion between the fingers to make sure there is no gut also picked up with it. Other most important changes in the operation are: doing away with the flat sponge, not sewing the parietal peritoneum to the skin edge, which has been found to be not only unnecessary but even dangerous, a conclusion based on the experiments of the late Mr. Greig Smith. One of the most important modifications in the present work is certainly the employment of a Spencer Wells' clip passed through the mesentery to support the intestine in lieu of a stitch, owing to the latter, it is pointed out, not being always safe, as it may cut through, and if this happens in the early days of the colotomy the intestine will fall back. Again, Mr. Allingham opens the gut now by a transverse incision instead of one from above downwards. It is interesting to read the changes in an operation in five years, changes which have been dictated by experience, and it is refreshing to find a surgeon frankly discarding his pet methods the instant he finds a change of technique to be of advantage to the patient. Space will not allow our alluding to many other points of interest in this edition, which, by the way, has been condensed from 476 pages to 464 without the omission of any important matter. The illustrations are well up to the mark of the text; in fact, the work will amply repay perusal.

(a) "The Diagnosis and Treatment of Diseases of the Rectum." By William Allingham, F.R.C.S. and Herbert W. Allingham, F.R.C.S. Seventh Edition. Pp. 464. London: Baillière, Tindall, and Cox.

PHARMACOPEDIA. (a)

THE art of imparting instruction or conveying information about drugs may fitly be termed "pharmacopedy," and the intention of the authors of this book is, therefore, exactly expressed by the title of the work, the name, "Pharmacopedia," meaning simply instruction or information about drugs. This instruction takes the form of a commentary, and is confined to the drugs of the Pharmacopœia. The arrangement is alphabetical, and there is also a good index, so that the student has no difficulty in finding any subject to which he may desire to refer.

In describing the drugs and medicinal preparations the order of the Pharmacopœia is followed and the account of each drug ends with a commentary. Of these commentaries we cannot speak too highly. They are the outcome of a fulness of knowledge and of a practical experience that is apparent in one and all of them. Any one drug treated of might be taken as showing the thorough grasp and intimate knowledge of their subject that the authors have. But we desired to see how the great and important group of the *toluol benzol* series was treated and turned to *acidum benzoicum*, which occupies two pages and a-half, and we could not suppress our admiration for the mastery of the subject that enabled the authors to condense so much information into the space, and yet to make a clear, intelligible statement on one of the most interesting drugs in the Pharmacopœia.

As a further example of a terse, lucid description of a drug we would quote the account given of *cannabis indica*; it is very brief, yet nothing of importance is left out, and all the essentials of O'Shaughnessy's classic account are embodied, as well as Donovan's researches.

We would also draw attention to the article on *Chloroform*, the commentary on which should be printed in large type and hung up in every operating theatre in the country.

A special article is devoted to each of the Galenical preparations, after the manner of Brand's and A. T. Thomson's works, that on extracts occupies eleven pages, and embodies all our existing knowledge on the subject. It is intended almost exclusively for pharmaceutical students and chemists; nevertheless, it may be read with benefit by medical practitioners who desire to select their therapeutic remedies with a knowledge of the relative values of the different preparations.

Of the forty-six full page plates we cannot speak too highly; they are beautifully executed and very true to nature—they cannot fail of being helpful to both chemist and student.

We hope that in future editions the authors will be induced to include a greater number of drugs, and we would suggest the advisability of giving the synonyms as well as the official names of drugs and preparations.

To the physician the book would be greatly enhanced in value if the authors had given a short account of the physiological action and therapeutic uses of the different medicinal agents.

The authors have done their work with a thoroughness and a knowledge of the subject that is creditable to British pharmacy and is highly praiseworthy.

WALSH ON DISEASES OF THE HAIR. (b)

THIS book, No. VI. of the Medical Monograph Series, well maintains the level of excellence reached by former volumes. It is a well-chosen subject, and contains all that medical men need know about the treatment of the hair and its diseases. Dr. Walsh is master of a terse and clear style, and in this little book has treated his subject with evident interest and information. As he himself is careful to point out, there yet remains a great deal to be learned about the pathology and treatment of many maladies that affect the human hair. At the same time it

may be said that he has brought together all that is known scientifically about the matter, and has added the result of a large personal experience of his own. Indeed, we know of no other book in the English language dealing with the diseases of the hair from the pen of a really scientific and well-informed writer. The subject is one that deeply affects almost every person living at one period or another of his lifetime. Greyness and baldness, according to the author, are for the most part preventible conditions, due to the symptomatic chronic inflammatory disease known as *seborrhœa*. This trouble may originate in the cradle or at any period onwards, and if taken in its early stages may be arrested at almost any stage by appropriate treatment. The infectiveness of *seborrhœa* clearly involves the infectiveness of its results, greyness, thin hair, and baldness. It also involves the necessity of preventive treatment by disinfection of combs and brushes and of the implements in use at the barber's shop. All these points are fully dealt with in Dr. Walsh's able and exhaustive monograph. The subjects of ringworm of the scalp, ringworm of the beard and body, alopecia areata, and other disfiguring and often rebellious affections of the hair are clearly described. Speaking of electrolysis for superfluous hairs, the author points out that the little operation in question should never have been allowed to drift into the hands of unqualified persons. It is in the power of practitioners in the future to send their patients to medical men, of whom there are always several competent to perform that special treatment. There is no particular reason why, armed with the information obtainable from Dr. Walsh's book, the general practitioner should not be able to undertake the treatment of many diseases of the hair. This little volume is certain to add to the popularity of the series of medical monographs of which it forms the sixth. It distinctly fills a gap in medical literature, and as a handy, practical little handbook we venture to predict for it a wide and lasting success. Like all the preceding volumes of this handy little series, it has been produced in excellent style by the publishers.

STUDIES IN HETEROGENESIS (a).

THIS is the first instalment of a new monograph dealing with problems which engaged the author's attention in an earlier work. Heterogenesis, contrasted with homogenesis, or normal development, is the term used for the process by which alien forms of life arise in pre-existing organisms. Very justly Professor Bastian recognises in his introduction the pertinence of the alternative explanations of the appearances he describes as due to polymorphism or infection, and the whole paper, illustrated by a wealth of beautiful photomicrographs, is an attempt to establish the thesis that in the changes described these processes can be excluded. How far he has succeeded, and in what points the proof is inadequate, we will now endeavour to show.

The first chapter deals with origin of the *amœbæ*, monads, and other lowly organisms belonging to the animal kingdom from the protoplasm of the cells of certain algae. The boldness and revolutionary import of such a contention necessitates the most careful scrutiny of the evidence by which it is supported. The vegetative form of one of the *confervæ* was kept in unsuitable conditions and at the end of a week many of the cells become decolourised, break up into a varying number of segments, which after a time show *amœboid* movement. These having been gratuitously assigned to the animal kingdom as ordinary *amœbæ*, their subsequent fate ceases to interest the author, and he directs his energies to excluding the possibility of infection, i.e., the entrance of small *amœbæ* into the moribund algal cells.

The mere fact that so accomplished an algologist as Dr. Cook could not identify the species or genus even of the alga concerned, should have impressed the possibility of polymorphism as a possible explanation is somewhat curious. *Amœboid* movement is not unknown in the

(a) "Pharmacopœia: A Commentary on the British Pharmacopœia, 1898." By Edmund White, B.Sc. Lond., F.I.C. Pharmacist to St. Thomas's Hospital, London, and John Humphrey. With 46 full-page plates. London: Henry Kimpton. 1901.

(b) "The Hair and its Diseases." By David Walsh, M.D., Edin., Hon. Physician, Western Skin Hospital, London. W. Medical Monograph Series, No. VI. London: Baillière, Tindall, and Cox. Price 2s. 6d. net.

(a) "Studies in Heterogenesis." By H. Charlton Bastian, M.D., with 210 illustrations from photomicrographs. London: Williams and Norgate. Price 7s. 6d.

plant kingdom, and many cells in the higher plants, and stages in the development of the lower, are devoid of chlorophyll. There can be no doubt that the author was on the verge of a most interesting, and it may be important, find, but the changes in the alga and the fate of the amoeboid derivatives, when transferred to more suitable conditions than occur under a cover glass, must be investigated by modern methods and more continuous observation.

The second chapter deals with the origin of presumptive amoebæ, peranemata, and monads, from encysted ciliates infusorians. We say presumptive, because the evidence that the organisms in question belong to those in general, by having the same life history and mode of reproduction, is wanting. When one considers the complicated processes of conjugation described by Maupas and Hertwig, as occurring in the ciliata, processes only elucidated after months of continuous observation of healthy organisms, and confirmed by all subsequent workers, the observations detailed in this chapter present an unsatisfactory incompleteness, strangely out of keeping with the sweeping conclusions they are made to substantiate. The observations are good and most suggestive, and will well repay investigation, but it must be by the methods by which so much has been already achieved. In not one of the instances is an attempt made to show what becomes of the smaller, more resistive, or more adaptive organism when it is returned to conditions resembling those in which the parent lived and flourished.

The transformation of the eggs of various rotifers into peranemata, monads, and amoebæ, which is discussed in the third chapter, must be placed in a totally different category to the preceding. In the former, polymorphism is seen to be the more feasible and likely explanation; here the nature of the changes suggests infection, and our criticism must be directed to determine what precautions were adopted to exclude that possibility. In the first place, the ordinary methods made familiar by bacteriology could not be put in practice, but the conditions under which these experiments were conducted make one groan in these days of aseptic surgery. Scum from a pond, scrapings of mud, tap water kept in the open air for a time without a cover, and covered with a glass plate when brought into a room at higher temperature, and examined once a day, or even only once a week, for weeks at a stretch. When one considers the rate at which low forms of plant and animal life flourish in animal matter, whether dead or of depressed vitality, in such conditions the "sudden" appearance of amoebæ and flagellate forms ceases to be a mystery.

The general conclusions need not concern us here as they premise the acceptance of heterogenesis. The whole trend of modern work is against this, and it gives the impression of being the easy way out of difficulties, which, had it been made a guiding principle, we should still be ignorant of the complicated life histories revealed by malaria and coccidiosis.

STRUMPELL'S TEXT-BOOK OF MEDICINE. (a)

SINCE the publication of the second English edition of this text-book of medicine seven new editions have appeared in the original German, and consequently many alterations have been made to bring it into line with the most recent views on medical science. As the author points out, it is every day becoming more and more difficult for any one man "to maintain that universal and complete command of facts and theories which is essential for a presentation of the subject which shall be at once brief and true to the present standpoint of science." Though this statement is undoubtedly true, still we believe that for the production of a text-book which will really be of use to the student, that one man must be found. The larger books, which are really collections of monographs on the various subjects by different writers, may be of more use to the qualified

man for consultation and reference, but the student will always turn in preference to the text-book which presents the views of a single author.

The object of the author in this edition is, as he says, to present the essentials of our present knowledge and views of disease by bringing the facts of clinical experience into the closest possible relation with the data of pathological anatomy and general pathology. This is a matter of the first importance in a book designed for the use of students the object of which should be to assist them in interpreting the facts which they observe clinically and suggesting to their minds points for further observation. It is because the book succeeds so well in doing this that we unhesitatingly recommend its use to the student, and believe that it will enable him to travel the thorny path towards his final examinations with more comfort and profit than many of its more pretentious compeers. The section dealing with the diseases of the heart appears particularly well done, and it is here perhaps more than anywhere else that the value of associating and interpreting the clinical phenomena by the facts of pathology is most obvious and instructive. It is, we think, a pity that there is no section in the book dealing with the subject of skin disease, which in this country at all events is always looked on as part of medicine. Such exclusion, however, enables the author to keep the book within much more manageable limits as regards size, and that too without sacrificing any of the space devoted to the more purely medical subjects. The translators have done their work well, and have produced a clear and literary rendering of the original work, while their notes, added in brackets, are always to the point.

THE IMPERIAL HEALTH MANUAL (a).

THE official health manual of a nation like the Germans, who have done so much both by individual and collective effort to further the cause of sanitary reform, cannot fail to be of interest to all desirous of gaining an insight into the rudiments of preventive medicine. To such we can with confidence commend the book translated and edited by Dr. Roche, whose object will be fully attained if he succeeds in arousing a desire on the part of the public to master the ordinary problems of hygiene. A variety of subjects, including water, air, food, and infectious diseases, are dealt with in a concise and lucid manner, while the chapters on anatomy, social relations of man, and the more common accidents leave little to be desired when we consider the class of person for whose benefit the book is intended. The one deficiency in the work which perhaps we may mention is the very limited information given respecting the modes of removal of excreta from the dwellings, and the almost entire omission of any description of the sanitary appliances necessary for such removal. Taken as a whole the little work is admirably suited for a popular treatise on this important subject.

A SYNOPSIS OF SURGERY. (b)

THERE is much in this little book to commend it to students. Originally merely a synopsis of the author's lectures, the "scrappiness" inherent to such compilations has to a great extent been obviated, although from the nature of things a synopsis can never be anything but a synopsis. This being so we are disposed to question the opportuneness of introducing notes of cases, instead of "synopsising" the lessons to be learned therefrom. This plan may, however, be the outcome of the author's views on the desirability of substituting systematised clinical teaching for purely theoretical lectures, although a narrative of observed facts hardly deserves to be described as "theoretical." The plan of the book is good, and if properly worked out we have little doubt that it would command a certain popularity with the class of

(a) "A Text-book of Medicine for Students and Practitioners." By Dr. Adolph Strumpell, Professor and Director of the Medical Clinic at the University of Erlangen. Third American edition translated by permission from the German by Herman F. Viceroy, M.D., and Philip C. Knapp, M.D., with editorial notes by Frederick C. Shattuck, M.D. London: H. K. Lewis. Price 24s. net.

(a) "The Imperial Health Manual." By Anthony Roche, M.B.C.P.I., &c. Second edition. Pages xv, and 301. London: Baillière, Tindall and Cox. 1902. Price 3s. 6d.

(b) "A Synopsis of Surgery." By E. F. Tobin, F.R.C.S.I., Surgeon to St. Vincent's Hospital, Dublin, &c., &c. Second Edition. Price 6s. 6d. London: J. and A. Churchill. Dublin: Fannin and Co.

readers for whom it is intended. But at present it has not been properly worked out, and is in many respects behind the times. To mention only one instance, actinomycosis is described as a tumour most commonly met with in connection with the lower jaw, a statement which, if true of the disease in animals, is hardly as correct in regard to man. Moreover, under treatment, we are told "that of tubercle," no mention being made of iodide of potassium, a drug which in many cases yielded results little short of marvellous. We are fain to add that we have never seen worse printing, many pages being quite illegible, or more careless proof-reading, errors of spelling being indecently numerous. The work is interleaved, and this will enable readers to supply, should space allow, the information which is lacking.

LLANDUDNO AS A HEALTH RESORT. (a)

ANYONE contemplating a holiday in Wales who may have the good fortune to come across this elegantly got-up little book would, we feel sure, start off for Llandudno. The photos, by Mr. A. H. Hughes, are beautifully executed and most attractive. A nervous invalid may not like the look of the crowd seen in the "Happy Valley and Great Orme," but if he turns over the page he will feel relieved as he contemplates the "Lighthouse and Marine Drive."

Brief accounts are given of the working of the drainage system and water supply of the town—works carried out regardless of cost and with most satisfactory results. Immunity from zymotic disease is in a great measure secured by the maintenance of a fully prepared Isolation Hospital. In this, many watering places might take a useful lesson from Llandudno. Vital statistics and tables of temperature are, of course, introduced. It is well this should be; though average and mean temperatures are always very doubtful guides.

That the air of Llandudno is pure and bracing, and very beneficial to nearly every class of invalid is a matter that few who have had experience of it are likely to dispute.

Medical News.

The Late John Bellows.

JOHN BELLOWES, the Quaker archæologist, friend of peace and letters, has just passed away. His portrait in the Academy is striking evidence of our loss. Many medical men will remember the charm of his personality when last summer at Gloucester, during the Cheltenham meetings of the British Medical Association, he took a large party around the old cathedral city and explained its glories gleaned from the fading past. Some of our readers will, no doubt, have used Mr. Bellows' remarkable but in many ways most useful French dictionary.

Royal College of Surgeons of England.

AN election of professors and lecturers will shortly take place by the Council of the College, who will elect the Hunterian Professors, the Erasmus Wilson Lecturer, and the Arris and Gale Lecturer for the ensuing year. Fellows and Members of the College desirous of becoming candidates for these offices should make written application to the secretary, Mr. S. Forrest Cowell, stating the subject upon which they propose to lecture, on or before Monday, June 2nd.

Royal College of Surgeons, Ireland.

THE following Examiners were elected at the meeting of the President and Council last week:—In Anatomy—Ambrose Birmingham, Alexander Fraser. In Surgery—Election postponed. In Physiology and Histology—E. L'E. Ledwich and C. Coppinger. In Ophthalmology—Arthur H. Benson and P. W. Maxwell. In Pathology and Bacteriology—Arthur Hamilton White. In Pathology—R. Allen. In Midwifery and Gynaecology—

(a) "Official Guide to Llandudno and District." By Alec. G. Moy, M.J.I. Issued by the Llandudno Town Improvements Association. Manchester: Henry Blacklock and Co., Limited.

Frederick W. Kidd. In Biology—John J. Burgess. In Sanitary Law and Vital Statistics—H. Benson Goulding. In Engineering and Architecture—J. Charles Wilmot. In Dental Surgery and Pathology—Daniel Corbett, jun., W. G. Story. In Mechanical Dentistry—George M. P. Murray, William Booth Pearsall. In Chemistry and Physics—Edward Lapper, R. J. Montgomery. In Languages—L. J. Woodroffe. In Mathematics, Physics, Dictation and English Essay—J. W. Tristram.

Dublin Death-rate.

THE deaths registered, in the Dublin Registration Area, for the week ending Saturday, May 3rd, 1902, represent an annual rate of mortality of 26.3 in every 1,000 of the population. During the 18 weeks ending with Saturday, April 26th, the death-rate averaged 26.7. There were 22 deaths from diseases of the nervous system; 27 from diseases of the heart and blood-vessels; 32 from diseases of the respiratory system. In 8 instances the cause of death was "uncertified," there having been no medical attendant during the last illness. Forty-three infants, of whom 21 were under 1 year of age, died during the week. In the city proper the death-rate in the following districts was as follows: Summer Hill District, 26.6; South Earl Street, 26.3; Castle Street, 39.6; South City Extension, 42.9.

A Medical Exhibition.

THE sixth annual Medical, Surgical and Hygienic Exhibition will be held in the Queen's Hall, London, on May 20th, 21st, 22nd and 23rd, from 1 p.m. to 10 p.m. A concert by select orchestra will be rendered each afternoon from 3 to 6, and in the evening from 7 to 10. Many novelties will be shown of interest to the profession.

The Guardians' Revenge.

THE Poole Board of Guardians, incensed, it appears, at having had to pay a bill of £180 for revaccination has resolved to take the decidedly novel step of publishing in their next half-yearly account a complete list of the names of those who have thus "pauperised themselves and burdened the rates," doubtless *pour encourager les autres*. Exemption may be purchased by reimbursing the fees. This is a risky attempt at a mild sort of blackmail, and it is possible the auditors may surcharge the guardians with the cost of this wholly unauthorised proceeding.

Deaths under Chloroform.

AN inquest was held last week on a young man who succumbed to chloroform narcosis at the Central Throat and Ear Hospital, Gray's Inn Road, and a verdict of "death from misadventure" was returned. An inquest was held on the 8th inst. on the body of a young married woman who died at the Wallasey Cottage Hospital, while undergoing an operation on the foot. The usual verdict was returned. In neither case are any details forthcoming concerning the mode of administration or the quantity of the drug used.

The Case of Dr. W. T. Law.

THE movement which is on foot to raise a fund for the purpose of indemnifying Dr. W. T. Law in respect of the legal expenses attending the defence of the unsuccessful action recently brought against him by a nurse is making good progress, upwards of £300 having already been promised. The expenses in question, we are given to understand, amounted to about £700.

Conjoint Board in Ireland.

THE following candidates have passed the Final Examination by the Royal College of Physicians and Royal College of Surgeons:—

Four Years' Course.—a. All subjects: John James Bell, Conway Cartright, Thomas Raymond de Castillo. b. Completing Examination; R. E. M. Harvey, C. J. D. Odevaine.

Five Years' Course.—a. Honours: Cornelius Foley. b. All Subjects: H. L. Becker, J. I. Harty. c. Completing Examination: R. Allison, C. H. Browne, S. Browne, H. T. Cookman, C. Waters.

Notices to Correspondents, Short Letters, &c.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate, providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning corrected proofs.

THE LATE BRET HARTE AND HIS WORKS.

MR. FRANCIS BRET HARTE has just died from malignant disease of the throat. He was in his 63rd year, and with his passing we lose another of those brilliant and versatile Americans we have long since taken to ourselves as friends and almost fellow-countrymen. Bret Harte's delightful books have done much to lighten the day's burden of many an overworked medical practitioner, and have brought fresh strength and courage to many a pain-racked patient. The sufferings of sufferers have been lightened by Bret Harte's humour and raciness, and 'tis sad to think that he, too, in his turn, should have to be taken through the dark valley by malignant disease.

M.D. (GLASGOW).—Braithwaite's "Retrospect of Medicine" ceased to appear last year. We much regret the disappearance of such an old and valued *resume*, but this appeared to be inevitable in "the times in which we live."

DOCTOR'S ORDERS.

THE village doctor meeting a prominent member of the Nonconformist Church, who boasted of his teetotalism, resolved to put him to the test, so he asked him into the hotel and ordered two glasses of wine. After they had drunk them, and two or three more at the doctor's expense, the doctor, thinking he had him, asked: "How does this square with your teetotal pretensions, John?" "Well," answered John, with a quiet smile, "you see, the doctor ordered this"—*Pick-me-up*.

AN INTENDING CANDIDATE.—The next examination of candidates for the Army Medical Service is fixed for July 21st and following days. Applications to compete must be lodged before July 3rd.

MEAT-JUICE AND MARKING INK.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Under the above heading in your last issue some common-sense remarks are made as to the obvious carelessness of allowing poisonous fluids to be placed in bottles bearing the labels of their original contents and left convenient for chance administration to a patient. Marking ink given in place of meat-juice would naturally "play the deuce," and by making extremes "meet" would "mark the close" of a useful life, without the unfortunate patient having even an "inkling of the reason."

I am, Sir, yours truly,

STILO.

MR. WESLEY WILSON.—Your letter with enclosure have been forwarded to the Editor in your division.

HOME WANTED.

A CORRESPONDENT asks if any reader knows of a home in which a patient (gentleman), aged 76, could be received. He is capable of going about and doing for himself, and has no vicious or dirty habits, a simple case of gradual senile decay. Friends could only afford from 21s. to 25s. a week. We will forward any replies that may be sent to our London office.

Meetings of the Societies, &c.

LONDON.

WEDNESDAY, MAY 14TH.

DERMATOLOGICAL SOCIETY OF LONDON (11, Chandos Street, Cavendish Square, W.).—5.15 p.m. Demonstration of Cases of Interest.

UNIVERSITY OF LONDON PHYSIOLOGICAL LABORATORIES (South Kensington).—5 p.m. Dr. Leonard Hill: The Physiology of Respiration.

FRIDAY, MAY 16TH.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN (North-Eastern Hospital for Children, Hackney Road, N.E.).—5.30 p.m. Cases and specimens by Dr. James Taylor, Mr. Douglas Drew, Dr. J. P. Parkinson, Mr. H. Curre-Smith, Mr. A. B. Roxburgh, Dr. J. H. Squeira, Mr. S. F. Rose, and Mr. Sydney Stephenson. Paper by Dr. C. Hawthorne: A Note on a case of Arthritis accompanying Ophthalmia Neonatorum.

POST-GRADUATE COURSES AND LECTURES (Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C.).—Demonstrations will be given at 4 p.m. as follows:—Monday, Skin; Tuesday, Medical; Wednesday, Surgical; Thursday, Surgical; Friday, Throat.

Westminster Hospital, S.W., Tuesday, 4.30 p.m.—Demonstration on Some Clinical Aspects of Arthritis.

DUBLIN.

FRIDAY, MAY 16TH.

ROYAL ACADEMY OF MEDICINE IN IRELAND—Section of Medicine.—College of Physicians, 8.30 p.m.

MONDAY, MAY 19TH.

ROYAL COLLEGE OF SURGEONS.—Fellowship Examination commences.

Appointments.

BERKELEY, COMYNS, M.B., B.C.Cantab., M.R.C.P.Lond.; Lecturer on Practical Midwifery at the Middlesex Hospital.

BROWN, E. HAROLD, M.D.Brux., Major I.M.S., Clinical Assistant to the Chelsea Hospital for Women.

BUTLER-HOGAN, J. F., B.A. R.U.I., M.D.Brux., D.P.H.Camb., &c., Medical Officer of Health to the Tottenham Urban District Council.

DENNING, C. E., L.R.C.S., L.K.Q.C.P.Irel., Certifying Surgeon under the Factory Act for the Epping District of Essex.

GOUGH, WILLIAM, M.B., B.Sc., L.R.C.P.Lond., M.B.C.S., House Surgeon to the Hospital for Children and Women, Leeds.

HICKS, CHARLES, L.R.C.P. & S. Edin., L.F.P.S.Glasg., Certifying Surgeon under the Factory Act for the Horsmonden District of Kent.

IVENS, FRANCES, M.B.Lond., late Clinical and Assistant Pathologist, House Surgeon to the Royal Free Hospital, Gray's Inn Road.

JONAS, HERBERT CHARLTON, M.B., B.S.Lond., M.R.C.S., L.R.C.P., Honorary Medical Officer to the Barnstaple and North Devon Infirmary.

LENEX, LYDIA ANN, M.D.Brux., Oculist in the Medical Department of the School Board for London.

LLOYD, W. F., M.B., B.C.Cantab., Assistant Surgeon to the Windsor Royal Infirmary.

MCDONOGALL, OLIVER, M.B.Lond., House Physician to the Royal Free Hospital, Gray's Inn Road.

NOKE, F. H., M.B.Lond., Assistant House Surgeon to the Metropolitan Hospital.

PURNELL, RICHARD, M.D. St. And., Medical Officer of Health of the Borough of Wells.

RITCHIE, ALEXANDER B., M.B., M.S.Edin., Medical Officer to the Manchester School Board.

SHAW, CECIL E., M.A., M.D., M.Ch., Hon. Consulting Ophthalmic Surgeon to the County Antrim Infirmary, Lisburn.

SODHI, BABA M. SINGH, M.B., Ch.B.Edin., Senior Assistant Medical Officer to the Portsmouth Asylum.

SPOTT, W. H., L.R.C.P. & S. Edin., L.F.P.S.Glasg., Certifying Surgeon under the Factory Act for the Caton District of Lancashire.

Vacancies.

Abbeyleix Union.—Medical Officer. Salary £100 per annum, and usual vaccination fees. Also a Medical Officer of Health. Salary £20 per annum. Applications, with testimonials, to James Finnegan, Clerk of Union. (See Advt.)

Clogher Union.—Medical Officer. Salary £100 per annum, with Registration and Vaccination Fees. Also a Medical Officer of Health. Salary £15 a year. Applications to Thomas Turner, Clerk of Union. (See Advt.)

County Asylum, Whittingham, Lancashire.—Junior Assistant Medical Officer. Salary £150; furnished apartments, board, washing and attendance provided. Applications to the Medical Superintendent.

Down County Infirmary.—House Surgeon. Salary £80 per annum. Applications to Dr. Tate, Downpatrick. (See Advt.)

Durham County Asylum.—Junior Assistant Medical Officer. Salary £150 a year, with apartments, board, laundry, and attendance. Applications to the Medical Superintendent, Durham County Asylum, Winterton, Ferryhill.

Royal Albert Hospital, Devonport.—Resident Medical Officer. Salary £110 per annum, with board and lodging. Applications to Chas. W. Dickinson, Capt. R.N., Secretary.

Royal Cornwall Infirmary.—House Surgeon. Salary £100 a year, with board (excluding stimulants), and apartments. Applications to the Secretary, 4, Parkvedras Terrace, Truro.

Royal South Hants and Southampton Hospital, Southampton.—Senior House Surgeon. Salary £120, with rooms, board, and washing found. Applications to T. A. Fisher Hall, Secretary.

The Westmorland Lock Government Hospital.—Resident Medical Officer. Salary at the rate of £100 per annum, with furnished apartments, &c. Applications to the Registrar, Dublin. (See Advt.)

Traveller.—London firm of manufacturing druggists invites applications from medical men willing to represent them in India, the Colonies, and the Continent. For further particulars see Advt.

Deaths.

COWIE.—At Bournemouth, on May 5th, John Cowie, M.B., O.M. (of Accrington, Lancs.), aged 44.

FREELAND.—On April 15th, at Parham, Antigua, West Indies, Freeland John Freeland, M.D., L.R.C.P.Lond., M.R.C.S.Eng., L.S.A.Lond., elder son of J. B. Freeland, M.R.C.S.Eng., and brother of Douglas L. Freeland, L.R.C.P.Lond., M.R.C.S.Eng., of Snodland, Kent, aged 40 years.

REDFERN.—On May 8th, at Horton Road, Gloucester, Anne, widow of Charles Redfern, M.B.C.S., of Ventnor, I.W., and only surviving child of the late William Wright, of Shoby House, Melton Mowbray, aged 79.

WHITEFOORD.—On May 7th, at 27, South Hill Park, Hampstead, Ellen Mary, widow of the late Adam John Whitefoord, M.B.C.S., L.R.C.P., &c., and daughter of the late Henry Cole, of Dale, Farnbrooke, aged 55 years.

WILLWAY.—On May 8th, at Grimsby, Ellis Marion, wife of F. W. Willway, M.B.C.S., of the Mission to Deep Sea Fishermen, and eldest daughter of F. C. Channing, Indian Civil Service (retired), of 62, Fellowes Road, Hampstead, aged 29.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXIV.

WEDNESDAY, MAY 21, 1902.

No. 21.

Original Communications.

CANCER OF THE BREAST :

AN ANALYSIS OF FORTY-SIX CASES WHICH
HAVE BEEN OPERATED UPON AND
SURVIVED THE OPERATION FROM
5 TO 32 YEARS,
WITH REMARKS UPON THE TREATMENT OF RECURRENT
GROWTHS, INCLUDING THE DISEASE OF THE
SECOND BREAST, OPERATIVE AND
OTHERWISE. (a)

By THOMAS BRYANT, M.Ch., F.R.C.S.,
Consulting Surgeon to Guy's Hospital.

In the results I now bring before you, many instances of much longer survival after the primary operation than formerly will be found recorded, and likewise many instances of recurrence of disease after prolonged periods of immunity which are very striking.

Group I.—This includes 17 cases of cancer of the breast relieved by operation which are now alive, or have died without evidence of recurrent disease, five or more years after operation; 4 have died, and 13 are living and in good health. Of the 4 which died—

Case 15 died from an accident, *æt.* 62, five years after the primary operation.

Case 16 from old age, *æt.* 80, twenty years after operation.

Case 14 from acute jaundice, *æt.* 63, fourteen years after operation; and

Case 13 from intestinal obstruction due to gall stones, *æt.* 79, thirteen years after operation. In both of these cases a necropsy was performed, and no evidence of recurrent disease was found.

Of the 13 cases which are now alive, 1 has remained free from recurrence for five years, 1 for six years, 3 for eight years, 3 for nine years, 2 for ten years, 2 for fourteen years, and 1 for sixteen years. Taking the whole group of 17 cases together, there was an absence of any evidence of recurrent disease from five to ten years after the primary operation in 9 cases, and from five to twenty years in 8 cases, 13 of these patients being now alive and apparently well.

I should like here to say that the operation I now do, and have done for many years, is neither the one I was originally taught and have seen practised by my senior colleagues—which was certainly inadequate—where lymphatic glands were rarely removed, or anything more than the diseased breast itself, with the skin covering it when involved; nor is it the more modern operation known as "Halsted's," and made public in 1894, but which should be known as "Moore's," or "Banks's," who advocated the principle of free removal in 1882, not only of the diseased breast with the fat and skin over it in every case, but also of the pectoral muscle, fascia, and lymphoid tissue from the axillary vessels, and which is now known as the complete or adequate operation. My operation is something between the two, but nearer the latter than the former, and I hold with the results

before me that it is a complete and adequate measure under the most favourable conditions.

The Operation Adopted.—My routine operation is to remove the whole gland that is diseased with the skin and fat over the diseased area; when the axillary glands are enlarged to dissect out the axilla and subpectoral spaces, and in every case, for examination purposes, to cut into the axilla and to take away glands or lymphoid tissue which appears to be suspicious, but otherwise not to dissect it out, my incision into the axilla skirting the axillary border of the pectoral muscle. I invariably drain the wound through the axilla for the first two or three days.

The pectoral muscle I dissect clean, but do not remove it, although should disease be found to have invaded the muscle, the diseased muscle must be freely taken away. I regard the removal of the muscle as a routine measure to be unnecessary, and the facts I now bring before you tend to support this view, for I am more impressed by accumulating experience that successful results in operations for cancer are more certainly to be secured by an early operation than by "performing tremendous operations upon practically hopeless cases."

I may say at once that it was from the careful study of Moore's memorable paper on "Inadequate Operations on Cancer," published in 1867 in the fiftieth volume of the "Transactions" of this Society, that I was led to deviate from the practice I had been taught, and to follow, as far as I thought right, in the lines of Moore's suggestions, which have been, without question, the basis of all recent operative procedures.

In more recent times the principle of free removal of cancerous disease has been well brought before the profession by Sir W. Mitchell Banks in papers of great importance published in 1877, 1882, and 1900 in the *British Medical Journal*, and it is to him more than any other writer that Moore's views have become established.

What I regard as a point of more importance than so-called complete or adequate operations is early interference, and in my sanguine hours I have imagined, with Sir Mitchell Banks, what the results would be if all cancers were thoroughly excised when they were no bigger than peas, or, as I would prefer to say, when the disease is in its very early stage.

Indeed, I am fairly sure that it has been from my acting upon this principle that I am enabled to bring before you to-day the satisfactory results of treatment which my groups indicate, for in Group I., in which there are 17 cases tabulated, the disease was in most of them in an early stage of development when submitted for operation. The disease appeared, when I first saw the cases, as a lump in the breast without skin implication or lymphatic glandular enlargement, and in which the question arose as to the lump being due either to the presence of a cyst or early cancerous infiltration, for at this stage of the tumour's growth the question could only be settled by an exploratory incision.

Under such circumstances an exploratory incision was made into the lump, and when cancer was recognised the gland was removed. Under these circumstances the good results which have been recorded are to be explained, and they are certainly satisfactory. They are, moreover, what I expected they would be when I

(a) Abstract of paper read before the Royal Medical and Chirurgical Society.

operated, for in 1900 I wrote a paper for a sister society on Cysts of the Breast: their Relation, Frequency, Diagnosis, and Treatment, and in composing it I analysed 242 consecutive cases of breast disease, as they had recently appeared before me in private practice; 163 of these cases were registered as solid tumours or examples of cancer or sarcoma, and 67 as cases of cystic disease.

Of these 163 diagnosed as solid tumours, 126 were operated upon, and out of the 67 examples of cyst disease 44 were operated upon, the percentage of cyst disease to cancerous disease being 25 to 74; the conclusion becoming clear that out of every four cases of breast disease, more or less simulating cancer, one will prove to be an example of cyst disease.

I went, however, much further, and was able to show that if we eliminate from our consideration all such examples of cancerous tumours of the breast as are so well marked as to forbid an error in diagnosis being made, and apply our argument to those alone in which there is only a lump in the breast gland without any collateral symptoms to support a diagnosis of cancer, it would not be wrong to conclude that in every two cases of this kind one will be cystic and the other cancerous.

In these cases of early cancer an exploratory operation was undertaken, and when the tumour was found to be cancerous the gland was removed by the mode of operation I have described, the operation having been undertaken at the period of the tumour's growth, after which the most favourable result might be expected. In all of these the axilla was explored but not dissected, the incision I adopt allowing the finger to explore the subpectoral spaces.

In all of these cases the whole gland was removed with the fat over it and integument. In all of these the pectoral muscle was well cleaned, but not removed. In a few of these only were enlarged lymphatic glands found. In all of those early cases microscopic evidence was sought and found to correspond with that which the naked-eye appearances had suggested. In fact, in the majority of the cases of this group, as well as in many in Group II., the same remarks are applicable. The disease in all was palpably cancer, and the success recorded is due to its complete and early removal.

Group II.—This group includes 19 cases of cancer of the breast relieved by operation, and followed by recurrence in the seat of the primary operation.

In 3 of the cases (Nos. 12, 17, 18) recurrence took place in the scar of the primary operation, and a second operation was performed one year after the primary; 2 of these 3 cases were well and in good health four years later, and in the third case ten years later.

In 9 cases recurrence occurred from three to seven years after the primary operation. In 3 of these no second operation was called for.

In one of the 3 cases (Case 4) the recurrent disease appeared as tubercles in the flaps three years after the primary operation, and spread slowly for nine years, when bladder disease appeared. In another (Case 1) the recurrence showed itself as a sternal growth six years after operation. In the third case (No. 2) chest symptoms appeared seven years after operation.

In the 6 other cases second operations were undertaken three, three, four, five, five, and seven years respectively after the primary. In one (19), three years after the first operation, a tumour was removed from the axilla, and the patient died six years later from lung disease, *æt.* 65, having survived the first operation nine years. In Case 14, where a second operation was called for three years after the first, the patient was well six years later. In Case 15, where an interval of four years had passed between the first and second operation, the patient was well six years later. In a fourth case (6), where a second operation was called for five years after the first, a recurrence took place after a second five years, when chest symptoms appeared. In the fifth case (13), where a second operation was performed five years after the first and a third small one two years after the second, the patient was active and in good health twelve years after the first operation and five after the last. In the sixth case (16), where a second operation in the scar was performed seven years after the first operation, the

patient was well in all ways five years later, or twelve years after the breast was removed.

Of the 7 other cases of this section of the group the intervals between the first operation and a recurrence were from ten to thirty years.

Group III.—This group includes 10 cases of recurrent disease after operation in which the second breast was involved, and 4 cases in which the breast disease was associated with cancer of other parts of the body.

In 4 of the 10 cases (Nos. 22, 24, 26, 29) the second breast was attacked about two years after the first had been removed. In 1 (No. 27) of the 6 other cases the second breast became diseased three years after the primary operation. In 2 others (25 and 28) ten years elapsed before the recurrence appeared, and in the other 2 cases (Nos. 21 and 23) the interval between the primary operation and the appearance of the disease in the second breast was respectively twenty-three and twenty-four years, the recurrent disease having in both these cases involved at the same time the scar of the first operation, this fact suggesting to the sceptical mind the truth of the view that the primary disease had been cancerous.

In 4 of these 10 cases the second breast was not removed, the local disease having been extensive and inoperable. In Case 21 the patient was *æt.* 67; in Case 23, *æt.* 80; in Case 29, *æt.* 48; and in Case 27, only *æt.* 38.

In the remaining 6 cases the second breast was removed. In 1 (20) no signs of return were to be traced six years later; in Case 24 no signs of return existed five years later; in Case 26 the patient was well two years later, and in Case 28 three years later. In Case 25 there was no recent history.

I propose now, in order to make the questions respecting these Groups II. and III. of recurrent cases clearer, to analyse them further, and to subdivide them in order to show: First, the length of the interval that existed between the first operation and the recurrence of the disease. Secondly, as to the seat of the recurrence. And, thirdly, as to the duration of life after operative interference.

Cases of Recurrence not requiring Operation, Group II.—In this group of 8 cases 5 had survived the primary operation from six to thirty-six years, 1 had died from lung disease nine years after operation, 1 was evidently suffering from bladder disease twelve years after operation, and a third sinking with chest disease ten years after operation—all, it may be assumed, of a cancerous nature, the 8 cases having respectively survived the first operation six, nine, ten, ten, twelve, thirty, thirty-two, and thirty-six years, and 5 of these having apparently some years of life before them.

Cases of Recurrence with Second and Third Operation, from Group II.—In this group of eleven cases two had lived five years after the primary operation, and were in good health four years after a second operation. One had lived eleven years after the primary operation, and one was well ten years after the second. One had lived nine years after the first operation, and was well six years after the second. One had lived twelve years after the first operation, and was in good health five years after the second. A second had survived the first operation twelve years, and was well two years after the second. A third had survived the first operation twelve years, a second and a third operation, and six years later had no signs of return. One survived the first operation fourteen years, and was well one year after the third. One case had survived the first operation seven years, had endured a second three years after the first, and four years later died from chest symptoms. One case had no signs of recurrence for twelve years, when, at the age of 72, symptoms appeared suggestive of abdominal disease. One case had lived twelve years after the first operation, and, five years after the second, had some suspicious chest symptoms.

In three of the eleven cases death had taken place or was near at hand seven, twelve, and twelve years respectively after the primary operation. And in eight others there was every prospect of continuous health

five, five, nine, eleven, twelve, twelve, twelve, and fourteen years respectively after the breast had been originally removed.

Seat of recurrence, including 10 cases in which the second breast became involved in the disease, from Group III.—In 5 of these cases no second operation was performed, as in all of them an open cancerous ulcer existed, and it was evident that the sands of life's hourglass had nearly run out. In these cases, two, two, three, twenty-three, and twenty-four years respectively had passed before a recurrence of the disease had appeared, and the patients were, when seen with the disease of the second breast, 37, 50, 55, 66, and 80 years of age. In the second 5 cases the second breast was removed. In 2 of these the interval between the removal of the first breast and the recurrence of the disease in the second breast was two years, and both patients, who were at the second operation 52 and 57 years of age, were well and free from disease five years later. In Case 20, where the interval between the first operation and the recurrence in the second breast was four years, and the patient was aged 54, there were no signs of recurrence six years later. In Case 28, where the interval of recurrence was ten years, and the second operation was performed when the patient was 48, the breast and enlarged axillary glands being cleared away, there were no signs of a return of the disease three years later; and in Case 25, where the same period of ten years had passed before the second breast was removed, when the patient was 50, a good recovery followed the operation, but there is no later history.

Taking the 10 cases, however, as a whole, it appears that while in 3 instances where recurrence took place in the second breast within three years of the operation upon the first, surgical interference could do but little, as in 2 other cases where the subjects were 66 and 80 years of age.

It must be recorded that in 2 others where recurrence took place in less than three years, the patients respectively being 52 and 57 years, there were no indications of recurrence when last seen five years subsequently, or eight years after the primary operation. In Case 20, where the second breast was removed four years after the first, the patient was well six years later, or ten years after the primary operation; and in Case 28, where the interval between the removal of the first breast and the second was ten years, the patient was known to be well three years later, or thirteen years after the first operation.

Conclusions.—If we look at these results as a whole it will be evident that the interval which may take place between the primary amputation of a breast for cancer and its recurrence in the scar or second breast, when such occurs, is most uncertain. That whilst in half the cases tabulated recurrence took place in five years or less, in the second half the interval before recurrence appeared varied from six to thirty-two years; and that in at least two-thirds of these cases it occurred after ten years; and also that when second or third operations were undertaken the prospects of life were not bad.

With respect to the seat of the recurrence, it seems that such appeared in or about the scar of the original operation in 14 cases; in the scar and axilla in only one case; in the sternum in 3 cases; in the second breast in 10 cases, and in 5 of this 10 the scar of the first operation was likewise involved.

I would here ask the surgeons who advocate the clearing out of the axilla of all lymphoid tissue as a rule of practice in every case to consider the fact given above; in only 1 case was the axilla cleared out in an operation for a recurrent affection, and, as already described, it is not my custom to clear it out in all; and yet these results do not suggest an inadequate operation.

I bring this paper before the profession with no little pleasure, for it shows that operations for cancer of the breast, when undertaken at an early period of the disease, are not so unsatisfactory in their ultimate results as we have been led to believe. To have been able to tabulate in Group I. 17 cases of operation without evidence of recurrence in 9 cases from five to ten years, and in 8 cases from ten to twenty years after the primary opera-

tion, and to add that 13 out of these 17 cases are now alive and well, with probably some years of enjoyable life before them, is somewhat startling.

To add to these conclusions the assurance that should recurrence of disease appear after the primary operation, the prospects of prolonged life without second or third operations, are neither unreasonable nor unsatisfactory; for only 2 of the 8 cases so tabulated had survived the first operation less than ten years, and 6 had survived from ten to thirty-six years, and 5 of these had apparently some years of life before them.

To show, moreover, that when recurrence of disease takes place and has been treated by second or third operations much benefit may be conferred, is likewise encouraging, for if undertaken as soon as recurrences appear, they are often followed by fairly enjoyable life, for in five or six of the cases the patients were well and in good health five or six years after these operations.

Where the second breast has become involved a like principle of practice is also suggested. In 4 out of the 10 cases no operation was justifiable, but in 6 cases the second breast was removed, and in 4 of these cases there were no indications of recurrent disease five years, six years, two years, and three years respectively; so that it may fairly be said that operations on the second breast are not only justifiable, but conducive to prolonged life. For my own part, I am so much more satisfied with the results of my own practice since I have put together the materials embodied in the paper I have just read, and brought out the results of its analysis, that I do not feel disposed to deviate from it in any great degree unless the advocates of what I must describe as an over-zealous practice can prove to me that I am wrong and that they are right by the publication of material facts better than those I have now recorded.

By way of summary I should like to express my conviction that the results of operations for cancer, whether of the breast or elsewhere, would be much better than they now are if they could always be undertaken during the early development of the disease, as illustrated by the majority of the cases; that every breast tumour, neither clearly inflammatory nor encapsuled, which seems to involve gland tissue, and may therefore be cancerous, should be at once explored and removed if found to be cancerous, with the whole gland; and that recurrent growths when localised should be similarly treated.

In advanced and neglected cases, where the lymphatic glands and covering integument are involved, Moore's, Banks's, Halsted's, or Gould's so-called complete operation may be called for, but its results are not by any means so likely to be as favourable as those I have reported. Lastly, in cases of recurrence not favourable for operation, unless the removal of the ovaries can be shown in the future to be successful, the X-rays should be employed, for the benefit which has been derived by this treatment when judiciously applied by men of understanding has, in my own experience, been so successful as to raise hopes which I hardly like fully to express, and at the same time seems to be free from danger or serious consequences when utilised by those who know the dangers of penetrating rays carelessly employed, and the difficulties with which the practice bristles. I must, however, add that the influence of the rays, to make them effective, must be maintained for several months after it has seemed to be beneficial; a three-months course, with about three applications a week, appears to be the shortest from which any permanent good is to be expected, and this treatment is full of hope.

DR. BRENDON MCCARTHY, who assisted Dr. Wm. Smith, of Bentonport, in his heroic feat of transferring the fever-stricken patients from Arranmore to the mainland, has been appointed a medical inspector under the Irish Local Government Board. It will be remembered that Dr. B. McCarthy was the recipient of the Arnott Gold Medal on March 17th last.

A BILATERAL INTRALIGAMEN- TOUS FIBROMYOMA SHOWING EXTENSIVE MUCOID DEGENERATION. (a)

By ALFRED J. SMITH, M.B., M.A.O., F.R.C.S.,
Professor of Midwifery and Diseases of Women, Cecilia St. Medical
School; Gynaecologist, St. Vincent's Hospital, Dublin.

THE case I am about to relate will, I hope, prove of interest to the Fellows, the more so that, after searching through the "Transactions," I have not been able to find that a tumour similar to the one I am exhibiting has been shown at any meeting of the Society. An unmarried lady consulted me on April 11th; she had enjoyed good health up to last November, when she noticed that her abdomen was rapidly increasing in size. She complained of pain, which she referred to the pelvis and described as of a "bursting" character, causing her great distress and preventing her sleeping. There was no marked interference with the functions of the bladder or rectum, menstruation was regular as to time, but lasted seven days and was profuse. An elastic tumour as large as an eight months pregnant uterus could be felt on external palpation, but the result of bimanual examination under ether was unsatisfactory, as nothing definite could be made out, the vagina was so completely blocked by an elastic mass which bulged through the vulva, and nothing could be found to represent the cervix or os uteri. I operated on April 16th with the assistance of Surgeon Tobin; a large abdominal incision having been made, the uterus with the tubes and ovaries



was seen to nestle snugly between the lobes of the tumour, which was found to be firmly fixed below and at each side by its relations to the peritoneum. To remove it seemed formidable, but, guided by general principles, I ligatured the ovarian arteries at the brim of the pelvis, and by making an incision between the ovarian vessels and the uterine ends of the round ligaments and pushing down the peritoneum so that the ureter, if displaced, would be pushed down with it out of the way and escape damage, I split the capsule and enucleated the tumour; the uterine arteries were then secured and the cervix amputated, and the peritoneal flaps brought together by a continuous top-stitched suture.

Dr. W. Dargan reports: The tumour weighs 10 lbs. It consists of a large semi-fluctuating mass apparently growing between the folds of the broad ligaments, bilobed and symmetrical on both sides. The uterus lies in front of, and to some extent separable from, the tumour; it is of normal size both in regard to the thickness of its walls and the extent of its cavity; the muscular fibres of the

posterior wall seem, however, to shade into the tumour and suggest that the primary origin of the new growth may have been in the uterine wall. Microscopically the structure of the mass is that of a very vascular and cedematous fibromyoma undergoing very advanced mucoid degeneration. When the growth was incised in the recent state a quantity of mucoid matter flowed out, and the trabecular cystic appearance it now exhibits is due to a great extent to the evacuation of these cysts, partially also to large blood spaces.

In regard to the pathology of fibroids of the broad ligament, Roberts ("Gynaecological Pathology," 1901) says: "These tumours have till lately received little notice and possibly represent a class of fibroids distinct from those of the uterus, and at all events not primarily of uterine origin." It is, of course, well known that many fibroids that arise in the uterus may grow out and burrow between the layers of the broad ligament producing great distortion and displacement of the pelvic contents, but true fibroids of the broad ligament probably arise from the muscular fibres which occur in the broad ligament immediately beneath the peritoneum, and are directly continuous with the musculature of the uterus. Hence they have little connection with the uterus except by apposition or slight adhesion, and generally the uterus is not enlarged or altered in any way, but is merely displaced forwards and upwards, as is, I think, well demonstrated in my case. Bland-Sutton agrees that fibroma may develop in the mesometrium, and gives a beautiful illustration of bilateral fibroids of the mesometrium in his "Tumours, Innocent and Malignant," 1901, p. 200, fig. 116.

The specimen I have shown is an interesting and, I think, typical example of tumours of the mesometrium; it illustrates the difficulty of diagnosis, and shows the advantage of a high incision into the capsule as a means of protecting the ureters from injury.

CASE OF DOUBLE RESECTION OF THE INTESTINE FOR INJURY. (a)

By R. LANE JOYNT, F.R.C.S.I.,
Surgeon to the Meath Hospital.

N. C., A YOUTH, æt. 16, was brought to the Meath Hospital, at 7 p.m. on Nov. 13th, 1901. At the time of his admission he was very collapsed but conscious, and shortly after was able to give a very distinct account of the accident he had met with, and this tallied in every particular with that of a friend who was along with him, and of an onlooker.

When riding his bicycle through the Coombe, returning from his work as an engineer's apprentice, he took both hands off the handles of his machine to settle the lamp. He did not in consequence observe a van driving towards him; his friend shouted to him to look out, and just at this moment, as he raised his head, his forehead was struck by the horse and the shaft of the van hit him in the abdomen. He was carried for a few yards on the shaft and then thrown by its rebound clear of the car, the wheel of which did not pass over him; he was laid on the footpath by some men, and although dazed never lost consciousness. He stated that he only felt winded. The accident occurred about half-past six; he was in hospital at seven o'clock and was at once seen by the house surgeon, Dr. C. K. Bushe, who found him in a great state of collapse, pulse weak and thready, and about 70; there were no marks visible on

(a) Paper read at Meeting of British Gynaecological Society, Thursday, May 8th, 1902.

(a) Paper read before the Section of Surgery, Royal Academy of Medicine, May 9th, 1902.

any portion of him, but Dr. Bushe, realising the grave nature of the injury, immediately telephoned for me. He was seen by me twenty minutes later. By this time some reaction had set in, he became warmer and more able to talk, and vomited. There was no blood in the vomit, which was very scanty, owing to his hungry condition. The pulse became full and was now 70, he complained of violent pain at times above the umbilicus, this at first occurred in paroxysms, but afterwards was more or less continuous. I made a complete examination of him, but could find absolutely no mark on him, liver dulness was not absent, there was no dulness in the flanks, no rigidity of the muscles was noticed, and there was nothing remarkable about the belly. He passed water of his own accord, it was free from blood, and rectal examination revealed nothing. He was positive that the shaft struck him above the umbilicus, and that he was not hurt anywhere else, and mentioned to us that he had recently recovered from a fractured patella.

In consultation with Mr. Ormsby, the Vice-president of the College, it was decided to operate as soon as possible, but as the boy's parents resided at Sutton, and as we considered that it would not be detrimental to await their arrival, I had an opportunity for watching the pulse-rate, which in this case was very instructive. It rose in frequency, steadily, five beats in increase in every half hour. While on admission at seven o'clock it was 70, by half-past ten, when the operation was commenced, it was a little over 105.

The patient was anaesthetised with ether by Dr. Bushe; I opened the abdomen in the middle line below the umbilicus, subsequently extending the incision above it and to the left. An enormous quantity of liquid and discoloured blood escaped; I at once allowed the intestines to escape and found that portion of the jejunum was completely torn away from its mesentery for a distance of over 18 ins., the rent in the mesentery extending to its root. In the angle of the tear, a cylindrical clot, the diameter of a pen handle, projected from the torn end of a vessel and pulsated with it. I at once secured this with a ligature. Immediately above the rent was another tear clean through both gut and mesentery, and the upper torn end of the bowel had a hole punched through it about 1 in. above its free end. I removed the part of the mesentery between the two rents, together with the bowel affected, cut the upper end through the healthy bowel, and united them with a Murphy's button. Previous to this I whip-stitched the torn edge of the mesentery, afterwards suturing the two edges together, this I considered advisable to secure any torn mesenteric vessels. I now examined the remainder of the intestines, explored the recto-vesical pouch, the under surface of the liver and stomach, and discovered in the transverse mesocolon another hole through which three fingers could pass. The dependent colon had at this point been so stretched that the muscular coat and bands, together with the peritoneum, had been completely burst open, leaving an exposed tube of mucous membrane intact. This I excised, removing a clear inch on either side. I sutured it by Cheate's method, using a single layer of silk through and through sutures in the first instance, and Lambert sutures to close the longitudinal cuts. During the operation the abdominal cavity was kept free from blood, and cleansed at the same time by douching with hot saline solution. The boy's condition by this time was very grave; his pulse had risen rapidly to 140. I was forced, therefore, to complete the operation as quickly as possible, and on this account it was not as neat a job as is customary after ordinary laparotomies, but except for the appear-

ance of the wound and a little delay in union it did not make any material difference. A gauze drain was left in and removed forty-eight hours later. The whole operation lasted two hours. The pulse rate slowly fell; on the fifth day the temperature rose to 101·8°, unaccompanied by any rise in the pulse rate; the lower bowel was washed out, and eight hours later a copious motion was passed normally. The Murphy's button was passed on the seventeenth day, and the patient made a steady recovery.

The total length of bowel removed, measured without stretching, was twenty-four inches, three inches being transverse colon, the remainder the jejunal portion. This amount, as Dr. Blayney points out in an admirable paper read recently before this Section of the Academy, does not in any material way affect the general nutrition, and in my case the boy seems to be at the present time as well as ever. Nor does the removal of two feet seem very heroic when compared with the cases Dr. Blayney quotes of 4 to 11 ft., but, as far as I am aware, multiple resections are not numerous, and present some interesting points. For instance, I had put in the Murphy's button before I found rent No 2. Would I have been justified in putting in a second button? In point of time it would have been a distinct gain. I may add the sewing took me nearly twice or three times as long as the buttoning. However, former discussions here led me to think the button less suitable to the large intestine where, in a patient just previously in full vigour and health, it might be stopped by faeces, and again in buttoning the bowels one cannot guarantee which button may separate first, and it is quite possible one might block the other.

Of the after treatment I may mention that for the first three days he was fed on nothing but milk and hot water, then nutrient enemata were added; about the fifth day I substituted raisin water, but this was abandoned as it seemed to have a tendency to purge the patient. For the first eight days he suffered a considerable amount of pain, which came on in spasms, sometimes waking him from sleep, but quickly vanishing on his being given sips of very hot water and occasionally small doses of opium. On one occasion he was delirious, and believing that it might be due to the starvation I allowed him a little more milk, some thin arrowroot, and tea at intervals. The delirium at once ceased.

The points in the case to which I may again refer are: The upper rent in the bowel was apparently about the junction of the duodenum and the jejunum, allowing the upper cut end to be easily manipulated outside the abdomen. The intestines were empty at the time of the accident, the boy having had no food since one o'clock that day. He had a previous training as a patient for three months with a broken patella and was easily managed. I was assisted throughout, by the help and advice of my senior colleague Mr. Ormsby, and I owe my sincere thanks to Mr. T. J. Moriarty, my surgical dresser, for his care and attention in the after treatment of the case.

FIFTY LAPAROTOMIES. (a)

By BEDFORD FENWICK, M.D., M.R.C.P. LOND.
Physician to the Hospital for Women, Soho; Consulting Physician to the British Orphan Asylum.

THE operations here recorded were all more or less difficult operations, which, with thirty-five simple cases for the removal of ovarian cysts and uterine fibroids, embraced all the operations of the kind he had done during the last sixteen months. Only two were followed by a fatal result, both hysterectomies,

(a) Abstract of a paper read before the British Gynaecological Society, May 8th, 1902.

the one for malignant disease and the other for degenerated fibroids, and by a curious coincidence these deaths, the only ones in his abdominal work for more than three years, both occurred in the first week of May in 1901 and in 1902; neither of them was due save indirectly to the operation, both happened ten and twelve days after it from heart failure; in the malignant case this was due to old mitral and tricuspid disease; in the degenerating fibroid (shown) the patient's heart, was quite a typical specimen of fatty infiltration and degeneration of the myocardium. Some fifteen years ago he drew attention to the frequency with which fatty degeneration of the heart was caused by the presence of abdominal tumours, and that important fact seemed to be now generally accepted.

The fifty cases comprised twenty-four of ovarian growths, fourteen uterine fibroids, nine of pyosalpinx, and one each of malignant uterine disease, extra-uterine foetation, and extreme abdominal hernia. These cases were arranged in tabular form to avoid unnecessary details, but among the most interesting he might instance a fibroid growth consisting of two lateral masses completely filling the abdominal cavity, connected with each other, and each independently with the uterus by narrow pedicles in which there were not any blood vessels to be found. The nutrition of the growth must have been supplied by the vessels of the omentum, which was closely adherent to it, but had evidently been inadequate, as both masses were completely calcified. In four cases of soft completely interstitial fibroids oöphorectomy had been successful in relieving all symptoms, and twelve months afterwards in each case the uterus had shrunk to nearly the normal size. A subserous outgrowth from the posterior wall of the uterus, which dragged the organ backwards by its weight, completely filled and was so impacted in the pelvic cavity as to resist elevation, was successfully enucleated after division of the capsule from above, and the empty space, which contracted spontaneously in a few minutes to a very considerable extent, was closed with deep and superficial sutures. The ovaries and uterus were healthy and were left intact. The rapid improvement of the patient's general health in this and other cases, when the source of pelvic pressure had been removed, was noted and discussed.

In a valuable paper recently read to the Society, Mr. Stanmore Bishop had described the changes that were to be found in the arteries of the myomatous uterus, and had attributed to them a causal effect in the origin of myomata. With this view Dr. Fenwick could not agree. Some twenty-five years ago he had himself noticed these changes, and in discussing them with Professor Schroeder, with whom he was working at the time, had suggested that they were due to a compensatory hypertrophy of the walls of the vessels to meet the strain thrown upon them by the obstruction to the circulation caused by the increased density of the uterine tissue when affected by myoma. The explanation had seemed so natural and so much a matter of course, it was only on hearing Mr. Bishop's paper that he had remembered it and had mentioned it at once to the operator. The more or less extensive disease of the adnexa so constantly associated with uterine myomata had lately been brought forward as a causal factor in the origin of these new growths, a theory he was unable to accept. He believed that the ovarian artery was the subject of hypertrophic changes similar to those in the uterine vessels, and this necessarily caused congestion and vascular stasis in the adnexa, conditions recognised as factors in inflammation. When such conditions continued week after week, month after month, perhaps even for years, with cumulative effects, was it to be wondered at that when operation was

at last undertaken, the uterine appendages were found to be diseased. Moreover, clinical facts supported this view, the degree of ovarian disease is found to vary chiefly with the degree to which the contiguous portions of the uterus are affected by myomatous change, as was well seen in the case above mentioned of a subserous outgrowth of the posterior wall, the body of the uterus and the ovaries and tubes being perfectly healthy. Too little attention had been given to the importance of the degeneration of fibroid tumours as indications for immediate operation. As regards the diagnosis of the onset of this change, when a fibroid which had existed for years without causing pain, perhaps without even discomfort, the occurrence of pain was, in Dr. Fenwick's opinion, in the vast majority of cases, a symptom of inflammatory change and very often of the formation of intestinal or other adhesions: he thought that other observers would support his assertion that inflammatory changes rarely, if ever, attacked the surface of a fibroid tumour unless some degenerative change was taking place in its deeper structure, and he considered that the occurrence of pain in the vicinity of a previously painless fibroid was of the greatest practical importance as a strong indication for immediate operation. The specimen he had shown that evening had been known to be present for fifteen years, but the patient had had no pain in connection with it till six months ago, and severe pain, for two months only. The degenerative changes approaching so near the surface of the tumour, the inflammatory lesions on the surface itself and the consequent intestinal adhesions, were, one and all, evidences of great value in regard of both prognosis and treatment.

Of the ovarian growths three were large sarcomata, and were removed, but in two other malignant growths involving the omentum and intestines the disease was so extensive that removal was not attempted; the average age of these cases was 56½. In five instances the pedicle had been twisted with the customary clinical and pathological features; two of these five ovarian growths contained pus, the others more or less altered blood, and in every instance they were firmly imbedded in inflammatory effusion. A fact of much clinical importance here also, is that the cases in which there had been most pain were those in which the operation was most complicated by dense inflammatory adhesions.

Of the nine cases of pyosalpinx six were bilateral, three affected the left side only; in every case the tube was much swollen, like a German sausage, and densely adherent to the floor of the pelvis, to the uterus and surrounding parts. In all, the clinical features of importance were the great and increasing pain, the profuse and generally increasing menstrual loss, and the marked loss of flesh and strength which is characteristic of these cases. In every case the condition of the patient three months after operation was remarkably changed for the better; one had gained two stones in weight, another was not recognised by a friend who had lived with her through her illness, on her return from the seaside fat and ruddy instead of wasted and cachectic as she had been before the operation. The more he saw of these cases the more he was convinced of the harm of advising delay in the removal of a constant and pressing source of danger to life, and so great and increasing a detriment to general health and well-being. The greater frequency with which the left tube is affected is a clinical fact he had not seen satisfactorily explained, but which he had so often observed that he believed there must be causal reason for it.

The extra-uterine foetation was not remarkable, save as an example of a woman almost moribund from profuse hæmorrhage, whose life was saved by

immediate and rapid operation ; of the necessity and advantage of prompt intervention in these cases.

The abdominal hernia occurred in a patient from whom he had removed an ovarian cyst three years before, and was due to a fall down a flight of stairs. There was complete retraction of the recti, a protrusion the size of a fetal head, the sac composed of skin and thickened peritoneum, to which coils of intestine and omentum were firmly adherent. The chief difficulty was in separating these adhesions. Then the muscles were dissected back, and the wound closed in three layers. She made a good recovery, with a perfectly strong scar.

Clinical Records.

CASE OF ABSENCE OF THE GENITALIA IN A CHILD DISCOVERED THROUGH AN ATTACK OF APPENDICITIS. — OPERATION AND RECOVERY. (a)

By H. MACNAUGHTON-JONES, M.D., F.R.C.S. I. & E.

I HAVE already recorded two cases of absence of the internal genitalia. These cases I brought before the Obstetrical Society. The one occurred in the instance of a child, *et. 8*. Here I was consulted for complete closure of the introitus, with the exception of an extremely small aperture which led to the urethra. The vaginal canal was found complete. In this case I resected the fold, closing the orifice, making a new vaginal outlet. The uterus was about the thickness of a quill, and a little over an inch in length, and there was complete absence of the adnexa. The second case occurred in a patient, *et. 22*, in whom the catamenia had never appeared. Here the vaginal orifice and the canal were normal, but there was no evidence of uterus save a small knob-like substance in the vaginal roof, and under the deepest *anæsthesia* no adnexa at either side could be detected. The mammary glands were quite rudimentary. I have recently seen two other cases in which the genitalia have been absent. The first was a child, *et. 8½*, that I had the privilege of seeing, with Dr. Farmer, of Lewisham, under the following circumstances:—An active healthy child, she had had no illness until February 16th last, when she was seized with abdominal pain in the afternoon which lasted for the entire night. On February 17th she was seen by Dr. Farmer, the abdomen being distended and resistant, though not tender to pressure. Her temperature was 99.5°, and her pulse 140. On the 18th she had three very offensive motions after a dose of castor oil, and there were periodical colicky pains throughout the day. On the 19th the pain recurred. On the 20th temperature fell to subnormal, the pulse being 112. She was then seen in consultation by a physician, and no definite decision was arrived at as to the exact cause of the symptoms, which were rather obscured. Meantime the bowels were kept fairly relieved, and she took small and increasing doses of belladonna and opium. I saw her on the 26th with Dr. Fraser, and examined her under an *anæsthetic*. By the vagina, bi-manually, both supra-pubically and through the rectum, no uterus could be detected, nor any evidence of adnexa. This was made quite clear by the most careful recto-vesical examination. Through the rectum, above the vagina (not so well felt through the latter), a soft tumour or mass could be discovered, rather sausage-shaped. I advised abdominal exploration, and on the 28th I opened the abdomen. I found the bowel generally in an injected and congested condition, with some soft peritoneal adhesions here and there. These were more particularly apparent at the left side and in the neighbourhood of the sigmoid, in which was a fecal mass doubled over the rectum, evidently that which I had felt through the bowel. No uterus or adnexa were discoverable. The appendix was carried down to the bottom of the pelvis, where it was fixed by adhesions. It was about six inches in length.

(a) Paper read before the British Gynecological Society, May 8th, 1901.

On rupturing the adhesions which attached it some pus escaped. The appendix was removed, and the infected portion of the pelvis having been cleansed with formalin, the abdomen was closed, an iodoform drain being left. An injection was then given by the bowel, and some fecal matter escaped. Things went on fairly well until the fifth day after operation. The long drainage gauze having been removed and shorter inserted. On this day some fecal discharge was perceived coming from the drainage opening in the abdominal wound. The opening was carefully cleansed with formalin and kept patent, but was not otherwise disturbed. On the eighth day after operation the bowels were acting satisfactorily with enema, the wound was healing, and there was neither fecal matter nor discharge. From this time the progress of the case was uninterrupted, with the exception of an attack of cystitis, from which she perfectly recovered, and the child is now well and running about. Mr. Charles Ryall kindly assisted me at the operation.

ABSENCE OF THE VAGINA AND INTERNAL GENITALIA.

A patient, *et. 32*, consulted me for severe pains in the head and periodical pain in the left side. She had complained of her head and some obscure abdominal pains from the age of 18 years. There had never been any catamenial discharge. There was considerable mental depression associated with her symptoms. Sexual instincts appeared to be perfect, and there had been a question of marriage. The mammary glands were fairly developed. The absence of catamenia, and some uncertainty as to the possibility of marriage, had of late distressed her, and her health had considerably deteriorated.

On examination under an *anæsthetic*, I found one small orifice, which proved to be the urethral. The clitoris and labia were perfect, but there was no introitus. On examination by the rectum, and bi-manually, I could find no uterus. I made an incision in the middle line to ascertain if I could light on any vaginal canal, and found that there was none, a musculo-cellular bed existing between the bowel and the bladder. Complete exploration by the opening thus made, as well as by the recto-vesical method, proved that there were no internal genitalia. The patient's position was afterwards thoroughly explained to her, and curiously enough the effect on her mind since she has understood her position has been most salutary. Her headaches were proved to be due to severe eye strain caused by an old unrecognised and high hyperopic astigmatism, which was completely rectified.

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF SURGERY.

MEETING HELD ON FRIDAY, MAY 9TH, 1902, AT THE ROYAL COLLEGE OF SURGEONS.

Mr. THOMAS MYLES, President, in the Chair.

LIVING EXHIBITS.

Mr. D. KENNEDY exhibited a case of excision of the shoulder for necrosis of the humerus, with specimens of the necrosed bone removed. He also exhibited a case of congenital dislocation (sub-spinous) of both shoulder joints, with skiagram.

Mr. JOHN LENTAIGNE (Hon. Sec. of the Section) exhibited a case of tuberculous disease of the ankle-joint, with extensive disease of the tibia, astragalus, and os calcis, cured by radeage. Previously exhibited on March 30th, 1900, exhibited again by special request. He also exhibited a case of Mikulicz's operation: osteoplastic resection of foot.

CARD SPECIMENS.

Mr. W. Taylor: Prostate removed by suprapubic method. Mr. G. Jameson Johnson: Limb amputated for gunshot wound of the femur. Mr. J. Lentaigue: Ossifying chondro-sarcoma of leg involving both tibia and fibula.

**Mr. R. LANE JOYNT then read his paper on a
SUCCESSFUL CASE OF DOUBLE RESECTION OF THE
INTESTINE FOR INJURY.**

which will be found on page 540.

The President said he congratulated Mr. Joynt on the brilliant success of his operation, and he drew attention to the many valuable papers that had been read at this Section during the Session then ending; papers fully up to the standard of the past, and such as compared favourably with those of any other city. He quite agreed with Mr. Joynt in the inadvisability of using a Murphy's button in the operation on the large bowel, especially as one had been used to connect the surgical wound surfaces in the small bowel. The Murphy's button, being liberated earlier in the small intestine, would very probably occlude the Murphy's button in the colon. Suturing the bowel has the great advantage of being free from the risk of occlusion; the surgeon is not kept for seventeen or eighteen days in a state of anxiety waiting for the passing of the button, and with a little practice the bowel could be sutured almost as quickly as the button could be fixed in position. He was much impressed with the fact that the boy was kept for some days without food. Abdominal surgery had taught them that food may be safely withheld from patients for some days. In this case delirium supervened, but was quickly subdued by the giving of some nourishment.

Mr. L. H. ORMSBY (Vice-President of the College) said they ought all to be very much obliged to Mr. Lane Joynt for taking the trouble to come down to them and bring such an interesting case. When he came to assist Mr. Lane Joynt the case looked hopeless. The operation, which took two hours to perform, was watched with care and attention. He agreed that the Murphy button was inadvisable. The lesson he learned from this case was that when a case is seen no time is to be lost. Mr. Lane Joynt's quickness in taking immediate steps saved the boy's life. He (Mr. Ormsby) saw the boy a few days since, and found him looking strong and well. It is impossible to tell by external appearances the serious injury that may have taken place.

Mr. DOYLE said he did not agree with those that held an operation was necessary in every case of abdominal injury; and he related a case of a boy who by a fall from a height on a sharp stone sustained severe abdominal injuries and got diffuse peritonitis, but is to-day alive and well, although his parents refused to allow an operation.

Mr. BLAYNEY said he would like to hear from Mr. Joynt what he thought of Cheate's suture, and what reason he had for employing it in this case? He (Mr. Blayney) looked on it as trustworthy; like the other members he feels they are much indebted to Mr. Joynt for his admirable paper.

Mr. LENTAGNE said he had but to add his congratulations to Mr. Lane Joynt on his very successful operation. He would like to know how he dealt with the hæmorrhage. In his experience it formed one of the most troublesome incidents. He considered the Murphy button altogether unsuitable in section of the large intestine. He was anxious to hear Mr. Joynt's explanation of the not uncommon fact that severe injury to the intestines would result from external violence without being accompanied by any external injury.

Dr. PARSONS said he was much interested in the account Mr. Lane Joynt gave of the gradual increase in the frequency of the pulse, which he (Dr. Parsons) looked on as a valuable sign in perforation of the stomach. Ten years ago he read a paper on this steady increase in the number of the pulsations, which averaged ten in the hour. He would like to hear from Mr. Lane Joynt why he operated on this boy? The boy's appearance was good, his pulse normal, there seemed to be no indication of danger. He would have been inclined to have everything in readiness for operation, but he would have waited for symptoms of injury.

Mr. LANE JOYNT said, in reply, that the President had pointed out one of the great difficulties—want of practice in suturing the bowels. The difficulty, however, was to get bowels to suture, the intestines in the cadaver were so wholly unlike those in the living subject that they were of no use for the purpose. He

purposed trying the suturing on the carcasses of pigs. With Mr. Doyle he agreed that occasionally a marvellous case of abdominal injury does occur and recover without surgical interference; but he looked on such cases as showing how much some natures may suffer and yet the patient survive. He does not, and cannot consider them as in any way justifying non-interference. The Cheate suture he found easy to use, and capable of being rapidly executed. It has the great advantage that in its application the bowel is not mauled. He was fortunate in having no hæmorrhage to contend with. The consensus of surgical opinion is against the use of Murphy's button in excision of portions of the large intestine. One of the difficulties is, of course, the diagnosis of rupture. Gaye's seventy cases, published not long since, throw much light on this; the patients came from a saw-mill, where a circular saw three feet in diameter driven at a rapid rate, from time to time threw off blocks of wood that wounded the workmen in the abdomen, occasioning rupture of the bowels. In none of the cases was there any external injury, yet in all that came Gaye operated and found the rupture. His patient was riding a cycle at the rate of eight miles an hour, and he was struck by the shaft of a van being driven at the rate of about eight miles an hour. Such was the patient's story, and it was confirmed by some onlookers. It was the history of the case that caused him to operate, and even if the boy had told him he was quite well he would have operated, for the amount of injury such violence would cause demanded operation.

The President then called on Mr. ALEXANDER BLAYNEY to read his paper on

TWO CASES OF PERFORATED GASTRIC ULCER.

The first, a girl, æt. 24, was operated on twenty-one hours after the occurrence of the perforation. The aperture, situated on the anterior surface near the pylorus, was readily found and sutured. The abdomen was flushed out and closed without drainage. The patient did well for the first six days, but her temperature then rose, and eventually she died from general peritonitis, due to the bursting of a localised abscess into the general peritoneal cavity. The second, a girl, æt. 21, was operated on nineteen hours after the perforation took place. The ulcer was found on the anterior surface near the cardiac end and lesser curvature. There was a great amount of surrounding induration, rendering suturing very difficult. A portion of the lesser omentum was adjusted over line of sutures. Gause drain was inserted down to this. Early progress most satisfactory. On eighth day a slight rise of temperature took place; fever continued, and on the eleventh day the wound was re-opened and a large perisplenic abscess disclosed. This was drained through the ninth intercostal space, portion of the anterior wound being packed with gauze. Temperature did not subside for a considerable time. Eventually both wounds healed and all stomach symptoms disappeared. However, another abscess formed under the scar, which was opened more than two months after the original operation. Patient is now quite well.

Mr. ORMSBY said the thanks of the section were due to Mr. Blayney for his very interesting paper, and he was sure they were all pleased at the good results that attended his efforts, which were successful from the knowledge gained by his former mistake.

Mr. R. LANE JOYNT said the thanks of the members were due to Mr. A. Blayney for his paper, which was interesting from the long after-treatment necessary, and the way he coped with the many complications. He had prescribed raisin tea for his boy patient, but the lad disliked its sweet taste, and as it purged him it was discontinued. He would like to know how Mr. Blayney got clear of the risk of wounding the pleura. It is easy on the cadaver to recognise everything, but in the freedom given by a small surgical wound in the living body things are not so easy, all the difficulties are not anatomical ones.

Mr. LENTAGNE said the case shows the extreme importance of ascertaining in every case of non-success what it was that caused the non-success. Mr. A. Blayney

saved his second case by formulating a plan from the knowledge he acquired from the unsuccessful one. He quite agreed that some of the poison left after the washing out of the peritoneum caused the abscess. He joined heartily in the congratulations to Mr. Blayney on his excellent paper.

Mr. TAYLOR said it is difficult to find anything to say other than to congratulate Mr. Blayney. He might, however, just point out that the pleura can be avoided by taking the lower border of the ninth rib in the mid-axillary line; the pleura does not come within three finger-widths of this depth.

Dr. PARSONS said two years ago he had a somewhat similar case to that of Mr. Blayney; the area of the perforation was so infiltrated that the sutures cut through, and the wound in the stomach was sealed with a piece of omentum, and a gauze drainage piece inserted. Ten days afterwards the temperature suddenly rose to 101°; the wound was opened, and an abscess found. The patient subsequently recovered; but is still from time to time subject to severe attacks of pain. He would like to know the subsequent history of Mr. Blayney's case. He cannot understand why Mr. Blayney deferred operation so long. The perforation took place at 11.30 p.m. after a large meal of bread and beef, and yet the operation was not performed until 5 p.m. on the following day. Hilton Fagge had laid down twelve hours as the limit in time for success; in this case twenty-one hours elapsed. One of the most important factors in determining the issue is time.

Mr. BLAYNEY said, in reply, that he thanked them for their kind reception of his paper. Raisin tea was liked by his patient and did not produce purging, it is advisable to avoid the use of proteids in such cases. The transverse incision allowed of his pressing outward the skin with his finger at the lower border of the ninth rib, where he felt pretty certain he was free of the pleura. He quite agreed that time is of the utmost importance in such cases. Withal he cannot accept Hilton Fagge's limit, for cases have recovered after thirty hours. All the same the operation, if possible, is best performed within the twelve hours, within which limit 50 per cent. of cases recover.

The Section then adjourned.

BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD THURSDAY, MAY 8TH, 1902.

Dr. HEYWOOD SMITH, Vice-President, in the Chair.

PROFESSOR ALFRED J. SMITH showed an interesting specimen of a

BILATERAL INTRALIGAMENTOUS FIBROMYOMA.

in advanced mucoid degeneration, details of which will be found under the heading of "Original Communications," page 540.

Dr. HEYWOOD SMITH pointed out that to the naked eye the upper part of the uterine muscular tissue seemed involved in the tumour but not the ovaries. Some light might be thrown on the pathological origin of this very interesting specimen during the discussion.

Dr. MACNAUGHTON-JONES commented upon the rarity of intraligamentary tumours so completely dissociated from the uterus as in this case. The case afforded another proof of the necessity for taking quite a new view of the nature of these tumours and their dangers. They could no longer be regarded in the light of simple musculo-cellular structures impairing health only from the ordinary results, such as hæmorrhage arising from them, or from the mechanical effects they might produce on the pelvic or other viscera. The degenerations to which they were liable were met with so often (especially mucoid degeneration, which, as shown by some statistics, was startlingly frequent) that they had to be regarded from quite a different point of view. He would like to know from Dr. Smith exactly how he dealt with the capsule after incising it. He had used the expression enucleation—had he enucleated the tumour from its capsule? He (Dr. Macnaughton-Jones) had not done this himself, but he had seen it done, and, as he had pointed out at a recent meeting of

the Society, this method rendered the removal of the tumour much easier. He would also like to know if these large vascular spaces were present with the mucoid degeneration, as such a multiple form of degeneration was very uncommon. These spaces were of the nature of a telangiectatic degeneration, a most interesting specimen of which had been shown at the Society by the Master of the Rotunda Hospital.

Dr. RICHARD SMITH said he had himself shown to the Society two mesonephric tumours similar to the one before them. One about the same size had burrowed deeply into the broad ligaments on both sides. He asked Professor Smith, what had been the rate of growth, was there any fever or general irritation, and whether the cervix was drawn up beyond the reach of the finger?

Dr. BEDFORD FENWICK drew attention to a bilateral tumour he had brought to illustrate the paper he was about to read. The lower part on the right side was deeply imbedded in the broad ligament; the upper part, on the left, extended well under the ribs, and like Professor Smith's specimen was in advanced mucoid degeneration. The degenerations of myomata were, he thought, due to deficient nutrition from interference with their proper blood supply.

Professor SMITH said, in reply, that the uterus could be lifted almost completely away from the tumour, to which it was attached by peritoneum only and to a very limited extent. It lay with the ovaries and tubes well in front, and having tied the arteries on both sides he had incised the peritoneum and capsule, detached them so as to form anterior and posterior flaps, and enucleated the mass without any difficulty. According to the pathologist's report, there were blood spaces present as well as mucoid degeneration. The patient had been in good health till last November; there was no fever; the vagina was completely blocked and the cervix drawn up beyond the reach of the finger.

Dr. MACNAUGHTON-JONES reported two instances of

ABSENCE OF THE GENITALIA,

which will be found under the heading of "Clinical Records."

Dr. ROUTH said that there was little doubt that many cases of deficient genitalia were not reported either from feelings of modesty or from consideration for the patients; many others were not detected because, as there was no definite disease, no examination was made; his own experience led him to believe that many women were without children simply because they had no uterus. He could now recall the details of two out of the many cases of the kind that had come under his care; both were women in good position, in perfect health in other respects, and with normal sexual instincts; in the one, the vagina was of normal dimensions; in the other, it would only admit the tip of his finger, but he was able to lengthen it by operation, to the great satisfaction of the patient and her husband. The late Dr. Rogers, who like Spencer Wells had a very small hand, was able to introduce the whole of it into the rectum, and complete the diagnosis in that way. Laparotomy for such a purpose was neither necessary nor justifiable.

Professor SMITH had met with both partial and complete absence of the genitalia; the presence of a rudimentary uterus, however, was not uncommon. He was curious for some explanation of the fæcal fistula in Dr. Macnaughton-Jones's case of appendicitis, and could hardly understand how a second gauze drain could have been inserted to replace the first. He seldom if ever used a drain now unless he had reason to expect hæmorrhage.

Dr. S. J. AARONS gave a brief account of a case very similar to Dr. Macnaughton-Jones's second one—a woman of 32 without uterus or ovaries. He asked for more information as to the development of the bust, genital hair, and other marks of puberty in girls in whom the genitalia were partially or entirely absent.

Dr. HEYWOOD SMITH concurred with Dr. Routh that many cases were not reported, and that many married women had nothing in the way of genitalia internal to the vagina; it was a most interesting point that in such the sexual instinct was not necessarily deficient.

Dr. MACNAUGHTON JONES, in reply, pointed out that in one of his cases, while the external genitalia were normal with the exception of a comparative absence of hair, the breasts were quite rudimentary, the gland, in fact, being only represented by a small nipple not larger than that of the male. In the other, the only vestige of genitalia, external or internal, was in the clitoris and labia. Here the mammary glands were fairly developed. In the former case there was a disinclination for male society and an abnormal shyness; in the latter sexual instincts appeared to have been strong. In two cases the only aperture was that to the urethra. In another, while the external genitalia were all perfect the internal were completely absent. A practical point was the necessity for examination when there was emansio mensium before treating patients for assumed amenorrhœa, resorting to drugs or to sending them to ferruginous spas. It was important, both for surgeon and patient to ascertain that there was a uterus present before endeavouring to stimulate its function. With regard to Dr. Smith's question as to how the fecal fistula came, he, Dr. Macnaughton-Jones, could not explain it himself, save by suggesting that the bowel had ruptured from some previous compression and the general peritoneal inflammation which preceded the operation, as in other cases of appendicular abscess. With reference to the gauze drainage, he had not returned it in the manner Dr. Smith thought, but had simply inserted a small portion, wishing to keep the abdominal opening patent. Fashion influenced them in many matters, and now we all resorted to the gauze drain, but he was very doubtful in many cases if the old sterilised rubber tube drain was not preferable. In this instance, with pus deep in the pelvis, he believed, seeing the sequel of the case, that the child would have died had he not inserted a drain.

Dr. BEDFORD FENWICK read a paper on

FIFTY LAPAROTOMIES,

an abstract of which will be found on page 541.

Dr. MANSELL MOULLIN said that as bearing on the very successful work that his colleague, Dr. Bedford Fenwick, had brought before them, and as a fair example of the position of gynecological surgery at the present time, he would draw their attention to a list of operations in the Report of the Soho Hospital for Women for 1901, which included some, if not all, of those upon which this valuable paper was founded. This list included 173 abdominal operations with nine deaths, equivalent to 5 per cent. There were fifty-seven ovariectomies, twenty-one abdominal hysterectomies by the intraperitoneal method, and five myomectomies, without any mortality; one out of twenty-two oophorectomies had been followed by a fatal result, but the other seven deaths had been after operations, not strictly speaking gynecological, but for affections of the liver kidney, intestine, or for malignant disease. In the face of such facts, and especially with regard to the uniformly happy result of the hysterectomies, it must be admitted that we were now in a very different position from that of a few years only ago, when the main consideration in dealing with the fibromatous uterus was, whether it was possible to get a wire round the cervix or not, that we now had means of dealing with these growths, when surgical interference was desirable, without fear of the results, and were consequently in a position to accept the wider indications for such interference, that our improved knowledge of the serious consequences of these tumours upon the well-being and even life of women had rendered desirable.

Professor SMITH said he had had good results from oophorectomy, but now preferred to remove the uterus. He had up to the end of last year done 114 hysterectomies without a death, and had not had any fatality since, but it was no longer remarkable for an operator to have a series of one or two hundred cases without any mortality, and what we had to consider chiefly now was to avoid morbidity, and to secure certain cure and a rapid recovery free from pain, treating each individual case upon its own merits.

Dr. RICHARD T. SMITH had heard of the climax of

surgery being attained at a time before hysterectomies were performed or the skull opened for lesions of the brain, and had no doubt that there was still room for improvement in the methods and results of gynecological work. He was in the habit, in cases in which collapse was to be feared, of administering strychnine hypodermically for a fortnight or so daily before the operation, and with good effect. The very beneficial effects of saline solution in collapse encouraged one to deal with cases in which one would formerly have hesitated to operate. He had found oophorectomy effective in cases of hard fibroids, but not in soft ones.

Dr. MACNAUGHTON-JONES joined in congratulating both Dr. Bedford Fenwick and Dr. Mansell Moullin on the statistics which they had brought forward. At the same time he thought that no matter how successful were the results of hysterectomy, we should not under-rate the gravity of the operation. He would like to know from Dr. Bedford Fenwick his practice in a few matters. The first was with regard to anaesthesia. What anaesthetic did he prefer? He (Dr. Macnaughton-Jones) had now for six months used no anaesthetic save chloroform in abdominal operations, and so far he had been pleased with the results. Secondly, with reference to the bowel, which he himself looked upon as one of the most serious post-operative questions to be decided. When did Dr. Fenwick give an aperient after operation, what aperient did he prefer, and how did he deal with the bowel when there was difficulty in moving it? Thirdly, how did he deal with post-operative sickness and vomiting? These were practical matters of the greatest moment.

Dr. HAYWOOD SMITH agreed as to the good effect of oophorectomy in certain cases of fibroid tumours. Moreover, patients sometimes were unwilling to submit to the more serious operation. He thought that the term coeliotomy was so much more correct that it should always be employed in regard to the operations they were considering. As to the case of abdominal hernia, he would ask whether the abdominal wound after the previous ovariectomy had been sutured in three layers or otherwise?

Dr. BEDFORD FENWICK, in his reply, said that without the great assistance he had derived from the experience and technical skill of his colleagues, Dr. Richard Smith and Dr. Mansell Moullin, he should not have been able to offer them the paper he had read. The statistics given by Dr. Mansell Moullin were very valuable as showing the advantage of specialism in gynecological work as elsewhere, and as they were all well aware compared very favourably with the results of such work at general hospitals. He had no doubt whatever as to the good effect of oophorectomy on certain fibroids, and in every instance in which they had adopted it within the last four or five years, the tumours practically disappeared. He agreed with Dr. Macnaughton-Jones as to the inevitable risks of hysterectomy and never disregarded them. At the Soho they always used gas and ether; many patients did not bear chloroform well, and personally he disliked its depressing action on the heart. With regard to ether, he had noticed the extremely strong smell of the first vomit of patients to whom it had been given. As much of the sickness after operation was due to regurgitation of bile, he gave his patients 5 grs. of calomel the night before the operation, as well as the ordinary purge. If bilious vomiting did occur nothing seemed to do so much good as a teaspoonful of bicarbonate of soda in half a tumblerful of warm water, but if the sickness persisted on the second day he found that white of egg internally, and the application of a mustard leaf to the epigastrium invariably afforded relief. He always opened the bowels; if, on the second day there was any rise in the pulse, he gave 5 grs. of calomel, followed four hours later by sulphate of soda, or, if desirable, substituted 1 gr. of calomel every hour till it acted. If the pulse did not rise above 90 he did not give anything on the second day. The patient was fed on milk and water. As to closing the abdomen, some of his colleagues used the three layer suture, but he did not see any advantage in stitching the peritoneum separately, and stitched it with the aponeurosis.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL,
AND OTOLOGICAL ASSOCIATION.

GENERAL MEETING HELD FRIDAY, MAY 9TH, 1902.

Mr. LENNOX BROWNE, F.R.C.S.Ed., Vice-President,
in the Chair.

Dr. WYATT WINGRAVE read the notes of a case of Otomycosis (*Aspergillus Niger*), and showed a microscopical specimen of the fungus.

Mr. MAYO COLLIER exhibited a patient, a man, æt. 63, suffering from Chorea of the Larynx of twelve months' duration, preceded by similar twitchings of the face muscles.—Mr. LENNOX BROWNE suggested that it was a case of reflex irritation, and probably due to the lingual varix which was present.—Mr. MAYO COLLIER thought this might be so, and said he would cauterise the part, and report result at a future meeting.

Mr. MAYO COLLIER read further notes of a case of Optic Neuritis and Mastoid Disease, reporting almost complete recovery. The further progress of the case had confirmed Dr. Hawthorne's diagnosis of thrombosis of the cavernous sinus.

Mr. MAYO COLLIER also read further notes of a case of epilepsy and tinnitus, and reported that since recovery from the surgical procedure which he had adopted, viz., the clearing out of the contents of both tympanic cavities, together with both drumheads there had been no fit for eleven months.

Dr. P. H. ABERCROMBIE showed a case of Left Frontal Sinus Disease of thirteen years' duration, with frequent attacks of excruciating pain and great tenderness over the right frontal sinus, which latter, on exploration, was found to be healthy. Operation, three months ago, had resulted in a cure. He also showed two new instruments (one Dr. Jakins' and the other his own), adapted to the enlargement of the fronto-nasal canal.

Mr. LENNOX BROWNE showed a patient, a man, æt. 22, the subject, since four years of age, of suppurative median otitis in the left ear. There was granulation tissue to be observed springing from the anterior and superior part of the tympanic cavity. The case was shown as one in which removal of the granulations and cauterising was proposed, because their site, together with the complete absence of symptoms, were favourable to such a procedure, in spite of the advice laid down by high authorities that the presence of such granulation tissue was an indication for the immediate performance of a radical mastoid operation.

THE DIAGNOSIS AND TREATMENT OF THE VARIOUS
FORMS OF NERVE DEAFNESS.

The discussion on Dr. Dundas Grant's paper, read at the last meeting of the association, was resumed by Dr. GREVILLE MACDONALD, who remarked that there were many peculiarities in patients the subjects of nerve deafness. For instance, many are extremely hypersensitive to loud sounds and are fond of quiet places; they are very deaf in noisy surroundings, but hear pretty well when all else is quiet. To such, loud noises are actually painful, and in some cases may even induce giddiness. A locomotive whistle affected the speaker in this way. Such patients are extremely sensitive to syringing the ear, and any sudden shock has been known to upset the equilibrium, such as flashes of light and the rapid passing of one of the red mail-carts. Patients with nerve deafness are very liable to attacks of migraine (especially occipital), and this increases the deafness for two or three days. He thought that Dr. Grant's division into anæmic and congestive, was very valuable and was a good guide to treatment. Nevertheless, cases of anæmia were seen presenting signs of congestion of the internal ear, a state of matters no doubt attributable to vaso-motor debility. Similarly, patients often heard better when hungry, and were worse after eating. Depletion was of value to both anæmic and congestive cases, and an aperient was usually beneficial. He considered that the improvement in hearing, after many intra-nasal operations, such as depletion of the inferior turbinal, or removal of septal spurs, could often be accounted for as much by depletion as by the removal of nasal obstruc-

tion. Nerve deafness, with tinnitus and giddiness, was not uncommon in women at the menopause. As to treatment, his experience of pilocarpine had been unfortunate. Rest he regarded as of the very greatest importance, especially in recent cases. Bodily fatigue increased the deafness, as did mental depression.

Dr. ATWOOD THORNE confirmed Dr. Greville MacDonald's remarks as to the influence of fatigue and rest in cases of nerve deafness, by the relation of an interesting case, showing great variation in hearing power before the day's work and at its conclusion.

Dr. WINGRAVE spoke as to the injurious effects on the internal ear of the toxins of tobacco, and related cases illustrating this.

Mr. NOUBSE related an interesting case of traumatic nerve deafness, in which injury to the labyrinth arose from an accidental wound from a penholder.

Mr. LENNOX BROWNE discussed the confessed difficulties of diagnosis, in spite of the careful employment of even the most refined tests. He thoroughly agreed with Dr. Greville MacDonald's remarks as to the explanation of the occurrence of both anæmia and congestion in the same patient, as well as in the value of depletion, but he could hardly agree that this latter alone explains the improvement in hearing, following the removal of intra-nasal obstruction. He was inclined to think that surgeons were too apt to discount the patient's almost invariable explanation of nausea and vertigo as the result of biliousness; and to put the matter practically, he thought that purgatives and restricted diet constituted a better basis of therapeutics than nerve tonics and nourishment. He had not seen any good result from the administration of quinine in nerve deafness.

Dr. DUNDAS GRANT, in reply, said that he was well aware that he had not dealt fully with the subject in his introductory address, and that much detail had to be filled in. He agreed that congestion of the labyrinth occurred in patients who were anæmic, and related such a case. He had seen puncture of the inferior turbinal do good in cases of nerve deafness, and referred to Dench's statement that there is a direct communication between the veins of the internal ear and the pterygoid plexus. Fatigue undoubtedly increased the deafness. He related a case of neurasthenic nerve deafness where good food and stimulants led to great improvement. He referred to tobacco nerve deafness as undoubtedly occurring. Sympathetic nerve deafness may occur in one ear, following some affection of the conducting apparatus in the other ear, and the ear first affected may require treatment with the view of saving the other. Purgatives certainly were good, and might act by removing toxins from the blood. Strychnine sometimes does harm in nerve deafness. Quinine was a double-edged sword, no doubt. Still it was good in some cases, such as anæmia with exhaustion. Small doses of quinine, as $\frac{1}{2}$ gr., were good in Ménière's disease, and seemed to act as a nerve sedative.

France.

[FROM OUR OWN CORRESPONDENT.]

Paris, May 19th, 1902.

CHLOROFORM ACCIDENTS.

At the meeting of the Académie de Médecine, M. Laborde, in referring to the recent discussion on accidents due to chloroform, said that the chloroform vapours, by their irritant action on the naso-pharyngeal nerves, were capable of producing sudden arrest of the heart and of the respiration, and the more especially when the patients were particularly nervous.

In order to prevent as much as possible that cause of death which was always imminent when the chloroform approached the nose of a patient, it was necessary to diminish the extreme excitability of the terminal expansions of the trigemini.

The best means to obtain this end consisted in injecting previous to the operation a Pravaz syringe of the following solution:—Hydrochlorate of morphia, 0.10 centigr.; sulphate of atropine, 0.01 centigr.; sulphate of sparteine, 0.01 centigr.; water, 10 grammes. The painting of the mucous membrane of the naso-pharyngeal tract with a concentrated solution of cocaine would meet the same end. It would be well also to keep by means of a special forceps, the tongue out of the mouth, avoiding thus the possible accident of the tongue falling into the glottis, provoking asphyxia, while the position would be eminently favourable for practising rhythmical tractions in case of necessity.

NEW TREATMENT OF TUBERCULOUS PERITONITIS.

The treatment consists in puncture of the ascites and washing out the abdomen with sterilised water.

Dr. Baylac, who has treated several cases in this manner, read an interesting paper on the subject. Of the ten patients treated six were completely cured and the remaining four considerably benefited. One of the patients, in a very bad condition, was treated four years ago, and for three years and a half enjoyed perfect health; however, last year the ascites returned, and the operation was repeated, but six days afterwards the patient succumbed. It must be said, however, that the patient was given to drink.

His method of operating is as follows:—After washing carefully with an antiseptic solution the abdomen, the patient is placed on the left side, so that all the ascites is accumulated in that region. The large trocar of Potain's apparatus is inserted midway between the umbilicus and the anterior iliac superior spinous process, and the ascites is drawn off. Then through the same trocar three or four quarts of sterilised water, at a temperature of 105° F., are injected and allowed to run off. This operation is repeated three or four times with similar quantities of water, until it returns clear and limpid; from twelve to fifteen quarts of water are generally employed. The wound made by the trocar is finally closed with cotton steeped in a mixture of collodion and iodoform, and the abdomen covered with cotton wool maintained with a bandage. Absolute rest in bed for a few days completes the cure.

The water used for the washing of the abdominal cavity is distilled or boiled, sterilised in the autoclave at a pressure of three atmospheres. It is preserved in the quart bottles (twelve to fifteen) in which it has been sterilised. On one of these bottles the cork with two cocks or taps of Potain's aspirator and armed with a plunging tube, is fixed. By means of the pump air is forced into the bottle, this air compresses the water, and forces it into the abdominal cavity. In employing thus the Potain apparatus, the water is kept free from contamination. At the moment of the operation the bottles are brought to a temperature of 105° F. by means of a sand bath placed at the bedside of the patient so that the liquid arrives in the peritoneum at the temperature indicated.

INCOERCIBLE VOMITING OF PREGNANCY.

Dr. CONDAMIN, of Lyon, treats all cases of incoercible vomiting in pregnant women with enematas of artificial serum, three or four quarts daily, in doses of twelve ounces every two hours. During eight or ten days the patient takes nothing by the mouth (absolute rest of the stomach). If the serum irritates the intestine a few

drops of laudanum are added. M. Condamin has already treated in this way with complete success eight cases, for which otherwise provoked abortion seemed the only remedy.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, May 17th, 1902.

At the Surgical Congress Hr. Behn, Frankfort, A.M., read a paper on

THE TREATMENT OF INFECTIVE PURULENT COLLECTIONS IN THE PERITONEUM.

The speaker set himself to answer two questions. First, how far are purulent affections of the peritoneum to be treated surgically? And second, what principles of treatment are to be adopted? Here we must ascertain what advances abdominal surgery has made. The fear of the peritoneum diminishes with treatment. Regarding measures there is unanimity as to certain points: abscesses near the peritoneum must be opened early; in case of perforating wounds the abdomen is to be opened for the purpose of ascertaining the injuries to internal parts. In severe contusions the case must be most carefully watched, so that the right moment for operation may be selected. In perforation from gastric or intestinal ulcers we stitch up or cut out the diseased part, where it can be done. Finally, in visibly progressing suppurative processes we open the abdomen. Every suppurative process in the abdomen should be operated on. Against this, opposition will be raised. People will say the peritoneum adheres quickly, and leads to encapsulation, so that laparotomy is unnecessary, and then the situation of the collection is of great influence as regards consequences. But this is not always the case. The collection is often encapsuled, and then we may wait a longer time, often properly so, but we cannot depend upon it. Bacteriology and the condition of the blood afford no certain indications. Many physicians are of opinion that in mild cases internal treatment is of service, but not in severe cases. But as the mild cases cannot be distinguished beforehand, and as the grave ones run a fatal course with internal treatment alone, an operation must almost always be performed. In any case operation is the rule and expectancy the exception. Early operation is not dangerous, and it is the only means of avoiding serious peritonitis. Many surgeons say that cases come too late for treatment, operation would be dangerous, and we must wait for developments. But in the peritoneum may be absorbed or it may burst outwardly, but we have no certainty in respect of either termination. The technique favours opening the abdominal cavity. The peritoneum has great resisting powers as regards infection.

Unfavourable results depend possibly on faulty technique. Mostly the abdomen is not opened freely enough, and no drain has been left in, or in consequence of insufficient opening, off-lying collections have been missed. The speaker would lay down the following principles:—(1) A sufficient opening, bearing in mind the possibility of subsequent hernia; (2) efficient washing out; (3) drying of the peritoneum; (4) removal of the focus of infection; (5) efficient drainage. Abscesses are to be shut off by iodoform gauze after

insertion of the drain, and the normal intra-abdominal pressure must be restored. For this reason the abdomen must be sutured closely around the drainage tube. Of 46 cases of abdominal abscess treated surgically 45 recovered, and only 1 died. Some of them were cases of fetid and septic abscess. Of 22 cases of peritonitis he had 9 recoveries, with 13 deaths.

In a recent number of the *Therapeut. Monatsch.* is a paper by Dr. Solt on

ERGOTINE AS A PROPHYLACTIC AND SPECIFIC IN CHILDREN'S FEVER.

He had always used ergotine in his practice in preference to crude ergot, as the latter is so uncertain. The chief property of ergotine is that of exciting contractions of the uterus. Under the influence of the ergotine the flabby softened diseased uterus contracts. Its walls become thicker, firmer, and drier. The lymph spaces become smaller. The relaxed blood vessels also contract. The oedematous soaking of the tissues that precedes the entrance of disease germs can no longer take place. Protection was therefore afforded against the entrance and development of such germs. By small doses of ergotine powerful spasmodic contractions of the uterus are never set up, but normal contractions. They begin in the extreme periphery of the uterus, even in the adnexa and pass on to the cavity of the uterus. The contraction hastens the exudation of the lochia and also of necrosed tissues. After the contraction the uterus does not dilate again so much as before. It cannot take up so much fluid as before, since the superfluous moisture has been expelled by the contraction. If shreds of tissue remain in the cervical canal, they do so only for a very short time. The uterus reacts against foreign bodies lying in the cervical canal even more than when they lie in the body of the uterus. Given prophylactically ergotine protects the uterus against infection from without, and from wounds of the vagina, perineum, and rectum. Naturally the temperature falls also when absorption is prevented. The author also gives ergotine in all cases associated with inflammation and suppuration. In infected suppurating wounds, abscesses, abscesses with pyæmic or septicæmic symptoms, he gives ergotine in place of alcohol. The patients feel better after two or three days, and the appetite returns.

Ergotine has tonic and strengthening properties. The organism disposes of the poisonous materials more readily under its influence, and later on the fewer disease germs are more easily disposed of by the phagocytes.

The author would therefore give ergotine before all operations, and in all cases of fever with exhaustion. During the past seven years he has treated about thirty cases of puerperal fever with ergotine, giving it all through the illness. All the cases recovered with a rapidity he had never before observed. In all cases when the labour has been normal he gives ergot two or three times a day in powder. After each operation or when the patient is suspected of intoxication he orders the following as a prophylactic:—

R Ergotini ana	...	...	50 parts.
Aque distillatæ			
Tinct amara	...	...	15 "

M.D.S.

Ten to twenty drops three times a day, or:

R Ergotini	...	...	50 parts.
M. Aq. Menth pip	...	...	20 "

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 17th, 1902.

EPITHELIOMA OF EYELID AND ITS OPERATIVE TREATMENT.

At the "Gesellschaft der Aerzte" Rüdinger brought forward a patient on whom he had operated for epithelioma of the lower lid, which involved the greater part of the lid. He had also supplied the gap by excising cartilaginous pieces from the ear to take the place of the tarsus. No pedicle could be obtained in this operation, but, notwithstanding, an excellent result was obtained. It is unnecessary to add that no eyelashes have yet appeared, although the conjunctiva has united at the margin very neatly, giving an excellent cosmetic result.

The outside of the inserted part has a paler appearance than usual while the conjunctival surface is normal.

Muller questioned whether such good results could be obtained in a partial defect of the lid as appeared in the total case, since the absence of the sphincter in the latter is favourable to repair. For the same reason the operation would be useless in the case of the upper lid owing to the loss of the levator action. In shortening of the tarsal cartilage, such as often occurred in trachoma, Panas' method gave good results.

Elsching thought that slight defects could be easily removed by a trifling canthoplastic operation, either triangular or quadrilateral. Of major operations he thought Rüdinger's very suitable.

INFLAMMATION OF MIDDLE EAR AND THROMBUS.

Alt showed a lad who had suffered from right-sided otitis media for a long time, which had culminated in thrombus of the lateral sinus and jugular vein extending to the subclavian vein. The thrombi were cut down upon, and the temperature fell the following day.

Shortly after the posterior part of the right lung became dull with bronchial breathing, fetid breath, and very high temperature. Three days later, the metastatic abscess was operated on by resecting the sixth rib attaching the lung and pleura to the costal parietes and completing by the Pacquelin cautery. Two days later the normal temperature was again restored. The pus contained streptococcus pyogenes aureus. This case suggests the propriety of tying the jugular vein in order to prevent metastasis such as occurred in this instance.

Knopfmacher related a similar case that came under his notice after an attack of scarlet fever. Metastatic pulmonary gangrene set in with the formation of an abscess which broke into the pleura, producing empyema. No operation was performed, the child recovered and all the exudation became absorbed.

Alt thought the absence of thrombus of the lateral sinus and jugular vein favoured the recovery of the child.

The Operating Theatres.

WEST LONDON HOSPITAL.

FOUR SUCCESSIVE ABDOMINAL OPERATIONS FOR INFLAMMATORY SYMPTOMS COMMENCING IN THE APPENDIX.—Mr. SWINFORD EDWARDS operated on a girl, æt. about 23, who had been admitted three months previously with symptoms of abdominal abscess possibly connected with the appendix. Immediately on admission the abdomen

had been opened below the umbilicus in the middle line. A large abscess was found and evacuated; it ran downwards into the pelvis, and also into the right iliac fossa. On this occasion no attempt was made to discover the appendix. A large drain was inserted, and the patient rapidly improved. When the wound was all but healed, only a small sinus being left, Mr. Edwards proceeded to remove the appendix through the usual incision. He found it buried among adhesions, kinked and truncated. On account of the large number of adhesions which had to be broken down, a gauze drain was left in to be removed at the end of twenty-four hours. The patient made an excellent recovery, but the sinus left by the first operation still remained patent, discharging a little pus. After the appendectomy wound was thoroughly healed the patient's temperature began to rise, and as more pus came away from the epigastric sinus it was thought advisable to drain this abscess through Douglas's pouch; this again was followed by a fall of temperature and alleviation of all symptoms such as pain, &c. A fortnight after this the patient complained of pain in her left lumbar region, especially when she got up; a swelling was found occupying the site of an enlarged left kidney; it was dull on percussion from the front, and felt solid rather than fluid. The patient suffered with some increased frequency in passing water; oxalate of lime crystals were found in the urine, and the amount passed was small, varying between ten and twenty ounces in the twenty-four hours. Taking these facts into consideration Mr. Edwards believed that the girl was suffering with a recent hydro- or pyo-nephrosis due to blocking of the ureter with possibly an oxalate of lime calculus. Accordingly the patient was now subjected to a fourth operation. Having been turned on her right side, the left lumbar region was thrown upwards by the placing of a hard round pillow under the opposite lumbar region. A transverse incision was made in the usual site for exposing the kidney in the lumbar region. After the abdominal parietes had been divided and the peri-renal fat exposed, the operator came upon what appeared to be cystic swelling lying over the tumour and, being apparently a part of it. This was incised on the supposition of its being cystic but flatus escaped showing that the descending colon had been opened; this was verified by seeing its mucous coat. The descending colon had thus been opened, where it was devoid of peritoneal covering. The opening into the gut was immediately sutured with a double layer of sutures one for the mucous coat, the other for the muscular. After a careful search the kidney was found somewhat smaller than normal, almost out of reach under the ribs and quite independent of the tumour. Having opened the bowel, Mr. Edwards thought it well to desist from any further attempt to settle the nature of the tumour; he thought that it would be best left for a subsequent occasion, and that it would then be more easily attacked from the front through the peritoneum. Looking to all the circumstances of the case, he was inclined to think that the swelling was probably inflammatory, being connected with the inflammatory mischief which originated in the attack of appendicitis. The lumbar wound was closed in layers and a gauze drain left down to the site of the injured gut in case any leakage should occur.

With regard to the first operation, he said it was pretty clear the right course had been pursued; had he then searched for the appendix he probably would have disturbed the parts and turned a localised into a general peritonitis. The second operation, namely, that of appendectomy, was, he said, one of considerable difficulty, and took an hour to complete, owing to the number and extent of the adhesions, among which the appendix was completely buried. With regard to the third operation, which Mr. Bidwell kindly performed during Mr. Edwards' absence from town, it was carried out on the lines of dependent drainage, i.e., to provide a drain from a dependent opening. Concerning the present operation, Mr. Edwards considered the question as to how in a future case such a mistake might be avoided: First, when he was in doubt as to the structure to be punctured, he thought it would have been well to have percussed it. Secondly, when the tumour was pressed up in an operation from the front into the operation area, he noticed that the structure taken for cystic did not become as tense as he had anticipated would have been the case in a hydro-nephrotic kidney. Another point was the fact that no kidney tissue had been exposed, which, he said, was quite sufficient to have thrown doubt on the nature of the presenting swelling.

It is satisfactory to say that although ten days after the operation, the patient has a small faecal fistula, it is rapidly healing, and the abdominal swelling is smaller and not attended with so much discomfort.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 21, 1902.

THE POLICE AND URGENCY CASES.

THE primary duty of the police force of the United Kingdom is clearly to ensure by every possible means the safety of the public. Speaking generally, the conduct of this civilian body is admirable, and it may be confidently claimed that the social security and freedom of which as a nation we are justly proud is in no small measure due to the organisation in question. At the same time it

is impossible to overlook the fact that certain more or less grave flaws are to be found in our police system. The majority of these defects do not concern us in our capacity of a medical journal, but there is a preventible and dangerous source of error to which we have frequently drawn attention in the columns of THE MEDICAL PRESS AND CIRCULAR. We refer to the deaths in police cells of individuals whose condition of sickness has been mistaken for drunkenness by the police. At the outset certain propositions can be laid down with regard to persons found in the streets in a comatose condition. For example, any such person is in a dangerous position if left alone while in that state, secondly, it is sometimes extremely difficult to determine the precise cause of unconsciousness. Thirdly, a careful medical examination will as a rule prevent serious mistakes. Had these fundamental principles been acted upon at the Streatham police station a recent lamentable occurrence might possibly have been thereby averted. The facts of the case as narrated at the Coroner's inquest present a picture with which newspaper readers are only too familiar. A medical man was found lying in the roadway insensible, and was taken by a policeman to the police station under the impression that he was drunk and incapable. In reality the unfortunate man was seriously ill, but the constable haled him off to the station, and an hour was spent in covering a distance that could be walked in twenty minutes under ordinary circumstances. He was lodged in a cell on a charge of drunkenness without being examined by a medical man, and was seen at half-past one and again at three in the morning, but at four he was dead. As the result of a post-mortem examination the cause of death was attributed to fatty heart and an overloaded state of the stomach. It is not remotely impossible that with proper medical care and attention the life of this unfortunate gentleman might have been saved, at any rate for the time being. At least his relatives would have been spared the pain and distress occasioned by his death amid the sordid surroundings of a police cell, untended and uncared for. The moral of the occurrence is not far to seek. It has been forcibly enough laid before the public time after time, yet the scandal of this police cell tragedy is constantly recurring throughout the length and breadth of the United Kingdom. What are the plain simple precautions that would be recommended by medical authorities in order to avoid error in cases of suspected drunkenness? They are few and simple. First, let every unconscious prisoner brought to a police station be examined by a medical man as a matter of routine, and let the cost if necessary, be borne by the police. Secondly, let no unconscious patient be left alone, regardless of the origin, or the supposed origin, of his condition. It would be better to pay for the medical examination of a hundred drunken men than to permit one person to die an ignominious death through want of a little reasonable care. There would be no great

difficulty, moreover, in arranging the supervision of several unconscious persons by a competent attendant in a small ward attached to the police station for the reception of such cases. There is a strong appeal to the instinct of self-preservation that is common to all mankind in the desirability of means of effectual prevention of such disastrous errors on the part of the police. What happened to-day to our unfortunate brother medical practitioner in a London suburb may be the fate of any member of the community to-morrow in any part of the Kingdom. It is to be hoped that some of the medical members of Parliament will call the attention of the House of Commons to the Streatham case, and that before long someone will introduce a short Bill directing the police to call in medical assistance to all prisoners who are brought to police-stations in semi-unconscious or unconscious conditions. In this simple manner the security of the public may be advanced in a manner befitting the humane and scientific tendencies of the age.

ARSENICAL BEER AS A CAUSE OF CANCER.

PUBLIC and professional attention has been recently focussed on the importance of maintaining a strict watch on the manufacture of malt liquors. The extensive suffering and numerous deaths resulting from the contamination of beer in the North of England with arsenic have been thoroughly investigated by Royal Commission. And much of the evidence has gone to show that arsenic in deleterious quantities has for long been present in many of the widely distributed malt liquors. At least one observer has gone so far as to contend that practically all the peripheral neuritis so long prevalent in Manchester and district has been "arsenical" rather than "alcoholic." It has also been shown that the cases of so-called "alcoholic heart" for many years met with in Lancashire and the adjacent counties in large numbers have in all probability been due, at least in part, to a degeneration in the cardiac muscle dependent on the presence of arsenic. It is therefore not unreasonable to ask if the presence of arsenic in our popular malt liquors can have contributed in any way to the lamentable increase in cancer. This matter is dealt with in a very suggestive article in the current number of the *Polyclinic*. The long-continued use of arsenic has been clearly shown by Mr. Jonathan Hutchinson and others to be instrumental in initiating cancerous processes. References to this work are given by Kelynaek and Kirkby in their monograph on "Arsenical Poisoning in Beer Drinkers." The long-continued administration of arsenic undoubtedly produces "arsenic-cancer," which almost invariably takes the form of an epitheliomatous formation on the skin. Now, it seems more than probable that for the last few centuries certain sections of the community have been habitually consuming arsenical salts in their malt liquors. The revelations made before the Royal Commission

as to the almost inevitable presence of arsenic in all beer made from malt dried over coke seem to clearly warrant such a view. If, therefore, the continuous use of arsenic in medicinal quantities undoubtedly predisposes the skin to multiple cancer there is no impossibility in the suggestion that it may do the same for other tissues, for mucous membranes, and even the viscera when taken in small "dietetic" quantities. Without denying the importance of innate and acquired tendencies, it seems quite feasible that arsenic may have exerted some influence in the growing increase of cancer. The question now raised furnishes material for much investigation. It will be necessary to ascertain whether the recent supposed increase of cancer has occurred chiefly in beer-drinking populations, and whether the risk of arsenical contamination occurs in all countries where beer is made. It is necessary also to inquire if arsenic may not gain access to the organism in other ways. That arsenic can predispose to cancer is clear. That arsenic may readily gain access to food-stuffs has been shown without possibility of denial. The question now to be settled is whether the arsenic taken unwittingly in articles of food can in any way prove instrumental in assisting the greatly increasing tendency of persons in this country to develop cancer. The matter is of such importance that we hope the Royal Commission now sitting will not neglect this aspect of the case.

CARELESSNESS AND IGNORANCE IN DISPENSING.

THE circumstances revealed in the course of the recently terminated inquiry relating to the death of Dr. Ingledew, of Woolwich, are calculated seriously to shake the confidence of the public not only in respect of the trustworthiness of retail chemists, but also of the system under which medicines are dispensed by medical men. It appears that Dr. Ingledew, who was addicted to the morphia habit, sent to the shop of a Mr. Goldthorpe, a Woolwich chemist for a drachm of the drug. The manager, a qualified pharmacist, told his assistant to get the bottle from the poison cupboard, and the assistant then weighed out what he supposed to be morphine. Dr. Ingledew, on receiving the packet, handed it to his dispenser, who prepared a solution. This was swallowed by his master, who immediately exclaimed that strychnine had been sent instead of morphia, and Dr. Fuller was called in. The latter seems to have been in complete ignorance of the circumstances of the case, and attributed death to shock, but further inquiry conclusively established the fact that death was due to strychnine poisoning. The first point that calls for comment is the carelessness of the chemist which shows how delusive is the protection afforded by the proviso that poisons shall only be sold under the superintendence of a qualified pharmacist, for in this instance the superintendence only amounted to telling the assistant where to find the bottle. Even more extraordinary is the admission

of Dr. Ingledew's dispenser that he was unable to distinguish between morphine and strychnine, with the result that although the powder handed to him by his principal struck him as being very different to that previously supplied, he did not think it necessary to call attention to the fact, and thereby innocently but ignorantly conducted to his master's death. Well might the coroner observe that for a person totally ignorant of drugs to undertake to dispense them was almost criminal. The worst of it is that such conduct is perfectly legal, since no restrictions are placed by law on the employment of unqualified and inexperienced dispensers by medical men. This lamentable occurrence reinforces the argument that we have so often advanced, viz., that the latitude accorded to medical practitioners in respect of the employment of unqualified dispensers is fraught with grave danger to the public. The circumstances in regard to the manipulation of powerful poisons are exactly the same in the surgery as they are in the pharmacy, and a medical man who deliberately employs an inexperienced person for such purpose incurs very grave responsibility. Looking at the matter from a broader point of view it is obvious that the law does not afford the public the measure of protection which the public is entitled to expect. The verdict convicts the chemist of neglect, in that he failed to verify the nature of the poison dispensed by his assistant, and the assistant of carelessly supplying strychnine in mistake for morphine. But there the matter apparently ends, the victim is buried, and matters go on as before. In any other country than this such a mistake would entail very severe professional and pecuniary punishment on those responsible for the disastrous mistake. Here the absence of any felonious intent is held to render the parties concerned virtually irresponsible, for the mere censure of the Coroner's jury, which in this instance seems to have been dispensed with, cannot be regarded as in any way an adequate recognition of the gravity of the mistake.

Notes on Current Topics.

Dust and Mud.

THE general interest which the war against consumption has excited among the public may possibly lead to the general recognition of the fact that dust is a powerful factor in the dissemination of disease, especially in the crowded centres of population where the dust is composed of organic particles potentially endowed with pathogenic properties. Municipal authorities do not appear to have passed the stage of regarding the conversion of dust into mud as the ultimate precaution required of them, though it must be obvious to the least scientific among them that they are practically exchangeable terms, the phase of transition being so short. Dust is not only capable of conveying infection directly, but it is injurious in virtue of its irritating action on the respiratory passages. In the provinces the high-speed motor car has intensified

the evil and is rapidly rendering certain health resorts in the south of France uninhabitable for invalids. In the Riviera, which appears to be the happy hunting-ground of this exhilarating vehicle, experiments are being carried out with the object of minimising the dust nuisance by "watering" the roads with crude paraffin, diluted tar and similar glutinous and inoffensive products. The dust is thus converted into a sort of dry paste, excellent for vehicular traffic, whatever the deteriorating effects may be on the rubber-shod wheels of cycles and motor cars. The only conceivable objection is the odour, for, however harmless that of paraffin or tar may be, it is not exactly what one goes to the Riviera to enjoy. Tar water would seem to be an ideal mixture for watering the streets of cities where the odour would be an acceptable variant to that of horse dung and decomposing organic matter generally. Its special virtues are that it is costless, and that when it dries the non-volatile tar retains the dust on the roadway, whence it can be swept as occasion offers.

Patients' Hospital Records.

A CORRESPONDENT, whose letter we publish elsewhere, makes a suggestion which appears on the face of it to be worthy of consideration. He points out that while the imperative necessity for preserving full and accurate records of a patient's illness is recognised in hospital practice the importance of providing the patient himself with trustworthy information on the subject is lost sight of. This information is peculiarly desirable when operations have been performed on the abdominal viscera, for at present the practitioner who is called upon to attend the patient later on has only the scar and the patient's own garbled history to guide him. Of course this suggestion applies to operations performed in private practice just as much as in hospital, but the private patient, belonging as he does to a more intelligent class of the community, is usually able to furnish his subsequent medical attendants with fairly trustworthy information. We see no reason why each patient on leaving the hospital should not be furnished with a simple statement of surgical facts, the possession of which might avoid the necessity for dangerous delay in the event of urgent symptoms and save the physician the trouble of searching the hospital records.

The Destruction of Plague-Infected Rats.

FOR the French Biological Society, M.M. Langlois and Loir have been experimenting with the object of ascertaining the best methods of disinfecting the holds of ships in cases of suspected plague infection. Like Nuttall, Yersin, and Igato they have found that fleas and flies disseminate the infection. They all found that these insects retain the power of infection for twenty-four hours after feeding on an infected pabulum. They therefore tested the lethal effects of poisonous vapours on these insects as well as on rats. Carbonic acid gas, which has been

recommended for the destruction of the rats, they do not recommend. A prolonged immersion in a 75 per cent. atmosphere of the gas was followed by a recovery of the greater number of the rats, and even the fleas revived when exposed to fresh air. The safest and most trustworthy remedy was fresh sulphurous acid gas, generated in the holds of the vessels by burning sulphur. A three per cent. vapour of this immediately killed the fleas, and the rats died soon after. By increasing the percentage of the acid vapour to 15 per cent. or 20 per cent. the rats were immediately suffocated. M. Chantemesse, experimenting on the effects of the gas on foods and fabrics in New Orleans, found that an atmosphere containing 17 per cent. of sulphurous acid gas did not sensibly affect tea leaves, coffee berries, figs or grapes; but that it injuriously affected butter or cheese. Dyed fabrics were unaffected by gas not exceeding 17 per cent. On these grounds the Society recommend the use of sulphurous acid gas for the disinfection of ships and dwellings.

"Mentioned in Despatches."

A BOOK has just been published entitled "Mentioned in Despatches" (Office of the *Army and Navy Gazette*), which gives the whole of the mentions honours and special promotions in the Navy and Army in connection with the South African campaign which have been gazetted up to May 6th. The share of the Navy is, of course, a small one, being only two D.S.O.'s. In the Army Medical branch, including those consulting and civil surgeons who volunteered for service and Colonials, there have been awarded five V.C.'s, one K.C.B., twenty C.B.'s, two K.C.M.G.'s, forty-seven C.M.G.'s, and thirty-seven D.S.O.'s. Non-commissioned officers and men have thirty-eight Distinguished Conduct Medals, and a Sergeant-Major has been awarded a bar for the medal he already possessed. The volume contains nothing new—all the information has been given in the pages of the *London Gazette* during the last two and a-half years—but everything is presented in a concise form convenient for reference, which will be appreciated by all who have friends or relatives mentioned or promoted in the Army Medical Service for their gallantry and devotion to duty.

Revised Classification of the Causes of Death.

IN the revised list of causes of death which has just been issued by the Registrar-General, we note an omission which does not tend to promote accuracy, in the list of "Accidents of Childbirth." The conditions known as placenta prævia is referred to under that term, but no term is inserted to imply the condition known as accidental hæmorrhage, save so far as it is intended to be included under the general term of "flooding." It would be interesting to note the authority the Registrar-General has for the maintenance of this almost obsolete term, as it is far from obvious why all hæmorrhages associated with pregnancy, labour, or the puerperium save those due

to placenta prævia and abortion, should be included under a term which has almost ceased to be used by writers on obstetrics. A ludicrous example of the lack of official recognition of the term accidental hæmorrhage has been brought to our knowledge. A medical man signed a death certificate "concealed accidental hæmorrhage," with the result that on the certificate being presented to the registrar for the district, this official refused to accept it, and drew the attention of the authorities to the necessity for ascertaining why the occurrence of a death, the result of misadventure (accidental) had been hushed up (concealed) and not reported to the police. Accidental hæmorrhage—so-called—differs widely from unavoidable hæmorrhage, the result of placenta prævia, and therefore we cannot help thinking that it would have been well to have it inserted in the new list as a cause of death.

The Appointment of Extern Examiners at the Royal University.

As will be seen in our report of the proceedings of the Senate of the Royal University, the election of extern examiners has been again postponed. The matter has been referred back to the Medical Committee with the request that they will report further upon it. On a former occasion, the Senate of the Royal University decided that in order to be eligible for the post of extern examiner the candidate must have no connection with any of the Queen's Colleges or with the Catholic University School of Medicine. Now, we learn an attempt has been made to rule out all candidates who have been in any way connected with any Irish teaching institution. This was apparently frustrated, as is only natural. In the first place, it seems to us that such a proposal cannot have been in order, as the conditions under which candidates were to apply had been already laid down, and the applications had been made. If it had been carried it would have ruled out candidates who had been given to understand previously that they were eligible. On the other hand, even if such candidates could be ruled to be ineligible, where are suitable extern examiners to be got? It is surely absurd to say, "Get them from England." For this is but an open confession that the medical profession in Ireland does not contain men capable of examining properly, and in a manner which is fair to all who present themselves for the examination, whether they come from the South or from the North. We do not believe that suitable Irish candidates cannot be obtained, and we trust that at the next meeting of the Senate they may be duly elected.

The Use of Adrenalin in Ophthalmic, Nasal, and Aural Surgery.

THE use of adrenalin in hyperæmia and inflammation of the mucous membranes has considerably increased since the introduction of a standard solution of adrenalin chloride of a strength of 1 in 1,000. Prior to this the difficulty of keeping a fluid extract of the drug ready and active was very great, particularly in hot weather. In nasal work adrenalin

has been found of value not alone in cases of swelling or hypertrophy of the mucous membrane, but in cases where it is desirable to temporarily shut off blood from the nose for operative purposes. Dr. Stanley Green has communicated his experiences of its use to a contemporary, and his evidence is most favourable. He calls attention, however, to the necessity for plugging the nose after operations where adrenalin has been used, as otherwise the cessation of the action of the drug may be accompanied by troublesome hæmorrhage. The relief afforded by adrenalin chloride in photophobia due to certain conjunctival and corneal affections is very great, but Dr. Green utters a word of warning against its use in cases of corneal ulcer, in which condition he considers that it does harm. If adrenalin can accomplish all that is claimed for it in ophthalmic and nasal practice, there is undoubtedly a wide field for its use in many of the other regions of the body.

Mount Vernon Hospital for Consumption.

FACILITIES for the study and treatment of phthisis are rapidly increasing. On the 13th Princess Christian, accompanied by her daughter, Princess Victoria of Schleswig-Holstein, laid the foundation stone of the large country branch of the Mount Vernon hospital, which is perhaps better known under the old name of the North London Hospital for Consumption and Diseases of the Chest. The new sanatorium is situated at Northwood. The site, covering sixty acres, is in a beautiful district. It is about sixteen miles from London on the Metropolitan Railway. No more delightful surroundings can be found North of London. The plans have been prepared by Mr. Frederick Wheeler. Visitors to the Royal Academy may see what the completed building will look like. The wards are to be arranged in linear series all facing south, and will accommodate fifty men and fifty women. The long facade facing south with the balconies above and terraces below will give an elegant and imposing aspect to the sanatorium, and will allow of the free application of open-air treatment. The sanatorium has been made possible through the generous kindness of an old Harrovian, who gives the princely sum of £120,000. Walks two miles and a-half in length, graduated in slope, are being laid out and the institution promises to be the finest in the country. The Mount Vernon Hospital, with its new out-patient department in Fitzroy Square which is to be commenced almost at once, its extended hospital at Hampstead, and the magnificent estate at Northwood for its new sanatorium should prove the best equipped institute in the country for the study and treatment of pulmonary tuberculosis. Only one other branch seems desirable, and that is an urgently needed one—a home for advanced and incurable cases. We hope an American or British millionaire will see in this need a splendid opportunity for still further increasing the splendid work which the Mount Vernon Hospital is so successfully carrying on for the phthisical poor.

Medical Men in Parliament.

THE necessity of representative medical members of Parliament has been repeatedly urged by almost all who have considered the question of medical reform. The chances are remote under existing conditions of any really sound consolidation and amendment of the Medical Acts in the absence of a body of members capable of explaining the professional aspects of the question. In the same way many important matters affecting the health of the community are dealt with imperfectly by the Commons from a similar want of skilled guidance and exposition. The lawyers, who usually keep a tight grip of practical issues, have fallen into no such error, for their influence in the House is always not only adequate but usually also preponderating. So, too, with the brewers, the distillers, the shipowners, the manufacturing capitalists and other possessors of great interests, who one and all bring a powerful organisation into the House whenever occasion arises. The medical profession, however, notwithstanding its enormous aggregate power among the people, remains a cypher in the legislature. In France things are better managed, for there are no less than forty-three medical Deputies in the present Chamber, most of them representing country constituencies. What is done by medical men in France should not be altogether impossible on this side of the Channel. When members of the profession are better organised it is to be hoped that one of their first attempts will be to pay a certain number of medical men as members of Parliament, and to contribute to the expenses of other medical men who may wish to represent Parliamentary constituencies.

Fee for Self-Vaccination.

THE United Kingdom has reaped at least one benefit from the small-pox scare in the shape of a vast addition to the percentage of population now protected by vaccination. It has been amusing to note how many professed anti-vaccinists, both individual and corporate, have rushed hot foot to submit their bodies to the tender mercies of the public vaccinator. The natural result is that large sums of money have been paid by local authorities to those entrusted with the duty of public vaccination. A great amount of clamour has been raised in some quarters on that account, but it is to be remembered that the money now paid to the medical profession in a lumpsum should, properly speaking, have been spread over the ten or fifteen years preceding. Moreover, the ratepayers are getting solid return for their money, inasmuch as protection is thereby secured for a great section of the population. What is spent in vaccination is saved in the maintenance of small-pox patients. While the question of the cost of public vaccination is in the air it is a pity that a gentleman who holds the appointment of medical officer and public vaccinator for Clayton should have chosen this precise moment for bringing his office into ridicule. If the facts be as published the gentleman in question sent in a charge to the Finance Committee

of the Prestwich Board of Guardians of half-a-crown for vaccinating himself. The committee very properly disallowed the charge. Vaccination is not a subject that lends itself readily and gracefully to such clumsy attempts at wit.

The Royal Army Medical Corps.

IN the new regulations for the Army Medical Service which have just been promulgated, the object aimed at has been to maintain the efficiency of the Service by increasing the facilities for professional and scientific study and, as a natural corollary, a new system of examination has been instituted in order to test the practical qualifications of the members of the Corps. The examinations may be grouped under two heads—those of a strictly professional and scientific character, and, secondly, those bearing on the military aptitudes of the professional officer. As we intimated when the draft of the new regulations came before us, these examinations are likely to prove stumbling blocks to many otherwise able officers. Examinations are never agreeable things in themselves, and the prospect of having to submit to them years after having left a medical school will unquestionably be very distasteful to the general run of army medical officers. This fact has not been altogether lost sight of by those who have assisted in the elaboration of these regulations since special facilities are offered for men to prepare for these tests including the proposal to establish a medical staff college, presumably in London, since it is there that the necessary clinical and teaching material is to be found. No exception, we imagine, will be taken to the increased scale of pay, especially as there really seems to be a chance for professional merit to make its way to an extent previously rendered impossible by hide-bound administration. The new regulations, which on account of their detailed comprehensiveness, require to be studied in the original, undoubtedly embody progressive ideas, and will do something to rehabilitate the service in the esteem of the younger members of the profession.

The Diagnostic Value of Tuberculin.

THE use of tuberculin as a diagnostic agent is not popular in this country. The same prejudice to its employment does not exist in Europe and America, at least to the same extent. Dr. C. M. Wood, in an interesting article in the current number of the *Journal of the American Medical Association* finds that tuberculin in doses of '005, carefully increased when necessary to '010, produced no bad effects in simple or complicated tuberculous or non-tuberculous cases. The characteristic tuberculous reaction is shown by a rise of at least two degrees in temperature, reaching its height in from six to thirty-six hours after the injection, typically at the eighteenth hour, and accompanied by at least two of the following symptoms: chilliness, headache, nausea and muscular pains. The tuberculin test, it is contended, ranks in value with the Widal typhoid test, since in the former the technique is simpler; the

materials are more readily obtained and more permanent; and the danger is no greater, and the information obtained is scarcely less trustworthy.

The Motor Car as a Narcotic.

It has become a stock phrase with journalists to say that "the motor-car has come to stay." It has also become a familiar topic in that form of evanescent literature with which their busy pens are concerned to descant upon locomotion in the future, and to point out how the horse will be abolished, and trade and social habits revolutionised. There is one aspect of the influence of the motor-car, however, that so far appears to have escaped the all-seeing eye of the modern journalist, namely, its action as a soporific. It is a fact well known among those who are in the habit of riding on motors that their sleep is sound and refreshing, even when under ordinary conditions, that is to say, apart from motoring, sleeplessness has been the uncomfortable rule. This result appears to be to a certain extent common to most open-air exercises and pursuits, but the forced respiration connected with the continuous rush through the atmosphere seems to have its own peculiar and specific effect in producing sleep. If this fact be scientifically exact then the therapeutic resources of the medical man will be strengthened by a most practical addition to his curative measures. Instead of prescribing some wretched narcotic drug he will advise a patient to take a motor ride from one place to another within the compass of a day's journey. It is, of course, impossible to gauge the far-reaching consequences of many discoveries, and the fact that he was manufacturing sleep-producing machinery, surely never occurred to the mind of the pioneer in motor cars.

Facilitating Sudden Death.

FROM time to time the medical and lay journals take up the cry of carelessness against licensed and unlicensed vendors of poisons and drugs. Sundry men introduce many-shaped bottles, mostly angular and corrugated, to lessen the risk of accidental poisoning. We have seen the majority of these, and we saw no exception to their general use other than their cost. Less costly and quite as efficacious are the many devices to shift the danger-signal to the cork and its method of being fastened and unfastened. Much less satisfactory are labels; they are blurred, torn, rubbed off, or sometimes they even fall off. Yet in some one, and occasionally in all three ways, the pharmaceutical chemist and the druggist endeavours to protect the public from fatal accidents. We wish we could say as much for the outdoor department of our hospitals; but even there the poison bottle usually has a "caution" label and a "poison" one. But when we come to examine the way in which poisons are dealt out to cottagers, room-keepers, and the poor and illiterate generally by our sanitary authorities, we learn how not to do it. By distributing active poisons, as many of our more powerful disinfectants are, in whisky

and gin bottles to uneducated, thriftless poor, many of whom are intemperate, the authorities are placing death-traps in the dwellings of our unfortunate poor—facilitating sudden death. Better, far better, death by typhoid, with its interval for thought and consideration for the family, than the sudden death of the half-drunken bread-winner who has mistaken the sanitarian's bottle of carbolic acid for what it is labelled—gin.

A New Drug Eruption.

To the many drugs that produce rashes, enumerated by Dr. Prince Morrow in his monograph, may be added arrhenal. On its introduction it was claimed for the new chemical that its use was free from the untoward result of a skin rash. Indeed, the *prima facie* was all in favour of this statement, for the salt was a disodium one, and the sodium salts seldom produce rashes, and when they do they are very slight. This is all the more curious, for all the basic series of less and greater specific gravity are not free from the evil. Every practitioner of medicine has some time or other been chagrined at the drug rash of potassium; the same occurs with lithium, though less frequently, and now it seems that sodium when associated with arsenicum is not free from the unpleasantness. The cacodylates were recognised for more than half a century as having unpleasant properties in more than one direction, not the least of which was a coppery eruption not unlike the copper spots of syphilis. But all this was thought to have been got rid of when the organic radicle was lessened in percentage and the metallic correspondingly increased. This happy delusion is gone. M. Armand Gautier reports a case of arrhenal rash which closely simulated a severe attack of herpes zoster. It is, however, but fair to say that there has been as yet but one case recorded, and it is quite possible that the patient may have had an idiosyncrasy for the drug. Jenny Lind fainted at the smell of roses, and there had to be a special messenger to take her bouquets off the stage and bring them out of the house to prevent her collapsing.

The Nature of Arrow Poisons.

THE chemical investigation of another arrow poison is reported by Professor L. Brieger, who had already fully examined that used by the Wakamba tribe. The poison in this case, used by the Wagogo, is obtained by boiling the branches of the *acconthera absynica*, the native Mshangu. The fruit of this tree is edible, but the stone of the fruit contains the poison. Like the other known arrow poisons, it acts on the heart. The active cardiac constituent proves to be a deliquescent amorphous glucoside. Another arrow poison—of slower action—is obtained from the *Candelaier euphorbis*. The activity of these poisons is said to be suggestive of that of the toxalbumins; but it appears that no antitoxin can be produced. It is worth noting that, although the occurrence of poisoned arrow-wounds was recognised

in classical antiquity, and probably for scores of centuries before, scientific identification was not obtained for any of these toxic agents till towards the close of the nineteenth century. The elder Pliny stated that the ancient Gauls dipped their arrow-points in the juice of the black hellebore, so as to ensure the infliction of a deadly wound. Following the expansion of modern travel and conquest, Hartmann reported the employment of various species of *Euphorbia* for the same purpose by native Africans; Ferreira de Lemos called the attention of the world to the use of curara; and other travellers found that some of the natives of South America utilised in the same way extracts obtained from certain plants of the strychnine family. The natives of the Banks Islands (South Pacific) use extracts of two plants. One of them, *toe*, is a member of the *Euphorbia* family; the other, *loké*, is probably one of the *nux vomica* group. The arrows are sometimes dipped successively in the separate extracts; sometimes, in a mixture of the two. The efficacy of such vegetable arrow-poisons, although received with implicit faith by the ancients, was sharply questioned by some of the more inspired apostles of modern surgery. Ambrose Paré emphatically denied that there was any proof of the efficacy of any arrow-poison; Heister, who examined the evidence at more length, attributed the symptoms which had been described to the nature of the wound itself. Roehard absolutely refused to admit that the arrow-heads used by savages had ever been proved to exercise any toxic agency. Mendam (in 1595), and Barney and Carteret (in 1767), who had special opportunities of making themselves acquainted with such weapons, expressed strong doubts regarding the efficacy of the poisons used. At Gaboon, M.M. Pellaillon and Carville succeeded in demonstrating cardiac paralysis by the action of an arrow-poison. In New Caledonia, a committee formed of Drs. Brassac and Michel, M. Campana, a druggist, and the missionary, M. Montrausier, investigated the native arrow-poison, and found that it produced death by tetanus, but hardly by specific toxic action. Accordingly, the credit of being the first to afford the material for a satisfactory determination of an arrow-poison must rest with the medical hero of the Emin Pasha Relief Expedition, Thomas Heazle Parke.

The Sale of Chloroform.

A DEATH from chloroform under peculiar circumstances was the subject of inquiry at the hands of Dr. Danford Thomas last week, the victim being a married woman, who, it appears, was addicted to inhaling large quantities of the drug. The husband had cautioned several chemists against supplying the deceased with the drug, but she managed to obtain it in spite of him. Under the absurd law regulating the sale of poisons such drugs as chloroform and laudanum can be sold by a chemist to anybody so long as a poison label is affixed to the bottle, but it must be said, to the credit of the average pharmacist, that he is usually very chary of

selling chloroform to lay persons. The fact remains that this woman experienced little difficulty in obtaining pounds of chloroform every week, and ultimately she inhaled sufficient to determine death. It seems idle to hope that Parliament will ever take an intelligent view of the sale of poisons, and the Government have many other matters to occupy their attention without troubling themselves to place a simple and salutary check on the sale of drugs which, in the hands of the public, can have no legitimate use.

Public Vaccinators' Bills.

BOARDS of Guardians all over the country are kicking against the tremendous bills which they are being called upon to pay for the vaccination of the public. Their attitude is somewhat inconsistent, because they have taken great pains to inform the public that the services of the public vaccinator are at the disposal of all and sundry, and then when the bill comes in they profess surprise. We have protested all along against the encroachment of the public vaccinator on the legitimate territory of the general practitioner, for the latter, both as ratepayer and as medical man, is justified in feeling aggrieved at the unblushing house-to-house touting for patients which has characterised the propaganda of the last few months. Of course the bills will have to be paid, but this very fact will no doubt accentuate the indisposition of many boards of guardians to enforce the vaccination laws in their respective districts. When the present law determines next year it behoves the profession in general to insist upon a fuller recognition of their individual rights in this respect as opposed to the privileges of the public vaccinator.

The Annual Dinner of the R.C.S.I.

THE Annual Dinner of the Royal College of Surgeons, which was held on May 12th, was rendered more than usually interesting by the fact that the last medical hero of the Victoria Cross—save one—was present in the person of Surgeon-Captain Crean. We have already related this gallant officer's action, which led to his well-merited reward, and need not again dwell on what is known to all, save to say, in the words of his Excellency the Lord-Lieutenant, who honoured the dinner with his presence, that "it was a story which sent a thrill through their hearts, and which was worthy of the emulation of all young Irishmen." Surgeon-Captain Crean makes the fourth who, holding the diplomas of the Irish College of Surgeons, has been awarded the Victoria Cross. The first to win the distinction was Assistant-Surgeon William Bradshaw, 90th Regiment, who was awarded the Victoria Cross for gallantly defending the wounded left under his charge, when he was himself wounded, Lucknow, Indian Mutiny, 1857; the second was Assistant-Surgeon William Temple, Royal Artillery, who was awarded the Victoria Cross for gallant conduct and devotion in assisting wounded under heavy fire, Maori war, New Zealand, 1864; the third was Surgeon-Major John Crimmin, Indian Medical Ser-

vice, who was awarded the Victoria Cross for attending wounded actually within the enemy's fighting line, and had at one time to leave his charge and fight hand-to-hand against heavy odds, killing one man with his sword; when help arrived the enemy were beaten off, Burma, India, 1889.

Hygienic Aspects of Harris Tweed.

SINCE our first parents discarded "Nature's nakedness" the subject of clothes has assumed world-wide importance. The delights and dangers of garments afford material for endless discussion. Quite recently Harris tweed has been under a ban, and it would seem unjustly so. Dr. Ogilvie Grant, M.O.H. for Inverness, has wisely taken this matter up, and has induced Professor Hunter Steward, of Edinburgh, to submit the condemned cloth to scientific investigation. The outcome of this research seems to show that Harris tweed, as it usually leaves the home of its birth, is free from pathogenic organisms and that those microbes which are present are similar to those found in average country air. The final treatment of the fabric, consisting in prolonged scouring with strong ammonia and subsequent washing and final drying in the sun, is in itself enough to ensure the hygienic qualities of the goods. It would seem therefore that peat reek may still be allowed to scent our tweeds and that the familiar "Harris" is not to be allowed to gather (with the crowd of "offcasts."

A Study of Ancestors.

ANCESTORS have much to answer for, Pathologically speaking, this is certainly true, as every medical man knows only too well. The investigation of the influence of family inheritance has to be considered carefully in many diseases. But medical practitioners, especially those who retain something of the spirit of the old-fashioned country doctor, friend of the squire, and confidant of the parson, are interested in genealogical studies, family history and heraldry, as affording some of the most attractive and instructive hobbies connected with human affairs. To such we cordially recommend the new quarterly issued by Messrs. Archibald, Constable & Co., and most appropriately termed *The Ancestor*.

Bathing for Women.

THE County Council are wise in encouraging aquatic instincts in women. Accommodation for female bathing in the parks is at present meagre in the extreme, but by a little careful organisation increased opportunities might readily be afforded. The climate of this country during a great part of the year is not such as to stimulate bathing, but during the summer months every facility should be afforded whereby our girls and young women might learn to swim. An additional influence making for health and vigorous physical development would thereby be obtained which would prove of benefit to the whole community.

WE regret to have to announce the death of Dr. J.

Miller Ord, of Upper Brook Street, W., which took place last week. We shall deal with his career next week.

PERSONAL.

MR. THOMAS JOSEPH STAFFORD, F.R.C.S., Ireland, has been appointed a member of the Royal Commission on Sewage Disposal.

THE Right Hon. H. H. Asquith will take the chair at the Festival Dinner of the Medical Graduates' College and Polyclinic on June 5th.

DR. STEPHEN MACKENZIE will deliver the Oration which precedes the Annual *Conversazione* of the Medical Society of London, on Monday, the 26th inst.

THE Very Reverend Dr. Story, Principal of the University of Glasgow, has promised to preside at the dinner to be given by the Glasgow University Club on July 1st.

DR. ROBERT FARNAN has been selected to fill the post of Gynaecologist to the Mater Misericordiae Hospital, Dublin, which was rendered vacant by the death of Dr. More Madden.

SIR FREDERICK TREVES will deliver the Cavendish Lecture before the West London Medico-Chirurgical Society on Friday, June 20th, on "Certain Phases of Appendicitis."

PROFESSOR J. ROSE BRADFORD will deliver an address on "The Relation of Biology to Medicine" at a meeting of the University Hospital Medical Society to-day.

DR. T. HENRY GREEN will deliver the opening lecture of the Summer Course at the Brompton Hospital for Consumption to-day on "Difficulties in the Recognition of Pulmonary Tuberculosis."

MRS. H. PERCY DUNN, F.R.C.S., will take the chair at the Dinner of Past and Present Students and Officials of the West London Hospital Post-Graduate College, which will take place on June 11th at the Trocadero Restaurant.

Belfast.

[FROM OUR OWN CORRESPONDENT.]

ROYAL UNIVERSITY EXAMINATIONS.

THE results of the spring examinations of the Royal University have proved very satisfactory to Belfast, especially in the case of the M.B. degree examination, where Mr. Walter Phillips, B.A., Queen's College, Belfast, has gained a first-class exhibition, and Mr. John Armstrong, also of Queen's College, Belfast, has gained a second-class exhibition.

One unobtrusive little paragraph in the report of the Royal University Senate meeting of the 15th was observed with great satisfaction by those who have been following the doings (and undoings) of that august body in the matter of extern examinerships. It was currently reported the week before last that the Medical Committee had nominated five extern examiners, all from Dublin and Cork, and that Belfast had been left out in the cold. Hence the satisfaction of those here who read, in the paragraph above referred to, that "the report of the Medical Committee in reference to the appointment of extern examiners was referred back for further consideration."

[We are not responsible for opinions expressed by our local correspondents.]

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

THE USE AND ABUSE OF TOBACCO.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have long believed in tobacco smoke as having germicidal properties. An observant young woman told me not long ago how her father, who was an undertaker, believed that he escaped contagion from corpses by smoking. He and two others placed in a coffin the body of one who had died of small-pox. The two non-smokers caught the malady, while the smoker escaped.

A man who was in a house where all were down with influenza told me he thought his own immunity was due to the constant use of his pipe. Those stricken with disease were non-smokers.

I am sure much valuable information might be gathered from the experience of smokers.

One of my smoking friends, troubled with a sluggish liver, was telling me of the benefit he derived from taking the Harrogate waters. One thing that struck him was the fact that while his health mended he felt less desire to smoke. There seems some nervous irritation of the system, however caused, that is undoubtedly relieved for a time by smoking. Cure the irritation, and the patient may tell you he feels so well that he eats and drinks better than before, and cares not to smoke.

I am, Sir, yours truly,

JOHN C. THOROWGOOD, M.D., F.R.C.P.
Bognor, May, 1902.

PATIENTS' RECORDS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have on several occasions, when called to a new patient, found myself at a loss in the matter of diagnosis simply because the patient had at some time in the past been subjected to an abdominal operation, the nature and scope of which he, or she, has been quite unable to explain. The required information could, it is true, be obtained by writing to the surgeon who had performed the operation and I have never had any difficulty on this score, provided that the patient was able to remember his name. But this is often not the case or the surgeon may be dead or have retired and in either event I was deprived of information very essential to a clear understanding of the case. It occurs to me that it would be a very easy matter for a short, simple statement of what has been done, and the reasons for which it was done, to be handed to every patient on leaving hospital. The labour entailed would be small, and the scientific and practical value of such reports would be great.

It is hardly necessary to point out that no verbal explanation can be trusted to answer the purpose even with educated people, the difference between the tale as it is told to them, and the tale as it is retailed by them, being often remarkable.

I am, sir, yours truly,

COUNTRY PHYSICIAN.

NATALITY IN GREAT BRITAIN.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Among several interesting letters which have appeared under the above heading in your columns, I have had my attention especially caught by two. One by "A Student of Medicine" and another by a "Gynaecologist." The Student of Medicine takes the obviously proper and respectable view of the moral aspect of the limitation of families—a view which I entirely endorse, and enquires from the Gynaecologist what he thinks of the physical aspect of the question. Has the use of means of preventing conception any effect on the physical health of the woman? There can be no question that the adoption of certain methods of preventing conception will favour the occurrence of certain forms of pelvic derangements, but there is nothing to lead us to suppose that the fact that impregnation does not follow coitus has any detrimental effect. Women and

their sexual organs have a certain function attached to them. If this function is not performed the result, so far as we can see, is that the woman suffers, and, as the "Gynaecologist" puts it, a fibromyoma may be "Nature's protest against the disappointed natural function of the uterus." But it is, at least, extremely doubtful that the married woman who does not conceive, suffers more than does the unmarried woman. In all probability they each suffer in consequence of their sterility and in proportion to other and more personal factors. On the other hand, they are exempt from various pathological conditions which are peculiar to women who have borne children. It may be said that if sterility favours pelvic derangements, and if the use of preventatives causes sterility, then the use of preventatives favours pelvic derangements. This is not so. It is the sterile condition which causes derangements and not the fact that coitus has occurred without impregnation. It is good for every woman to become pregnant and to bear children, but if in the case of a woman who has borne children medical reasons necessitate that she should not bear any more, I cannot believe that the use of preventatives in such cases have any more hurtful effect than has abstention from sexual intercourse.

I am, Sir, yours truly,

X.

Literature.

RECENT WORKS ON CONSUMPTION. (a)

(1) As a short summary of work done by the Conference on Tuberculosis held in London in 1901 this work is one that will amply repay the careful reader. Dr. J. H. Vinrace, in his preface, most sensibly remarks that there is no reason whatever now why the consumptive patient should be expatriated and sent abroad when he can undergo a most perfect system of sanatorium open-air treatment in the equable climate of the south coast of England.

The chapter on the use of drugs in the cure of consumption will commend itself to hospital physicians whose patients are of necessity so much dependent on what help they may get from drug treatment. Facts as at present recorded bearing on the relation between human and bovine tuberculosis are well summed up in Chapter xviii. We leave the reader to draw his own inference from them. The observations of Dr. Hugh Walsham and others on the diagnosis of very early tuberculosis of the lungs by means of the Röntgen rays are well condensed, and evidently of great practical importance both for diagnostic and therapeutic purposes.

Though the book is not large, yet the writers manage to give a short note of every matter of consequence that came before the late Congress, so that anyone wanting to be quickly posted up in recent researches on tuberculosis, its causes and prevention, will find this a most useful work.

(2) This book might be entitled the management of the consumptive on common sense principles.

It gives, as stated in the preface, rules to govern the consumptive in the use of fresh air, sunlight, food, rest and exercise. All to be carried out under the supervision of the physician. The book is one that may with safety and advantage be placed in the hands of the invalid, for in it he will find much to instruct and encourage, while dangers are judiciously pointed out. The subject of infection is briefly disposed of in Chapter II. The way to guard against the spread of the disease by means of the sputa and other channels is clearly indicated. The chapter on food is agreeable reading and rests on the statement that the way to the lungs for beneficial result is through the stomach. We are

(a) (1) "The War against Consumption." By Dennis Vinrace, M.R.C.S., L.S.A., and John H. Vinrace, M.R., M.R.C.P.Lond, The Century Printing Company.

(2) "The Care of the Consumptives, with Chapter on Colorado." By C. F. Gardiner, M.D. New York: G. E. Putnam's Sons.

(3) "Tendencies to Consumption." By J. D. E. Mortimer, M.B., F.R.C.S.Eng. London: The Scientific Press.

(4) "Pulmonary Tuberculosis, with Appendix concerning the British Congress on Tuberculosis." By Carlo Eusta, M.D., of Perugia. Bristol: John Wright and Co. London: Simpkin and Marshall.

glad to find the author firmly discouraging the use of sedative and sickly cough medicines. The full account of the open-air and food-stuffing treatment as carried on at Nordrach, in the Black Forest, is taken from the work on the "Treatment of Pulmonary Consumption" by Harris and Beale. The treatment is evidently thorough, and no half-and-half work. After reading it, however, we could not but think of the story of the physician who, after laying down most strict rules for diet, &c., to a rather gay young man, was met by the inquiry, "Pray, Doctor, do you live according to these rules?" "No, sir," was the answer, "life to me under such conditions would not be worth living." The chapter on the Psychology of the sick room is one that ought to be read and studied by all who have the care of the sick.

The chapter on Colorado from one who has had sixteen years' practice there is very valuable. Some of the most remarkable cures of advanced phthisis that we have ever witnessed have been brought about by the dry and elevated climate of Colorado and Denver City. For a short concise account of the climate, and the way to make the best of it for curative purposes nothing can be better than this eleventh chapter of Dr. Gardiner's book. The eleven "Dont's" that conclude the book are not likely to be missed by the intelligent reader.

(3) This small work has been prepared as a contribution to the prevention of consumption. Recent research has done much to elucidate the causes of tuberculous disease in the lung, and to show in what direction preventive measures should go. The author of this book gives a brief but lucid description of the bacillus of tubercle which may be well studied by all who have entered on the subject. The remaining chapters show how the disease may be engendered by faulty methods of life and by pernicious surroundings. The methods of prevention by the use of various hygienic and dietetic precautions are given in a practical form that will make the book useful to all who may study it.

(4) The author of this carefully compiled and interesting book may certainly hope, as he says in his preface, that whoever reads these pages will not regret the hours spent in their perusal. The early chapters give a brief and concise resume of our present knowledge with regard to the mode of development and pathological changes undergone by tubercle, the right understanding of these matters being aided by the well-executed illustrations which adorn this part of the volume. It is rather disquieting to read, at page 24, "That those who live in or visit the house of a consumptive patient breathe tuberculous bacilli in abundance." This statement, like most others in the book, is not made as a mere opinion, but is substantiated by the experiments of Professor Strauss in the Hospital of La Charité in Paris by means of collecting tubercle bacilli on small pledgets of wool placed in the nasal cavities of the hospital attendants.

Having had the dangers of the disease duly pointed out, we naturally turn to Chapter IX., on Treatment. Remedies given by the mouth do not find much favour. Creosote, now so largely employed in big doses, enters the alveoli very little, and is finally eliminated by the urine, and thus, carried to distant organs, produces serious mischief. (P. 101.) The author's reasons which compel him to admit the influence of heredity are based upon a table of statistics at page 59, which we commend to the attention of all interested in this part of the subject. The history of the open-air treatment so extravagantly lauded just now is well given. It commences with the account of Dr. George Bodington's Sanatorium at Sutton Coldfield in 1830, a method of treatment at that time denounced most vigorously by "the Faculty," who set Dr. B. down as a lunatic.

Now in Germany there appear to be thirty-three popular sanatoria, while in the British Isles the number increases almost daily. That much good is being done in these establishments is amply proved, and when the present enthusiasm in this subject has somewhat subsided we doubt not that there will be a large number of real cures effected. The chapters on continuous inhalation by respiration, which is a very prominent feature

in the author's method of treatment, are thoroughly practical and based on the pathological views set forth in the earlier parts of the work. As a book of careful observation and sound reasoning from observed facts it is one to be much commended.

ORR ON PUBLIC HEALTH. (a)

THE writer has, we fear, attempted the impossible by endeavouring to condense into the small space of 236 pages of largely printed matter even that small amount of hygiene and the allied subjects which is considered essential for the modern medical student to be familiar with. The result has been of necessity more or less of a failure, and has resulted in the omission of some important parts of the subject and the insertion of others under wrong headings; for instance, the author omits any chapter on Meteorology, but deals with the subject in a casual fashion partly under "Air" and partly under "Climate." The author, we observe, finds some apparent difficulty in accepting the result of recent research with regard to the mode of dissemination of malaria, as on page 8 he still clings to the old idea of the so-called "miasm" rising with the ground air. There are many faults in the book which might with more care have been avoided. For example, the mode of calculating a weekly death-rate is inaccurately given, and surely if such knowledge be essential for the student he may as well be taught it correctly. Apart from its inherent faults, the book is pleasantly written, though we do not think it will take the place of the well-known handbooks on the subject which are already within reach of the medical student.

Literary Notes and Gossip.

DR. CLAUD MUIRHEAD and the Scottish Widows Life Assurance Society have done well in issuing their valuable report on "The Causes of Death" among those assured in this well-known Society. It is to be hoped that the example thus set will be speedily followed by other insurance offices. Nothing but good can come from the publication of such mortality experience for the guidance of all interested in life assurance.

MR. F. D. HOW has written for Messrs. Isbister and Co. a memoir of the late Dr. William Smyth (2s. 6d. net), "A Medical Hero," the story of whose noble self-sacrifice, even to the laying down of his life, in the cause of duty, while fighting an outbreak of typhus on the poverty stricken island of Arranmore, so thrilled the hearts of readers when first made public in our columns last autumn.

CANON ELLACOMBE, in his charming little work, "In my Vicarage Garden and Elsewhere," has an interesting chapter on "The Medical Properties of Flowers," which we venture to think will be particularly pleasing to some of our country practitioners.

DR. MARGARET TODD, better known as "Graham Travers," who made for herself a name and a place in the world of fiction by her novel "Mona Maclean," which was of considerable medical interest, has just published another work, which we understand furnishes ample evidence of the author's intimate knowledge of character and the vicissitudes of our mundane existence, in which her acquaintance with medical affairs is abundantly apparent.

IN the interesting life of William Black, by Wemyss Reid, recently published, there are some interesting letters which show the great novelist's appreciation of his medical advisers. The page labelled "The Vagus Nerve" will be read with interest by not a few friends of a well-known medical romancer.

THE sixth annual Medical, Surgical, and Hygienic Exhibition will be held at the Queen's Hall on May 20th—23rd.

(a) "Handbook of Public Health." By John Orr, F.R.C.P.E., M.B.C.S. Eng. Pp. 236. Edinburgh: D. S. Livingstone. 1902.

Medical News.

Handsome Gift to the Dundee Royal Infirmary.

Mr. J. K. CAIRD, Dundee, has offered the Dundee Royal Infirmary a much needed addition to its resources in the shape of a separate block of buildings, part of which will be for patients suffering from cancer, while the remainder will be utilised for affording a much-needed relief to the present overcrowded state of the hospital. The estimated cost of the building is £18,500.

Mr. Caird further offers £1,000 per annum for five years for research in cancer.

Medical Sickness and Accident Society.

THE nineteenth annual report of the above Society has just been posted to the members, and shows that the business is growing in size and financial strength. During the year 1901 the funds increased by £10,801 6s. amounting on December 31st last to £154,353 17s. 3d. The greater part of the increase is due to the growth of the reserves in the sickness branch of the Society, for no new annuity nor life assurance business has been transacted for many years. The principal object of the Society is to make provision for medical men when disabled either by sickness or by accident. The business was started in 1884, and so carefully was it founded that although it was at first necessarily somewhat of an experiment the contributions of the members have always sufficed to pay the claims which have been experienced, and in no one year of its working has the Medical, Sickness, and Accident Society paid away more sickness claim allowance than was expected and provided for in the contributions. During its eighteen years of working no less than £75,000 has been paid by the Society to its members in the shape of weekly allowances, and the committee are constantly receiving evidence of the great value these allowances are to the recipients. The Society has been always entirely self-supporting. The committee of management have given their services free of cost, and in this and other ways have enabled the business to be worked in a very economical manner. So far less than 5 per cent. of the premium income has been sufficient to cover the whole expenses of management, and although, in addition to the large sums paid in claims, cash bonuses amounting to more than £10,000 have been returned to the members the large amount of over £150,000 has been accumulated. The committee have been specially anxious to accumulate a large reserve in order that they may safely carry out one of the most valuable objects of the Society, viz., the granting of what is practically a permanent provision to those members who become permanently disabled. More than a dozen members are now in receipt of an annuity, usually one hundred guineas a year, and the value of this provision to a man who can never hope to resume professional work can scarcely be over-estimated. Prospectuses and all particulars on application to Mr. F. Addiscott, Secretary, Medical, Sickness and Accident Society, 33, Chancery Lane, London, W.C.

Royal Medical Benevolent Fund Society.

ON Thursday afternoon, the 15th inst., the annual meeting of the Belfast branch of this fund was held in the Museum, College Square North. Professor Whitla, President, occupied the chair. After the adoption of the minutes, Dr. Purdon submitted the secretary's and treasurer's reports, which were considered most satisfactory. The President moved the adoption of the reports. In doing so, he said they had heard satisfactory reports. When last they met they had to face a fund which had fallen to somewhere between £80 and £70 a year. A special effort, however, brought it to £200. He felt it was a comparatively easy thing for the fund to be raised by one spasmodic effort from £60 or £70 a year to £200, but the question was could they keep it at that? There was only one matter for regret. He understood that fifty-two members of the profession refused to give any subscription, and there were twenty-five who gave practically no subscription. He had great pleasure in moving the adoption of the reports. Dr. Whitaker seconded the motion, which was

unanimously adopted. Professor Lindsay moved the re-election of the President, which was agreed to, amid hearty applause. On the motion of Colonel Dr. M'Farland, seconded by Dr. Boyd, the Committee was elected as follows:—The President, Hon. Treasurer, Dr. Purdon, Professor Lindsay, Drs. Brice Smith, W. A. M'Keown, H. O'Neill, J. M'Caw, M'Arthur (Greyabbey), Sinclair Boyd, Leslie, Gibson, Whitaker, Dempsey, R.C. M'Cullough, St. George (Lisburn), Darnell (Bangor), Donnan (Holywood), M'Kisack, and Mr. J. C. C. Payne, J.P. Dr. Purdon was appointed hon. secretary and hon. treasurer. The proceedings then concluded.

Medical Golf Tournament.

THE fifth annual tournament will be held on the 29th inst. at Northwood (by kind permission of the Northwood Golf Club). Regulations as for 1901. 18 Holes Match, Play v. Bogey; foursome sweepstakes during afternoon. Two classes (1) handicaps of twelve and under, (2) over twelve, members of Northwood deduct two from their handicap. 1st and 2nd prize and prize for best last nine holes v. Bogey in each class. No match may be started later than 3.15 p.m. No previous play allowed on the day. Entries, stating lowest handicap and enclosing 5s. entry fee, should be made before the 26th inst. to the hon. sec., Rolf Creasy, Windlesham, Surrey.

Dublin Death-rate.

The deaths registered in the Dublin Registration area for the week ending Saturday, May 10th, 1902, represent an annual rate of mortality of 23·8 in every 1,000. Diseases of the nervous system caused 18 deaths, of the respiratory system 29 deaths, and of the circulatory system 19 deaths; 52 infants died during the week, of whom 37 were under one year old. In 12 instances the cause of death was "uncertified," there having been no medical attendant in the last illness. In the Grand Canal Street district the death-rate was 32·9, in Somerset Hill district 29·3, in Lisburn Street district 26·0, and in South Earl Street district 26·6.

Pass Lists.

The Royal University of Ireland.

The results of the Spring Medical Examinations were presented and approved, and the following Exhibitions were awarded:—

Second Examination in Medicine.—O'Connell Sullivan, Second Class Exhibit, £15.

Third Examination in Medicine.—William M. Crofton, B.A., First Class Exhibit, £30; Denis J. Keane, Second Class Exhibit, £20.

M.B., B.Ch., B.A.O. Degrees Examination.—Walter Phillips, B.A., First Class Exhibit, £40; John Armstrong, Second Class Exhibit, £25.

The report of the Medical Committee in reference to the appointment of Extern Examiners was referred back for further consideration.

A meeting of the University was subsequently held, when the following degrees were conferred:—

M.D.—E. H. Grills, H. J. Monypenny, Isabel A. Tate.

M.Ch.—E. S. Ryce, B.A., M.D.

M.B., B.Ch., B.A.O.—W. Phillips, B.A.; John Armstrong, A. L. Black, S. E. Hunter, C. F. White, D. R. Campbell, B.A.; John Clements, B.A.; A. W. Hamilton, J. P. Higgins, M.A.; J. L. Lunham, M. J. Macauley, F. H. M'Caughy, E. J. M'Kenna, F. C. Mann, L. T. Moore, W. F. O'Connor, Patrick O'Doherty, John J. Hare, F. W. Stewart, B.A.; William A. Stoops, B.A.; W. J. Thompson.

Scotch Qualification in Public Health.

AT the half-yearly meeting of the Conjoint Board of Examiners in Public Health of the Royal Colleges of Physicians and Surgeons of Edinburgh and the Faculty of Physicians and Surgeons of Glasgow, held in Glasgow, the following medical practitioners, having passed the necessary examinations, were admitted Diplomates in Public Health:—Peter Aitken, Gilbert Edward Brooke, Walter F. Brown, Duncan Fletcher, James Livingston London, Neil Macvicar, William Russell, Alexander Watt, Frank Mayes Willcox.

Notices to Correspondents, Short Letters, &c.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate, providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning corrected proofs.

ACCEPTED ORIGINAL COMMUNICATIONS RECEIVED:

"The Serum Treatment of Plague." By H. C. Drury, M.D., F.R.C.P.

"The Treatment of Dysmenorrhoea." By John Campbell, M.A., M.D., F.R.C.S. Eng.

"A New and Successful Treatment for Tuberculosis and Lupus." By Wm. C. Minchin, M.D., T.C.D.

URBAN.—Scraped carrot is much used in some districts as a poultice to swollen and inflamed parts. It acts as a mild vesicant, producing a copious crop of vesicles, with considerable local irritation.

"A MOVIN' MEDSIN."

A COLOURED woman threw the odds and ends of medicine left after her husband's death into the fire. The explosion that followed carried the stove through one of the windows. "Moe' pow'ful movin' medsin I eveh saw'd," said she. "No wondah the ole man gone died."—*Ex.*

MAYO.—There is no such rule or order.

THE WAR AND THE BIRTH-RATE.

At the last meeting of the Normanton Urban District Council the medical officer's report caused a good deal of amusement and comment. It stated that the birth-rate for the district had been very low for many years, but since the war it had risen, and the medical officer expected the higher rate would be maintained as long as the war continued, at which conclusion the members laughed heartily.

Meetings of the Societies, &c.

LONDON.

WEDNESDAY, MAY 21ST.

ROYAL MICROSCOPICAL SOCIETY (20, Hanover Square, W.)—7.30 p.m.

UNIVERSITY OF LONDON PHYSIOLOGICAL LABORATORIES (South Kensington).—5 p.m. Dr. Leonard Hill: The Physiology of Respiration.

THURSDAY, MAY 22ND.

NEUROLOGICAL SOCIETY OF LONDON (11, Chandos Street).—8.30 p.m. (patients at the rooms at 8 p.m.).—Clinical evening. Cases will be shown by Mr. Richardson Cross, Dr. Parkes Weber, Dr. Farquhar Buzzard, Dr. Colman, and others.

HARVEIAN SOCIETY OF LONDON (Stamford Rooms, Edgware Road, W.).—8.30 p.m. Cases will be shown by Mr. Watson Cheyne, Dr. A. Whitfield, Dr. A. Morison, Mr. F. Jaffrey, and others.

FRIDAY, MAY 23RD.

CLINICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8.30 p.m. Annual general meeting; election of officers for session 1902-1903. The following papers will be read:—Sir Thomas Barlow and Dr. H. Batty Shaw: Inheritance of Recurrent Attacks of Jaundice and of Abdominal Crises with Hepato-spleno-megaly. (Two cases will be shown.) Dr. W. Hale-White and Mr. C. H. Golding-Bird: On the Subsequent History of Three Cases of Colitis on whom Right Lumbar Colotomy was performed several years ago.

POST-GRADUATE COURSES AND LECTURES (Medical Graduates' College and Polyclinic, 22, Chenies Street, W.C.).—Demonstrations will be given at 4 p.m. as follows:—Monday, Skin; Tuesday, Medical; Wednesday, Surgical; Thursday, Surgical; Friday, Throat.

MONDAY, MAY 20TH.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 p.m. Communications will be given by Mr. J. Sefton Sewill: A Case of Fractured Tooth; Mr. Kenneth W. Goodby: Sterilisation of Impression Composition. A Paper will be read by Mr. J. H. Targett: Some Growths about the Jaws.

DUBLIN.

THURSDAY, MAY 22ND.

ROYAL COLLEGE OF SURGEONS.—Council Meeting.

FRIDAY, MAY 23RD.

ROYAL ACADEMY OF MEDICINE IN IRELAND—Section of Obstetrics.—College of Physicians, 8.30 p.m. Specimens:—Dr. Alfred Smith: Tuberculous Erysipelas (four specimens). Dr. Horn: Fibroid Uterus Removed by Panhysterectomy. Papers:—Dr. E. H. Tweedy: Observations on the First Stage of Labour; the Causal Relation of this Stage to Rupture of the Uterus. Dr. John Knott: A Case of Amenorrhoea. Dr. Purfoy: Report of the Gynaecological Department of the Rotunda Hospital for the year 1900-01. Drs. Neill and McWeeney: A Case of Puerperal Eclampsia.

Appointments.

BELL, K. de R., M.R.C.S., L.R.C.P. Lond., Certifying Surgeon under the Factory Act for the Uppingham District of Rutland.

BLACK, A. L., House Surgeon to the Royal Victoria Hospital, Belfast.

COOMBS, HOWLAND HILL, M.D. Durh., Medical Officer for the Rural District of Bedford.

CROW, J., M.B., Ch.B. Glasg., Medical Officer and Public Vaccinator for the Largs and Fairlie Districts Parish Council.

DALY, F. J. F., M.R.C.S., L.R.C.P., Medical Officer to No. 10 District of the Hackney Union.

GLENNY, EDMUND, L.R.C.P.I., L.R.C.S.I., Senior House Surgeon to Jervis Street Hospital, Dublin.

GRACE, A. H., L.S.A., Certifying Surgeon under the Factory Act for the Chipping Sodbury District of Gloucestershire.

JONES, O. C., M.B. Oxon., Certifying Surgeon under the Factory Act for the Ilfracombe District of Devon.

MILNER, ERNEST ARTHUR, M.B., C.M. Edin., Medical Officer of Health for Lostwithiel (Cornwall).

RICHARDS, E. W., M.D. Lond., Certifying Surgeon under the Factory Act for the Dolgelly District of the County of Merioneth.

RICHARDSON, W. P., M.B., M.S. Edin., Certifying Surgeon under the Factory Act for the Blisworth District of Northamptonshire.

RYAN, JOHN P., L.R.C.P.I., L.R.C.S.I., Junior House Surgeon to Jervis Street Hospital, Dublin.

SHAW, JAMES, M.D. Glasg., Certifying Surgeon under the Factory Act for the Aylesbury District of Bucks.

STEVENSON, HOWARD, M.B., B.Ch., B.A.O.R.U.I., House Surgeon to the Royal Victoria Hospital, Belfast.

TYNDALL, FRANCIS, M.R.C.S., L.R.C.P. Lond., Certifying Surgeon under the Factory Act for the Westhoughton District of Lancashire.

Vacancies.

Clogher Union.—Medical Officer. Salary £100 per annum, with Registration and Vaccination Fees. Also a Medical Officer of Health. Salary £15 a year. Applications to Thomas Turner, Clerk of Union. (See Advt.)

Down County Infirmary.—House Surgeon. Salary £80 per annum. Applications to Dr. Tate, Downpatrick (See Advt.)

Durham County Asylum.—Third Assistant Medical Officer. Salary £150, with apartments, board, laundry, and attendance. Applications to the Medical Superintendent, Durham County Asylum, Winterton, Ferryhill.

Hereford County and City Asylum.—Senior Assistant Medical Officer. Salary £150 per annum, with board, lodging, and washing. Also a Junior Assistant Medical Officer. Salary £100 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.

Lancashire County Asylum, Warrington.—Assistant Medical Officer. Salary £150 per annum, with furnished apartments, board, attendance, and washing. Applications immediately to the Medical Superintendent.

Nottingham General Dispensary.—Assistant Resident Surgeon. Salary £180 per annum. Furnished apartments, attendance, light, and fuel are found. Applications to Secretary, Journal Chambers, Nottingham.

Royal Albert Hospital, Devonport.—Resident Medical Officer. Salary £110 per annum, with board and lodgings. Applications to Chas. W. Dickinson, Capt. R.N., Secretary.

Royal Cornwall Infirmary.—House Surgeon. Salary £100, with board, and apartments. Applications to the Secretary, 4, Parkview Terrace, Truro.

Sir Patrick's Dun's Hospital.—Lady Superintendent. Salary £125 per annum, with furnished apartments, laundry, and attendance. Applications to the Secretary of Medical Board. (See Advt.)

Suffolk General Hospital.—House Surgeon. Salary £100 a year, with board, lodging, and washing. Applications to Henry Bonner, Secretary, Bury St. Edmunds.

The Westmorland Lock Government Hospital.—Resident Medical Officer. Salary at the rate of £100 per annum, with furnished apartments, &c. Applications to the Registrar, Dublin. (See Advt.)

Traveller.—London firm of manufacturing druggists invites applications from medical men willing to represent them in India, the Colonies, and the Continent. For further particulars see Advt.

Wolverhampton and Staffordshire General Hospital.—House Physician.—Salary £100 per annum, with board, lodging, and washing. Applications to Edmund Forster, House Governor and Secretary.

Births.

ALDERSON.—On May 16th, at 5, Eldon Square, Newcastle-on-Tyne, the wife of Wilfred E. Alderson, M.D., M.B., of a son.

BUTHERFORD.—On May 13th, at 12, Newton Place, Glasgow, the wife of Henry Butherford, M.B., of a son.

Deaths.

BODINGTON.—On Thursday, May 8th, at Hotel d'Jena, Paris, George Fowler Bodington, M.D. Durh., aged 73.

ORD.—On May 14th, at the residence of his son, The Hall, Salisbury, William Miller Ord, M.D., F.R.C.P., Consulting Physician to St. Thomas's Hospital, London, aged 67.

PITT.—On May 17th, at Wellesbourne, Richard Pitt, M.R.C.S., L.S.A., in his 85th year.

WHITMORE.—On May 18th, William Tickle Whitmore, F.R.C.S., of 18, Vernon Terrace, Brighton, formerly of 7, Arlington Street, Piccadilly, London.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXIV.

WEDNESDAY, MAY 28, 1902.

No. 22.

Original Communications.

ON THE SUBSEQUENT HISTORY OF THREE CASES OF COLITIS, ON WHOM RIGHT LUMBAR COLOTOMY WAS PERFORMED SEVERAL YEARS AGO. (a)

By W. HALE WHITE and C. H.
GOLDING-BIRD.

It may be within the memory of some members of this Society that on May 12th, 1899, we read a paper here on three additional cases of right colotomy for chronic colitis. This evening we propose to give the subsequent history of each of these cases, the early details of which will be found in our previous paper.

CASE I.—Miss F., *æt.* 36, had suffered very severely from membranous colitis for twenty years. On May 13th, 1896, the first stage of right lumbar colotomy was performed, the bowel being opened six days later. In May, 1897, a year from the operation, we closed the artificial anus without difficulty. During this year, from May, 1896, to May, 1897, her general health had considerably improved, and she had gained flesh. Her doctor, Dr. A. E. Taylor, of Lancaster Gate, wrote on August 4th, 1896:—"She has done very well indeed; not had a bad symptom; very few casts; she is now up and about, and is getting stout." After May, 1897, the date of closure, our first report is November, 1898, when she came to see us; she then looked perfectly well, was living an ordinary home life, was active in her habits, and taking moderate outdoor exercise, but had to take aperients to get the bowels open. From November, 1898, we heard nothing of Miss F. till we wrote to her in February, 1902. She was then in bed with rheumatic fever, so her mother wrote saying as follows:—"She has to admit that there is very little change in her condition (compared with that before operation), and she could not candidly say there is a perfect cure." It is clear from this report that she has relapsed from her improved condition in November, 1898. Her mother continues her letter saying:—"The general health is very bad; occasionally swelling attacks (tyimpanites); great wasting of the body; the food passes through undigested, accompanied by casts and blood occasionally. There is considerable constipation."

Dr. A. E. Taylor corroborates this written account, and he adds that she has recently had two attacks of sub-acute rheumatism. We wrote to the patient's mother to say when the relapse began, and she replied that it was in December, 1898.

(a) Paper read at meeting of Clinical Society, May 23rd, 1902.

CASE II.—Laura B., *æt.* 31, a barmaid, had suffered from symptoms of severe colitis for eighteen months, passing much membrane. On March 3rd, 1898, the first stage of right lumbar colotomy was performed, the bowel being opened on March 8th. The artificial anus was closed without difficulty on September 29th, 1900, two and a half years after it was made. During this two and a half years, in which the wound remained open, the patient remained in perfect health, resuming her business as a barmaid six months after the artificial anus was made, and subsequently continuing her occupation without interruption. She suffered no inconvenience from the protective apparatus she wore over the opening, and, indeed, twice refused our offer to close the artificial anus as she had got quite used to it, and was afraid of running the risk of return of the membranous colitis. During the eighteen months that have now elapsed since the closure of the wound she has remained in perfect health, following her usual occupation. There has been no trace of membranous colitis, and to assure ourselves, last November we took her into the hospital for a short time and examined all the motions. They were perfectly natural. She remains well at the present time.

CASE III.—Edward K., *æt.* 35, had suffered from symptoms of chronic colitis for seven years. Colotomy was performed December, 1898. Five days later the bowel was opened, and seven weeks later he left the hospital to return to work, much improved in his general health and having lost all his symptoms of colitis. During the summer of 1899 he worked hard as an artisan in Woolwich Arsenal, and as he continued perfectly well was anxious for an early closure of the wound. Two attempts were therefore made during this year (1899), but neither were successful, though the opening was much reduced in size. Since the second of these attempts very nearly all the faeces have passed naturally through the colon and per rectum in a perfectly healthy way, only a little occasionally coming through the colotomy wound. A third and last attempt was made in 1901, but again with only partial success. But on February 25th, 1902, he presented himself in good health and reported that the small sinus resulting from the last operation had closed by itself. It will be noticed that he has remained well for two and a-half years after the passage of faeces along the colon has been re-established.

We think these records show that in severe cases of chronic colitis which have not yielded to other treatment right-sided colotomy is beneficial. Indeed, in each of these three cases it was curative; for Miss F. did not relapse until eighteen months after her wound was closed, and the other two patients, although their colotomy wounds are closed, remain perfectly well. The difficult question that has to be determined is how long shall the artificial anus be kept open, and whether in certain cases it should

ever be closed at all. It is to be noticed that in Miss F.'s case the artificial anus was closed at the end of twelve months, during which period she had remained free from her symptoms, as indeed she did for several months after the closure, but eventually she relapsed. With our present experience the extreme duration (twenty years) and great severity of the disease in Miss F., who had become a thorough chronic invalid, would lead us to suggest, if we saw another patient like her, that the artificial anus should be maintained considerably more than a year; and though in our second case the artificial anus was kept open two and a-half years at the patient's own request, it is likely that by this request she did herself a great service, for had we closed the wound earlier she might have relapsed; still, the duration of her disease was short. These two women are instances of *membranous colitis*; the third case, a man, was one of chronic dysentery; he so immediately improved after colotomy that we made the first attempt to close his opening in a few months, and we felt warranted in the attempt because, owing to the mechanical difficulties of plugging the wound in his cæcum, there were frequent escapes of faeces into the colon, although the passage of these was not sufficient to provoke any return of his symptoms. The difficulty in restraining the escape of the intestinal contents along the colon on the one hand, and externally on the other, because of its fluidity, compels us to form an adverse opinion of cæcotomy in these cases, as compared with a right lumbar colotomy; and for the same reason also a cæcotomy wound is more difficult to close.

To avoid the nuisance of an artificial anus a small valvular opening in the colon has been suggested and employed. ("Transactions" of New York Surgical Society, January 23rd, 1901, communication by Dr. Percy Bolton.) Through it antiseptic irrigation from it to the anus has been practised, but our opinion is that in membranous colitis irrigation does more harm than good; the complete rest given to the colon by the artificial anus is all that is required. Our reasons for this view are given in our former communication.

It has been suggested to us that the implantation of the ileum into the sigmoid would meet all requirements without an artificial anus, and ensure permanency of cure. Three objections at once present themselves to this plan. In the first place the irritating fluid contents of the ileum passing at once into the rectum would be likely to produce a chronic diarrhoea; secondly, some of the contents of the small intestine would be sure to regurgitate from the sigmoid flexure into the colon and so keep up the colitis; and, thirdly, the implantation would in many instances not be above the whole of the disease.

INHERITANCE OF RECURRENT ATTACKS

OF

JAUNDICE AND OF ABDOMINAL CRISIS

WITH

HEPATO-SPLENOMEGALY. (a)

By SIR THOMAS BARLOW, BART., and
H. BATTY SHAW, M.D.

ABSTRACT.

THE observations giving rise to this paper were made upon two patients, Albert W., æt. 19½, and Mrs. W., his mother, æt. 47.

Albert W., when born, was noticed to be a very delicate child, and was pale and waxy-looking. At

five years of age he was noticed to be jaundiced for the first time, and since then there have been attacks of semi-jaundice lasting three or four days, accompanied by pain in the upper part of the abdomen. For the last six years he has been troubled with indolent ulcers about the ankles which only healed when he kept in bed for some days.

On admission to University College Hospital in 1899, the patient was found to be undersized for his age, and looked anæmic and yellow. The liver was only moderately enlarged, but the spleen was much enlarged, reaching two inches below the level of the umbilicus; there were signs of cardiac dilatation more particularly of the left ventricle; the stools were repeatedly examined and were always found to be brown in colour, the urine very often was high coloured, no bile could be demonstrated, but urobilin was easily detected spectroscopically without extraction. Examination of the blood showed signs of there being present some secondary anæmia. The temperature rose a little, but was never more than 99.6° F.

The boy was again admitted in May, 1901, there was practically no change in the size of the spleen, but a slight reduction of the liver dulness below the right costal margin. A few glands were noticed in the neck. Besides a reduction in the number of red corpuscles of the blood and of the hæmoglobin, poikilocytosis, nucleated red corpuscles and basophile cells were met with, and during the earlier part of his stay in the hospital, the leucocytes numbered 14,000 per cubic millimetre. None of the patient's brothers or sisters suffered from attacks like these, though a brother had had jaundice once in childhood.

Mrs. W. had her first attack of jaundice when about five years old, and has had repeated attacks since. With the jaundice there were associated pains in the upper abdomen and vomiting. She had one attack whilst pregnant with the child whose condition has been described; there was no elevation of temperature during an attack observed in September of last year. The liver was found to be considerably enlarged and the spleen also; the patient is troubled with an indolent ulcer on the right leg, its onset dating from before marriage. Urobilin and bile were absent from the urine in specimens examined in the attack in September, 1901. The examination of the blood showed the same characteristics as that of the son except that there were no nucleated red corpuscles. Both patients have always resided in England. There is no evidence in either case of hectic infection; both mother and son are very temperate; during infancy a little brandy was given to the son daily for about a year.

Very similar attacks occurring in three generations have been described by Dr. Claude Wilson, and Dr. Finlayson has called attention to their occurrence in several collateral members of a family.

The special points to be noted in the above two cases are (1) the chronicity of the affection, lasting in the son at least fourteen years and being probably congenital, and in the mother for a much longer period; (2) the occurrence of indolent ulcers in both cases; (3) the jaundice is always slightly present and undergoes periodic intensification, and is then associated with pain in the liver or spleen or in both; (4) Mrs. W. would appear to be a case of Hannon's cirrhosis of the liver, whilst her son's cannot but be considered as an earlier incomplete stage, possibly of the same malady; (5) finally, attention is called to the extremely guarded prognostic view to be held in such cases. Mrs. W. has grown to maturity and has had a family of several children, but for the disturbance caused by the periodical attacks of jaundice and abdominal pains is able to enjoy life. Two of the boys described by Dr. Wilson were under the

(a) Abstract of paper read at meeting of Clinical Society, May 23rd, 1902.

observation of one of us, and they appeared a few months ago to have lost all signs of the affection.

TWO CASES OF GASTRIC ULCER. (a)

By ALEXANDER BLAYNEY, F.R.C.S.I.,
Assistant Surgeon to the Mater Misericordiae Hospital.

WERE the case I am about to relate one in which the operation was a complete success, the patient never showing a subsequent bad symptom, I do not think I should be justified in bringing it forward. It seems to me, however, that its interest is just in proportion to its remoteness from the above gratifying result, about which we now so often read. Were we enabled to get the details of the unsuccessful cases, and the causes of the non-success as verified by subsequent post-mortem examination, we should, I feel confident, gain a much more accurate idea of the difficulties which have to be met with, and the best means of surmounting them than we do from reading the records of the eminently successful cases which are almost the only ones now published. While this paper mainly deals with a case in which the patient's life was ultimately saved, I shall preface it with the brief history of one in which the contrary result unfortunately took place, but in which the knowledge gained from watching its progress enabled me to save the life of my second patient.

The first patient was a girl, *æt.* 24, who had suffered from anæmia and symptoms of gastric ulcer for more than a year. While not performing any laborious work she got a sudden pain in the abdomen and felt very faint. She was removed to bed, where she vomited, and the pain became gradually worse. I did not see her till about twenty-one hours after the onset of the attack, when I found her with rigid, tender abdomen, a rapid pulse, and an expression of considerable anxiety. She had had vomiting two or three times since the first appearance of symptoms, and neither *feces* nor *flatus* had passed. She was immediately submitted to operation, and a rather small aperture was found near the pylorus. It was readily stitched up, there being but little induration in the neighbourhood of the ulcer.

The abdomen was well flushed out and closed without drainage. The patient rallied well from the operation; her temperature, at first somewhat elevated, began to fall; her pulse rate declined also, and everything seemed to be progressing most favourably up to about the sixth day. Her temperature then began to show an upward tendency and some pain was experienced. The temperature was higher next day and the pulse rate faster. A careful examination was made of her abdomen, more especially in view of her having a subdiaphragmatic abscess, which I knew to be a not infrequent sequel of gastric perforation. The area of liver dulness was normal, and all that could be made out was some tenderness in the neighbourhood of the wound which itself had healed by first intention.

I did not then deem the symptoms sufficiently alarming to justify a reopening of the abdomen. For the next two days there was no change, her temperature remained about 102°, pulse 120. The next night, about one, she got a violent pain in the abdomen, became collapsed, and died eleven days after operation, about seven in the morning, without my being summoned to see her. I made a post-mortem examination and found that she had suffered from a small subdiaphragmatic abscess, which had burst into the general peritoneum. The

rupture in the stomach was perfectly healed externally. I was not allowed to remove the stomach, and so did not see its internal aspect. On reflecting on this case I felt that she might easily have been saved by reopening of the wound while the abscess was still localised, and I resolved, if in any subsequent case a similar train of symptoms should make their appearance, to at once explore the abdomen, whether I could find localising symptoms of abscess or not.

L. S., unmarried, *æt.* 21, housemaid, was admitted on January 28th, 1902, suffering from intense pain in abdomen, with vomiting.

As a child had been quite healthy. Since puberty, however, has been delicate, suffering apparently from anæmia, as she states she was always pale, got easily breathless, and suffered from palpitations. She did not menstruate till she was 17, and since then has been always irregular, the menses appearing only at intervals of two to three months.

She began to suffer from pain in the stomach about two years ago, and during these two years she has been suffering from it, except for a few months when she was under treatment and returned home to the country. The pain came on about ten minutes after taking food; it was relieved to some extent by lying on her back with an inclination towards the right side. It was also relieved by vomiting, which usually followed within about an hour of taking food. The vomited matter was sometimes dark brown in colour but never contained unaltered blood.

The treatment which she received was apparently the administration of iron in the form of Bland's pills. This with a change to the country improved her condition, and the pain disappeared for some time. She stopped taking the pills about a month previous to her admission to the hospital. On the day previous to this she took a dinner, consisting principally of beef and bread, about twelve o'clock. She had some tea and bread and butter about five, and a similar meal at nine. She had had no vomiting that day. About half an hour after going to bed, and about eleven o'clock, she was seized with a violent pain in her stomach and left shoulder. The pain was constant in character with exacerbation at intervals of about three or four minutes. She vomited immediately after getting the pain about half a pint of brownish matter. She felt very cold, and was given brandy on two occasions, but it was promptly vomited each time. She was seen soon after her attack by a doctor who gave her two pills, which she retained. The pain remained all night. She was sent into the Mater Hospital about eleven o'clock next day, but I did not see her till about half-past five.

At that time her face presented a drawn appearance as of one in considerable pain. On examination of her abdomen it was found to be moderately distended, rigid, very tender on pressure in the epigastric region; tympanitic, the resonant area extending upwards for a considerable distance, and almost causing total disappearance of the liver dulness. The pulse was about 128, and very feeble. Temperature 100°. No *feces* had been passed since attack, but about 6 ozs. of urine were passed while in hospital. A diagnosis of perforated gastric ulcer was made, and she was at once submitted to operation.

A hypodermic injection containing 1.30th gr. strychnine having been given, the patient was anaesthetised with ether and a median incision about 5 ins. long was made between the ensiform cartilage and the umbilicus. There was a very thick layer of extra peritoneal fat resembling omentum in its appearance and at first giving me the impression that the peritoneum had been opened, when, as a

(a) Paper read before the Surgical Section of the Royal Academy of Medicine in Ireland

matter of fact, it had not yet been reached. However, the identification of the structure was soon established and the peritoneum opened. A considerable quantity of greenish coloured fluid came away, but there was no gas free in the peritoneal cavity. Large flakes of lymph were to be seen here and there on the intestines and stomach. There was some little difficulty in locating and reaching the site of perforation; when finally exposed it was found to be situated on the anterior wall near the cardiac orifice and close to the lesser curvature. It was about the size of a sixpence, and a considerable area of the stomach, for about $\frac{1}{2}$ in. all round, was found to be markedly indurated. The peritoneal aspect of the stomach in the neighbourhood was much reddened. The first Lambert sutures inserted, even at a considerable distance from the aperture, cut through. The next sutures were consequently put in even farther out; about half a dozen were put in before any attempt was made to tie them, so as to distribute the tension. The two folds of stomach were then held up by Mr. Hayes, who was assisting; while they were thus held in approximation the sutures were tied. A few more were then inserted, and finally a piece of the lesser omentum was turned down and stitched over the line of sutures. The upper portion of the abdomen was then flushed out with large quantities of sterile saline solution repeated till it returned quite clear, a gauze drain inserted down to the line of sutures, and the wound closed with through and through sutures of silkworm gut. The operation in all lasted a little over an hour.

The patient bore the operation fairly well. The early treatment consisted of the administration of nutrient enemata containing beaten up egg and brandy every fourth hour, liq. strych. 5 M. every sixth hour. Nothing was given by the mouth for five days, when some raisin tea was given, which was very agreeable to her. The gauze drain was removed next day, but owing to some doubt as to the security of the sutures it was replaced by some more gauze.

She continued steadily to improve, her temperature and pulse rate falling. Her bowels responded to an enema given on the second day after the operation, and moved spontaneously on the two following days. On the seventh day her morning temperature was 97°, her evening temperature 98.2°, pulse 64 and 80 respectively. From this on, however, both temperature and pulse rate showed a tendency to rise and on changing the gauze plug on the tenth day a slightly foul odour was perceptible. She was now complaining of some pain and tenderness, referred chiefly to the left of the wound. The temperature was 100.8° on the same night, and guided by my experience in the previous case I determined to reopen the abdomen, which was done on the eleventh day after the operation. I first explored the sub-diaphragmatic space on the right side, but found nothing. I then directed my finger towards the site of the original perforation, and after pushing it for some distance up I broke down an adhesion which allowed free some very foul-smelling pus. I could not for some time localise the aperture whence it came; it gushed out synchronously with the respiratory movements from some spot deep under the left dome of the diaphragm. In order to give myself room I then at once cut across the left rectus muscle and was now able to get my finger into the aperture, and on pushing it on it entered a large space filled with pus in the neighbourhood of the spleen. Considering the situation of the abscess cavity I did not think the anterior aperture would drain it thoroughly, and I accordingly cut down on the ninth intercostal space, which I made prominent by thrusting my left finger through the abscess cavity. The incision was so low down as to be

below the pleural reflection, so that the danger of an empyema was avoided. A large drainage tube was inserted here. The anterior wound was closed except the upper angle of the longitudinal wound and the outer angle of the transverse wound which were plugged with gauze. A copious dressing was then applied and the patient sent back to bed.

The effect of the operation was to cause an immediate drop in the temperature to 98.6° on the same evening. However, it rose again, and for the next ten days it remained up, reaching as high as 102° on the twentieth day after the original operation. At this time, too, the patient got an attack of diarrhoea and vomiting and complained of pain, this time on the right side of the wound. As the pain continued I again explored the subdiaphragmatic space, first with an exploring needle and subsequently with my finger (no anæsthetic), but with negative result. However, from this on the progress of the case was steadily towards recovery. The temperature fell to normal, in about five days more the pulse rate came down, the discharge from the posterior drainage tube gradually diminished, and the anterior apertures in which the gauze had been placed filled up with granulated tissue and healed in.

I was enabled to show the patient at the last meeting of the Surgical Section on April 4th. At that time the anterior wound was quite closed and the posterior almost. Complications were not yet done with however, for on the following Friday, a week after she was shown, her temperature was up again. Next day on examining the anterior wound I found it inflamed and a fluctuating swelling could be made out underneath. On incising this, about two ounces of foul smelling pus were evacuated. The opening at once brought relief. Her temperature fell, the odour and discharge gradually diminished, and with the exception of a very small sinus, she is quite well.

As regards her food during the course of her treatment. Raisin tea was the first thing given by the mouth about the end of the first week. This was continued alone for about three days. She then got milk and lime water, beef juice, then in a few days milk puddings, a beaten-up egg, and about the end of four weeks a little bread. About a fortnight later she got some chicken, and when leaving hospital was on the ordinary diet. The stomach symptoms from which she suffered two years previously have completely disappeared, and she has now absolutely no pain after a meal.

Such in brief is the history of the case which I have thought worthy of presenting to your notice; it had many points of interest for me, of which I should like to select for special mention two. The first concerns the formation of the perisplenic abscess and the symptoms associated therewith. There seems to me to be two possible explanations of its origin, the first and more probable that the primary flushing out of the abdomen was imperfect, and some bacteria containing extravasation having been left behind an acute, but localised inflammation was set up, terminating in abscess formation. The other that a subsequent giving way of the suture line allowed of a secondary perforation terminating in localised abscess formation. As against the latter theory there was absent the history of any sudden onset, and, furthermore, there was never any evidence of stomach contents in the discharge from the cavity. Taking, then, the first theory as the more probable one, what strikes me most forcibly is the steady fall of temperature and pulse rate, notwithstanding the formation of an intraperitoneal abscess, which at the time of opening contained more than a pint of fœtid pus. The explanation of this I must leave to other and wiser heads. The moral is obvious, never be betrayed into

giving a positively favourable prognosis after such an operation because of a steady fall of temperature and pulse rate in the first six or seven days.

The second point I should like to dwell on is that in both the extravasation was limited to the upper portion of the abdomen. This I attribute to the condition of the transverse colon, which in both cases I found distended and pushed upwards, overlapping to a considerable extent the stomach, and giving the explanation of the resonant note which was to be made out over the lower part of the hepatic area. In neither case was there any free gas inside the abdominal cavity, the presence of which used formerly to be postulated in every case in which there was disappearance of the area of hepatic dulness.

TWENTY-ONE CASES OF GASTRO-ENTEROSTOMY

FOR

INTRINSIC STENOSIS OF THE PYLORUS. (a)

By F. M. CAIRD, F.R.C.S. Ed.,

Assistant Surgeon, Royal Infirmary, Edinburgh.

IN dealing with the indications for gastro-enterostomy it was pointed out that they were in the main similar to those for gastrostomy, namely, difficulty in the onward passage of food, vomiting, progressive emaciation, and subnormal temperature. When these were present operation could not be delayed without serious risk. He held that it was erroneous to say that gastro-enterostomy was in itself an operation of great danger and of doubtful value in so far as prolonging life was concerned. Even if life were not prolonged by it, the patient at least did not die of starvation, his discomfort was lessened, and pain might be completely removed. Even in undoubtedly malignant cases there was sometimes so great a gain in weight after the operation as to call the diagnosis in question for a time at least. Moreover, in some cases the tumour entirely disappeared after gastro-enterostomy. Of his twenty-one cases only one was said to be simple—a stricture due to gastric ulcer, and at the operation the diagnosis was confirmed. In only one case was no tumour to be felt. The principal symptoms were vomiting, emaciation, and absence or diminution of free hydrochloric acid after a test meal. On the whole, the speaker preferred a posterior gastro-jejunostomy as close to the duodenum as convenient, or in the complicated cases an anterior operation. The choice of a method was largely determined by what was found on opening the abdomen, and to what extent the stomach remained mobile. He did not think that it made much difference whether the food current was isoperistaltic or anti-peristaltic. No special preparation of the patient was required; unless the patient was accustomed to it, lavage was not practised. If the general condition was poor teaspoonfuls of warm milk and water were given on the evening of the operation, and a small dose of morphine if there were pain or restlessness. On the morning succeeding operation, if there were eructations, vomiting, or quickened pulse the stomach was washed out, a procedure from which Mr. Caird had seen nothing but good, although one must be prepared for, and guard against, syncope. If the pulse still remained rapid after lavage, then thirty ounces of saline solution should be transfused; this often gave markedly good results. Of his twenty-one cases four proved fatal: one patient died of broncho-pneumonia and congestion of the kidneys, the abdominal wound remaining healthy; a second patient died from exhaustion, and a third from leak-

age through the wound in the stomach; in a fourth case fatal peritonitis ensued, probably from aerial infection. Of the seventeen patients who survived the operation three had been lost sight of, and were probably dead, six were certainly dead, three from extension of the disease, two from cardiac failure, and one from phthisis; while eight patients were alive at periods extending up to six years after operation. A second laparotomy had been performed on two—in one for ventral hernia, and at the operation no trace of the old tumour could be found; in a second for nodules in the cicatrix, and here again the abdomen appeared free from disease. It might be asked whether cases which survived for six months were really malignant, but while the difficulty of differentiating simple hyperplasia from carcinoma might be extreme, it was hardly possible that experienced physicians could be so frequently in error about cases which showed all the clinical features of cancer. It was impossible to ascribe the great improvement in the patients to laparotomy alone, though Stridell and others had reported improvement in abdominal cancer after simply opening the abdomen.

Therapeutic Notes.

By GEORGE FOY, M.D., F.R.C.S.,

Surgeon to the Drumcondra Hospital, Dublin.

SALTS OF SILVER.

THE introduction of salts of silver into medical practice dates from the middle of the eighth century, and is usually credited to Abu Musa Dschahir, of Damascus, who, during his sojourn in Seville, in Spain, about the year 140 of the Hegira, discovered his aqua fortis, oil of vitriol, corrosive sublimate, and lunar caustic; its name recalls his "astrology of the lower world," and gives a glimpse of his alchemy. From those days to this silver salts have held a place in the armamentarium of both physician and surgeon. They were first recommended for internal use by Rhazes and Avicenna. In time they came to be considered as specifics for many diseases, and were favourites with Boorhaave, Boyle, and Lewis. Cullen, however, noted a defect. He writes (1772):—"Internally it may be of service, when the crystals are rendered milder, by extracting part of the acid." For many years attempts were made to produce a salt less caustic than nitrate of silver, but possessing its therapeutic properties. As a rule these all failed. We had to wait for the discovery that organic radicles combine with and modify inorganic ones. Even when Kane explained the composition of white precipitate, he was so far in advance of the chemistry of his day that the value of his wonderful discovery that is the basis of our knowledge of substitution products was unrecognised; when, however, Bunsen produced kakodyl, chemists at once recognised the importance of the discovery, and a new impetus was given to the formation of organo-inorganic salts that has as yet shown no loss of force.

Of this we have evidence in the silver salts of the Chemische Fabrik von Heyden, of Dresden, who, by combining organic acids with the metallic base, have furnished the medical profession with some choice products, which combine silver in the way that Cullen predicted as the only manner to make the metal a useful therapeutic agent. To ensure accuracy and to protect their own interests the manufacturers have given the salts fancy names, to wit: Itrol, actol, and collargolum. Itrol, a pure citrate of silver. Actol, a pure lactate of silver, and collargolum, an amorphous form of silver.

These salts, itrol and actol possess the antiseptic properties of the base without any of the caustic albumen coagulating properties of the nitrate, and already a considerable amount of literature on their therapeutic properties has been called into existence.

Itrol is a fine white powder, odourless, and in a 1 in 4,000 solution may be used as a cleansing wash for

(a) Abstract of Paper read before Edinburgh Medico-Chirurgical Society, May 7th, 1902.

wounds or ulcers. It prevents decomposition and breaking down of tissues; promotes healing, and lint wet with it forms a good dressing for wounds. It is free from the irritating properties of the commercial salt, the use of which is so often followed by eczema.

Actol, the lactate of silver, is even more energetic as an antiseptic, and in five minutes a 1 in 4,000 solution sterilises cultures of *B. streptococcus*, *B. staphylococcus*, and others.

Dr. Röder has for the past two years used itrol and actol, both separate and combined, as a dressing for wounds and as a general antiseptic, and speaks highly of their properties and of the rapidity with which wounds heal under their use.

Dr. P. Vielt, Homburg, in the *Allgemeine Medizinische Central. Zeitung* asks: "Is collargolum a specific against sepsis?"

He has tried the preparation in phlegmonous erysipelas, lymphangitis, pneumonia, diphtheria, scarlatina, appendicitis, pyæmia, and puerperal fever. By the clinical reports of twenty cases he describes his method of using the collargolum and its action. Suffice it to say that the results were so satisfactory that he gives an emphatic affirmative to his own question, and if clinical cases are worth anything he shows that collargolum, when properly used, is a valuable remedy—a useful addition to our list of therapeutic remedies; useful alike to the physician and the veterinarian.

VERATRUM VIRIDE IN PUERPERAL ECLAMPSIA.

Signor Mangiagalli (*Class. Intr. docen Med. Mod.*) has recently been treating all his cases of puerperal eclampsia with tincture of veratrum viride, the use of which in such cases he thinks is not as well known on the Continent as it should be. He considers it to be superior to any other drug in eclampsia prior to or after parturition; and it has the advantage that it in no way interferes with the use of other medication. It may, when necessary, be administered hypodermically. It is one of the oldest remedies for producing dilatation of the os and controlling the eclampsia spasms in midwifery. It cannot, however, be used without great care as it is possessed of lethal properties of a very marked character.

It paralyses, almost without exception, every part of the peripheral and central nervous systems. The paralysis is preceded in various organs by stimulation. As the action advances the muscles become paralysed. Especially does this occur in the case of the muscle, and probably also of the motor ganglia, of the mammalian heart. Veratrum viride and v. album act at first as irritants or stimulants, and then as paralyzing agents, upon the terminations of the motor nerves of the voluntary muscles, upon three of the inhibitory fibres of the heart, upon those of the sensory nerves of the skin and mucous membrane, and, finally, upon those of the centripetal nerve fibres in the lung.

It should, however, be said that when a dangerous dose is administered the first effect of the drug is to produce vomiting, a fact which explains the immunity from fatal results that follows on its use.

To produce its effects in puerperal eclampsia large doses must be given, twenty or thirty minims. Under its influence—to quote Professor Hare—"Veratrum viride bleeds a man into his own blood-vessels, and the indications for its use are the same in inflammation as they would be for bleeding."

The value of bleeding in puerperal eclampsia occurring in robust young women was the subject of a pamphlet by James Isdell, of Dublin, in 1874, and soon afterwards Fearn wrote to point out that the good effects of bleeding were secured by administering the veratrum without loss of blood.

There are some patients who cannot take even a small dose of the drug without vomiting. In such patients the dose of veratrum should be preceded by half-an-hour with a two minims dose of Battey's sedative solution of opium.

CINNAMIC ACID.

Dr. Alfred Mann continues to report favourably on the value of cinnamate of sodium in the treatment of tuberculosis.

The action of the sodium cinnamate, the salt he uses, is to increase the number of leucocytes, so that the white corpuscles in the blood are almost doubled in number. It is on this leucocytosis that the curative process is supposed to depend. It is quite possible that this leucocytosis does not wholly explain the therapeutic action of the drug, for some of it becomes changed into hippuric acid, and is eliminated as such by the kidneys. Neither is it wholly innocuous, an overdose of the acid proving soporific in its effects and, on the lower animals, killing by arresting respiration.

Pure cinnamic acid is closely related to benzoic acid, and may be considered as benzoic acid in which one atom of hydrogen has been displaced by C_2H_5 . It forms salts with the alkali metals, which are monobasic and readily soluble.

Its effects in cystic troubles are almost identical with those of benzoic acid, which is a very much cheaper chemical.

The cinnamates of potassium and sodium, like thymol, are said to pass into the small intestine without being decomposed, and they are therefore recommended as suitable remedies in the tympany that is found so frequently present in severe cases of typhoid fever. That the acid is a valuable therapeutic agent is unquestioned, but we fear its high price will seriously interfere with its general use in medicine.

RADIUM AS A DIAGNOSTIC AGENT.

M. Javal, of the Academy of Medicine, Paris, has made the important discovery that radium emits certain rays which are capable of penetrating living tissues and producing an impression on the retina. Persons blind from glaucoma or from opacity of the cornea, can, if the retina is intact, recognise the rays. Taking advantage of this fact, M. Javal employs radium to test the condition of the retina in those who are suffering from blindness.

Clinical Records.

CASE OF

VAGINAL HYSTERECTOMY

IN WHICH SECONDARY HÆMORRHAGE OCCURRED ON THE FIFTEENTH DAY, AND WHICH WAS TREATED BY ABDOMINAL SECTION. (a)

By J. B. HELLIER, M.D. LOND.,

Hon. Obstetrical Physician, Leeds General Infirmary.

THE patient, a married woman, æt. 51, multipara, was found to have early cancer of the cervix uteri. The infiltration seemed limited to the cervix, and had not broken down much. The uterus was removed by vaginal hysterectomy, the operation being easy and not prolonged. The uterus being easily drawn down and the broad ligaments easy of access, the method of ligature was chosen, silk being used, and the ligament being tied in three portions on each side. The vagina was packed with gauze. Progress was good until the fourteenth day, when the last ligature came away and there was trifling bleeding.

On the fifteenth day violent secondary arterial hæmorrhage came on. Attempts were made to arrest the hæmorrhage per vaginam by searching for the vessel and by packing. These attempts were futile. The patient lost about thirty ounces of blood and was almost pulseless. It was therefore decided to perform abdominal section. The patient was placed in the Trendelenburg position, and the abdomen opened. There was no free blood in the peritoneum, the pelvic floor being sealed up by adhesions. A portion of omentum reached into the pelvis, and was adherent to the seat of operation. On separating adhesions much blood and a little offensive seropurulent discharge welled up. The adherent omen-

(a) Paper read before the North of England Obstetrical and Gynaecological Society, May 9th, 1902.

tum was now, with some little force, detached from its position and cut off. By employing Doyen's retractor to expose the pelvic cavity, and by allowing the electric light to shine in, the bleeding point was found and tied. It seemed to be a branch of the right ovarian artery. A gauze drain was passed from pelvis to vagina, and the abdomen was closed in by suturing the peritoneum with continuous catgut, and then passing silkworm gut sutures through the remaining layers, a few interrupted catgut sutures being passed to secure the apposition of the aponeurotic edges. A small drainage tube was left in the lower corner of the abdominal wound. This was done because the operator's fingers had manipulated the seat of hæmorrhage, which was certainly somewhat septic, and it was most likely that the wound was infected also. The patient made a good recovery. There was no further hæmorrhage and no peritonitis. There was some suppuration in the abdominal wound, as anticipated. Ultimately it healed well.

During the operation free use was made of hypodermic injections of strychnine and of intravenous saline injections.

Dr. HELLIER said he had only once before had a case of secondary hæmorrhage after vaginal hysterectomy, and that was after the removal of a clamp at the end of forty-eight hours. In this present case something had to be done and done quickly, and the treatment adopted seemed to him the only thing to do.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, MAY 23RD, 1902.

Mr. HOWARD MARSH, F.R.C.S., President, in the Chair.

SIR THOMAS BARLOW, BART., and Dr. H. BATTY SHAW contributed a paper on

INHERITANCE OF RECURRENT ATTACKS OF JAUNDICE AND OF ABDOMINAL CRISES WITH HEPATO-SPLENOMEGALY, which is published in abstract on page 564.

Dr. ROLLESTON thought that the cases brought forward occupied an intermediate position between splenic anemia and Hannon's biliary cirrhosis in adults. He referred to certain families in the members whereof symptoms of both diseases had been met with. He recalled that certain French observers had described cases of Hannon's disease in which the spleen was also enlarged.

Dr. HERBERT FRENCH insisted upon the fact that one of the chief features of splenic anemia was the occurrence of hæmorrhages. In reference to the count of leucocytes which were said to have shown 10 per cent. of small leucocytes he pointed out that the special characteristic of the disease was an increase to 30 or even 40 per cent.

Dr. BATTY SHAW, replying, said they had been unable to examine the serum of the patient's blood, so that they could not say whether urobilin was present in the blood or whether it was real bile. In another case much urobilin was found in the urine, while in the blood real bile alone was found. He added that some of the counts had given a percentage of nearly 40 per cent.

Dr. W. HALE WHITE and Mr. C. H. GOLDING BIRD then gave

THE SUBSEQUENT HISTORY OF THREE CASES OF COLITIS ON WHOM RIGHT LUMBAR COLOTOMY WAS PERFORMED SEVERAL YEARS AGO,

which is published in full on page 563.

Dr. PERCY KIDD asked whether irrigations were always found to be harmful in these cases, mentioning that in a recent case irrigations had seemed to do good for a time; they also tried injections of nitrate of silver, which, however, had to be abandoned. This patient

appeared to be going on quite satisfactorily when hæmorrhage occurred with much pain, and in the course of a few days she died quite unexpectedly. No post-mortem was allowed.

Mr. A. BARKER thought that anastomosis of the ileum to the sigmoid flexure would expose the patient to the risk of regurgitation of fluid contents upwards. He mentioned the case of an elderly woman who came in with a huge abscess, the result of appendicitis. This had been opened very widely by a colleague, and she made a good recovery, but with a ghastly opening into the cæcum, which gave rise to much trouble. He then cut down and anastomosed the lower part of the ileum to the colon. This was followed by great improvement, but a very serious leakage persisted which prevented healing. Finally, some months later, he again operated, cutting right through the colon, and she made a good recovery. That case had made him doubt whether the operation of uniting the ileum and the sigmoid flexure would be a success unless it were cut clean through. The leakage occurred in spite of the fact that he had doubled up the gut at the first operation.

Dr. SYDNEY COUPLAND asked whether right lumbar colotomy was an operation that could be performed satisfactorily in the insane, adding that if practicable it would be a great boon, seeing that dysentery was very prevalent in large asylums, and accounted for 10 per cent. of the total deaths. These cases were often extremely prolonged; the patients would recover for a time and then relapse; in fact, they were the despair of the medical superintendents.

Dr. NORMAN DALTON suggested that it might be well to open the lower part of the ileum rather than the colon, and he related a case of a man who had had dysentery in South Africa, and had undergone colotomy. Six months later he was passing blood and mucus. He said he had had no injections through the opening. On examining him they found a large hernia of the posterior wall of the bowel which effectually prevented anything from the ileum passing into the colon. The man was treated by injections and got well. Mr. BURGHARD had operated and found that it was a piece of the ileum that was attached to the abdominal wall, and that enormously facilitated the closure of the bowel. In many of these cases the cæcum was much diseased, and after colotomy the fecal matter would get into the cæcum, whereas with an ileotomy it would not.

Dr. MONNIER-WILLIAMS related the case of a gentleman who passed twenty hæmorrhagic stools every day with great emaciation in consequence. They opened the colon on the right side, and then he steadily improved. The skin, however, became much excoriated by the liquid feces, and they had great difficulty in controlling the motions. He ultimately got quite well. With regard to injections he found that they improved matters greatly.

Mr. GOLDING BIRD, in reply, admitted that in ulcerative colitis antiseptic irrigations were very useful and, indeed, indispensable. In reply to Dr. Coupland he said he would be prepared to colotomise any insane patients, the after-treatment of course falling upon Dr. Coupland. He agreed that one might get a better spur from the ileum than from the colon.

Dr. HALE WHITE suggested that if anybody did do the anastomosis of the ileum into the sigmoid they would in many cases not get below the seat of the disease. After Dr. Monnier Williams' experience one might well flinch shy of opening the cæcum.

GENERAL MEETING.

Before proceeding to the business of the general meeting the PRESIDENT said he could not allow the occasion to pass without saying a few words with regard to the loss the Society had sustained in the person of Dr. ORD, who had probably done more for the Society than anyone except the founders. He described Dr. ORD as the type of the great physician, being also a great and enthusiastic physiologist and pathologist. He enumerated some of the contributions of the deceased Fellow, which showed how wide were his sympathies and how extensive his learning.

The business of the general meeting was then pro-

ceeded with. The report showed the Society to be in a flourishing situation. The selection of officers for the ensuing year having been announced, the usual votes of thanks to the retiring officers and members of Council were passed, and the Session came to an end.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD WEDNESDAY, MAY 7TH, 1902.

Dr. T. R. FRASER, President, in the Chair.

Dr. NORMAN WALKER showed four cases of lupus treated by various methods of photo-therapy.

Mr. ALEXIS THOMSON exhibited a patient after removal of a hyperostosis of the upper jaw and malar bone. The condition had been present since birth, but the jaw had increased greatly in size since the patient had received a blow on it from a stone some years ago. In operating an incision like that practised for removal of the upper jaw had been employed, and the hyperostosis was found to consist of soft bone, cutting just like hard cheese.

Dr. MACBRIDE showed a case of nasal deformity treated by paraffin injection.

Mr. H. T. STILES showed (1) a boy who in November of last year had suffered from ordinary otitis media, which was followed by a convulsion, with subsequent paralysis of the right arm. The paralysis improved somewhat, but about the beginning of March an abscess formed in the right fronto-parietal region. This was opened, and about a week later he was admitted to hospital. On admission he was found to have slight paralysis of the left arm, and a suppurating sinus on the right side of the scalp through which a probe could be passed into the cranial cavity. On operating a large abscess was found between the meninges. The boy had improved greatly as a result of the operation, but suffered from complete optic atrophy of the right eye and partial atrophy of the left disc. (2) A child after treatment of congenital dislocation of the hip by Lorenz's method, with a skiagram by Dr. Rainy.

Dr. ALEXANDER BRUCE showed (1) two cases of paralysis and spasm of the ocular muscles, one due to lesion of the sixth nerve nucleus, resulting from a fall, showing complete paralysis of conjugate deviation of the eyes to the left, while the movements to the right were almost normal; the other, a case of spasm of convergence in which the patient had become run down and suffered from dimness of vision whenever she looked at a near object. The spasm remained permanent until light was excluded from the eyes. (2) Two cases of spastic paralysis following whooping-cough. The patients were brother and sister, at 9 and 12 respectively, and up to four years ago, when they suffered from pertussis, they were in good health. The boy had a convulsion then, and about a year later began to suffer from weakness in the legs. The girl was affected in a similar way shortly after her brother. In both cases there was marked spastic paralysis with increased knee-jerks and ankle-clonus, inability to walk, and mental deterioration. The whooping-cough was most likely a predisposing cause. Both children were the subjects of hereditary syphilis, with bossing of the forehead and typical teeth.

Dr. W. G. SYM showed a case of spasmodic contraction of the right inferior rectus, causing diplopia on looking down and to the right.

Mr. COTTEBILL showed (1) a case of multiple scirrhus healed by oophorectomy and X-rays. The patient suffered from recurrent nodules in the scar of a previous excision of the breast, as well as from growths in the other breast and in the glands in the neighbourhood. The local condition being inoperable, oophorectomy was performed, and was followed by great improvement for four months, when the catamenia returned, and the disease began to spread. Ultra-violet rays were now being employed with some benefit.

Mr. C. W. CATHCART demonstrated a portable stretcher adaptable to the Trendelenberg position.

Drs. MELVILLE DUNLOP and STUART McDONALD

showed a liver from a case of congenital obliteration of the bile-ducts.

Mr. F. M. CAIRD read a paper on

GASTRO-ENTEROSTOMY:

Twenty-one Cases Performed for Intrinsic Stenosis of the Pylorus. An abstract of this paper will be found on page 567.

Dr. LOVELL GULLAUD read a paper on

CYTO-DIAGNOSIS IN PLEURAL EFFUSIONS.

The examination of the cells in a pleural effusion was important chiefly in serous cases; in empyema, for example, the micro-organisms alone were important. It had been for many years a matter for discussion whether ordinary acute serous pleurisy was idiopathic, "rheumatic," tuberculous, or infective; at one time all were considered idiopathic, and recently the tendency to regard all as tuberculous was increasing. The main point of diagnostic importance was whether a pleurisy was or was not tuberculous. Very often it supervened in a case of phthisis, and here no difficulty arose, but where it occurred in apparently healthy persons there might be great difficulty, as the effusion might conceal the signs in the lungs. If the pulmonary mischief were slight there might be no sputum to throw light on the case, while as the patients were usually pyrexial the injection of tuberculin was not available for diagnostic purposes. Practically, the sero-diagnosis of tubercle was not a great help, nor did the morphological examination of the blood prove of service in slight or chronic cases. As regards the exudate organisms might be found, but in undoubtedly tuberculous cases it was often difficult to demonstrate bacilli, either because of the strong bacteriocidal action of the serum, or because of their small number, or because the exudate was due rather to the toxin than to the organism itself. The methods in cyto-diagnosis were simple. The fluid usually required to be centrifuged unless the cells were very abundant. Cover-glass preparations were fixed in 10 per cent. formalin-alcohol and stained with eosin and methylene blue or Jenner's stain. To show fat or glycogen granules in the cells, sudan, followed by hematoxyline or iodine, should be used. The exudate cells were derived either from the blood or from the tissues. Of the former the polymorphonuclears and the lymphocytes were of the greatest importance. Red cells, basophile-leucocytes, and eosinophiles were not of any special significance. In fresh exudates the polymorphonuclear cells resembled those in the blood, but after a day or two they underwent degeneration, either fatty or glycolytic. The nucleus either ceased to stain or lost its network and stained darkly and homogeneously. When this occurred the lobes of the nucleus often broke up and the cells divided, giving rise to an appearance like nucleated red corpuscles. The lymphocytes resembled those in the blood, and did not degenerate like the polymorphonuclears. As to the tissue cells, they were derived mostly from the pleural endothelium—larger than a leucocyte, with rounded nuclei, and often showing fatty degeneration. The main points of diagnostic importance were as follows:—(1) In tuberculous effusions during the first three days the cells were mainly polymorphonuclear, but by the third day these were almost entirely replaced by lymphocytes. This character held good of tuberculous effusion during the whole course after the third day; the lymphocytes amounted to at least one-half of all the cells found. A true lymphocyte effusion was thus of great importance, and it was because degenerated polymorphonuclears simulated the lymphocytes that he had described them. Sometimes they were so numerous that a polymorphonuclear effusion might be mistaken for a lymphocytic one. (2) In pneumococcal and streptococcal effusions there was always a great preponderance of polymorphonuclears, and often also numerous endothelial cells. (3) In oedematous effusions there were very few cells, and these always endothelial. (4) In malignant pleurisy cancer cells could usually be found, sometimes in great abundance, and a proportion of polymorphonuclears was also present.

NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

AN ORDINARY MEETING OF THE SOCIETY WAS HELD AT LEEDS, MAY 9TH, 1902.

Dr. S. BUCKLEY, President, in the Chair.

SPECIMENS.

PROFESSOR C. J. WRIGHT (Leeds) showed a series of plaster casts illustrating the effects of birth moulding in various presentations upon the shape and diameters of the fetal head. The positions shown were:—

1. Occipito-anterior vertex.
2. Occipito-posterior vertex.
3. Head following pelvic position.
4. Face.
5. Brow.
6. Vertex after delivery through flattened pelvis.

The models were obtained from Berlin for teaching purposes.

Dr. HELLIER (Leeds) showed a proliferating polycystic tumour of doubtful nature growing from near the ovary. The cyst walls were very thin and contained clear limpid fluid.

Dr. J. E. GEMMELL (Liverpool) showed a specimen of Tubal Abortion.

Mr. H. LITTLEWOOD (Leeds) showed a pair of very dense solid ovarian tumours, and other specimens.

Dr. H. BRIGGS (Liverpool): (1) Large double pyosalpinx. (2) A pedunculated sub-peritoneal uterine fibroid which had undergone strangulation.

Dr. A. E. WEAR (Leeds): A placenta with extremely marked calcareous degeneration.

Dr W. MURRAY CAIRNS (Liverpool) related a case in which he had performed craniotomy and cranioclast for face presentation with impaction in a contracted pelvis. The patient was pregnant for the tenth time, six of the previous labours having been difficult and instrumental. Dr. Cairns saw the case when labour had been in progress for thirteen hours. The os was fully dilated, the face presenting and the head impacted at the brim. The liquor amnii had already drained away. The forceps was applied and failed and version was found impossible. The head was perforated through the anterior fontanelle and extraction completed with the cranioclast. Dr. Cairns was of opinion that with the improved modern methods of performing Cæsarean section, the treatment he had been obliged to resort to in this case would only be justifiable in very exceptional cases.

Dr. MURRAY CAIRNS also mentioned a case of intra-uterine strangulation. An extremely neurotic patient, æt. 32, in her first pregnancy, suffered great discomfort from the tumultuous movements of the fœtus in utero. The symptom was alleviated somewhat by bromide of potassium. For several days before premature labour came on at the eighth month, the movements had entirely ceased. The fœtus, when delivered, had evidently been dead some days. The cord was very short, and was drawn tightly round the child's neck. Round the neck was a mark left by the pressure of the constricting cord.

CASE OF VAGINAL HYSTERECTOMY.

Dr. HELLIER, of Leeds, read notes of a case, which will be found under "Clinical Records."

France.

[FROM OUR OWN CORRESPONDENT.]

Paris, May 25th, 1902.

LUXATION OF THE PUBIS.

At the last meeting of the Académie de Médecine, M. Mignon communicated an interesting case of sub-luxation of the pubis. He was called to see a man who had a fall from his horse, and slight hæmaturia was the result; he considered it a case of fracture of the pelvis, and passed a catheter, which was left *in situ*. The following day he was obliged to correct his diagnosis, for the pelvis was not fractured, but there existed evidently a sub-

luxation of the pubis. The membranous portion of the urethra was completely ruptured. Unable to suture both ends of the canal on account of the retraction of the inferior segment, he was obliged to leave the catheter a *demeure*. After some weeks the patient left the hospital cured.

SURGERY OF THE KIDNEY.

M. Honzel related the case of a woman, æt. 36, on whom he had incised the kidney for pyonephrosis. Some time afterwards she returned in a very cachectic condition, and nephrectomy was advised and performed. The perirenal adhesions rendered the operation particularly laborious, and the vena cava was torn to the extent of half an inch. M. Honzel tried at first to place a lateral suture, but the blood continuing to flow, he placed two ligatures, one above, the other below the vascular wound. The patient made a rapid cure, although a little œdema of the legs lasted some time.

HÆMORRHAGE.

To arrest hæmorrhage, vaginal, nasal, &c., a solution of gelatine produces excellent results in injections. The following formula can be employed:—

White gelatine	{ 3ijss.;
Chloride of sodine	
Formal, iij m;	
Water, 3iv.	

Plugs of cotton wool steeped in pure oxygen water also act well, but are a little painful.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, May 24th, 1902.

At the Surgical Congress, Hr. T. Sprengel, of Brunswick, spoke on

RECENT EXPERIENCES OF APPENDICITIS AND THE TREATMENT OF PERITONITIS.

The author dealt with the report of a collective investigation in a number of large institutions of which the staff favoured early operation. The investigation covered the period from December 31st, 1900, to the April of 1902. The following question has been proposed:— (1) What was the danger in late operations as compared with early ones? (2) Operation in an interval, operation in an attack; and (3) removal of the appendix. The total number of operations of four operators was 516. Of these 232 were in an interval and 234 during attacks. Of the first category only two died; of the second, twenty, so that the difference in danger to life is considerable. Operation should be considered early when carried out within twenty-four hours of the onset of symptoms, though even the gravest symptoms may be present then. There were no fatalities after such early operation as defined above. Early operation therefore gives the best results. The mortality of interval operation was enormously less than that performed during an attack.

Hr. Sonnenburg spoke on

LUNG COMPLICATIONS IN APPENDICITIS.

Lung complications were a known phase in laparotomy. Sometimes the symptoms were mild and the attack did not influence recovery. According to the speaker's observation the complication was not a frequent one. He had the conviction that the affection

was of embolic origin. Gussenbauer had already attributed it to this cause. Ether narcosis certainly did not set up the disease. He had not observed it even after thousands of narcoses. Exposure to cold was also not of any importance; he had never observed any influence due to the cold of winter. Hypostatic pneumonia was rare. Every exudation near the vermiform appendix readily gave rise to embolism. In lung affections the embolism was never from the portal system, but from the vena cava. He had seen thromboses and embolism in about 5 per cent. of his operation cases. In the Moabit Hospital, in 740 cases there were twenty-eight of various complications (fourteen thromboses); and in the sanatorium, in 260 cases nineteen lung complications.

The emboli were also of an infective nature. Emboli occurred also in operations performed during the interval. Emboli might also occur during the after-treatment, through the formation of thrombi. The reason for this was to be found in the fact that patients of the better classes were very anxious and had flabby hearts, whereby disturbances of circulation were caused. The thromboses were caused by tearing of vessels when the appendix was being freed from attachments. Embolism of the pulmonary artery did not betray itself by any special symptoms. If the lung complication were caused by embolism no digitalis was to be given, but the patients must lie in a raised-up position and morphia be given.

Dr. Doyen, of Paris, gave an address on the

TREATMENT OF GENERAL PERITONITIS.

The results of operation in infectious peritonitis had been very different, for the reason that cases had been included in statistics that could not be compared with each other. Thus many surgeons had thought they had cured a general peritonitis by laparotomy when the case was only one of circumscribed peritonitis (suppuration in the pelvis, the iliac fossa, subhepatic or subphrenic regions). A careful bacteriological examination of the fluid in the abdomen should be made, so that the favourable cases with sterile sero-purulent fluid might be distinguished from those infected with staphylococci, streptococci, and bact. coli. Regarding operative technique and its results he would observe: 1. The earliest possible diagnosis regarding the local condition, the pulse and the general symptoms. 2. The incision should go direct to the collection of pus. In sub-umbilical peritonitis the incision should be parallel to the right Poupart's ligament so that the appendix might be at once sought for. 3. For the protection of the peritoneum compresses should be at once introduced above and to the mid line. The appendix if necessary was to be removed, and the pelvis mopped out with compresses. Then toilette of the whole inflamed neighbourhood with dry sterile compresses without any flushing. 4. The toilette finished, the incision wound was to be closed, partially and drained with gauze and a glass drainage tube. 5. In case of extensive peritoneal effusion opening in the middle line; in case of collection near the spleen, on the left side. 6. He had never seen recovery in a case of acute general peritonitis when the exudation was septic and when it reached from the pelvis to the subphrenic region. Extensive washing out of the abdominal cavity was dangerous, its only effect could be to make matters worse by dissemination of the infection. 7. In intestinal paralysis an anus preter-

naturalis was made in the first section of the jejunum. This was closed in from ten to twelve days by a lateral enterocanastomosis.

Hr. Gluck, Berlin, discussed the

SURGERY OF THE LARYNX

with demonstration of one hundred operations on the larynx performed by himself. One case was operated on 4½ years ago by B. Fraenkel, for cancer of the glottis and the plica aryepiglottica resected *per vias naturales*. Three years later a carcinoma of the glands of the neck was removed by the speaker. The man was healthy and articulation intact. Several cases of diffuse papillomata of the larynx were treated radically after fissure of the larynx with permanent recovery and good speech. One case of exenteration of the larynx for tuberculosis. Total laryngoplastia by the speaker's method with formation of artificial laryngoschism after excision of the epiglottis along with the plicæ aryepiglotticæ. The patient did not wear a cannula. Still sound after four and a-half years, and speech perfect. Two children who had complete aphonia in consequence of development of cicatricial stenosis of the trachea. After tracheotomy low down transverse resection of the trachea in a healthy part was performed, and the two ends united. Speech was now clear. One patient, on account of laryngo-pharyngeal carcinoma, had an operation performed which embraced removal of the larynx, pharynx, the jugular vein and carotid artery of the left side, along with the glands affected. Recovery had lasted three and a-half years, and he had a clear pharyngeal voice.

In extirpation of malignant secondary tumours of the neck he proceeded as follows:—Central freeing of the large tissues of the neck, severance after double ligature. From the mastoid region he proceeds to the jugular foramen and the canal of the carotid; ligature and tamponade of the vessels; and then extirpation of the tumours with vessels and nerves, making the section through healthy tissues.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 17th, 1902.

LYMPHANGIECTASIS.

KREIBICH showed a few peculiar skin affections depending on lymphatic circulatory disturbances. The first patient was a man with vesicular lymphangiectasis on the lower side of the penis. Extension of the morbid process was prevented, and a cure effected by the removal of the lymphatic glands of the inguinal region.

He exhibited three other patients on whom he had operated for a similar condition.

The last was a female with the same disease on the under lip, angle of the mouth, and mucous membrane. Microscopic examination revealed a thickening of the endothelium, chronic inflammation of the internal walls, and extensive cellular infiltration.

The real cause of the lymphangiectasis in these cases was not perfectly clear. One of the patients, however, suffered from a distinct scrofulous cuticle.

Weinlechner related two similar cases which he had recently observed. The first was a young girl, æt. 14.

who had an elephantine thickening of the entire left leg. The skin was covered with vesicles from which exuded about a litre of lymph daily. There was also lymphorrhœa from the vagina.

In the other case the lymphorrhœa occurred in the forearm, and this was controlled by energetic cauterisation with nitrate of silver.

He thought it was a very strange thing that in spite of numerous operations of daily performance where glands were removed and lymphatic vessels wounded, lymphangiectasis was a very rare condition.

Exner thought the congestion of the lymphatics was not altogether due to the ecstasia because no ecstasia took place when the thoracic duct was tied in animals and no lymph allowed to escape. He was inclined to believe that the cause was due to some morbid change in the wall of the lymphatic vessel itself.

Ehrmann supported this view, as he had frequently met with the condition in cases of tuberculosis. He had also met with it in one case where gummata were found in the rectum. This is consistent with Kreibich's last case, where the cystic extension invaded the mucous membrane of the mouth and mucous glands.

Kreibich said that in all the cases shown he could find no morbid changes in the lymphatic walls; in the last case it was the ducts and not the glands which were enlarged.

PITYRIASIS LICHENOIDES CHRONICA.

He showed an elderly woman with serpiginous canceroid of the left arm, which had existed for three years, going through all the stages till the present cicatricial result was obtained. He then showed a girl, æt. 15, with pityriasis lichenoides chronica, of which only seven cases had so far been recorded, a fact which is probably due to its close affinity to syphilis in respect of its differential diagnosis. It affects the whole body in the form of reddish brown inflammatory papules with a horny desquamation. Mercurial treatment aggravated the disease.

Newmann thought the nosology of this disease was premature in the absence of any differential histological change. He related four similar cases which had recently come under his own notice that had every appearance in common with those exhibited, but he had classed them as specific.

CONGENITAL REGIONAL LIPOMATA.

At the "Gesellschaft" Lorenz exhibited a locksmith, æt. 49, whose right arm, when æt. 25, showed no sign of thickening. Since that time, however, the arm had gradually increased in size till it had reached 46 c.c., or 16.32 ins. and 42 c.c. in circumference in the upper arm, while the left arm measured less than half that circumference. For the last three years the affected arm had gradually got weaker till work had become difficult. The uniform cylindrical enlargement extended along the upper arm to the shoulder, as well as to the forearm, where it ceased at the hand quite abruptly. Palpation gave the impression of an incompressible elastic and non-fluctuating tissue of the upper arm, involving the muscular interstitial tissue, while that of the lower arm, on microscopical section, was found to be mostly in the subcutaneous cellular tissues arranged in layers of decalcified strata. The movement and sensibility of the arm were intact. The apparent reduction of the electric reactions is probably due to the increased thickness of fat. The

only apparent therapeutic treatment to be relied upon was excision.

GASTROSTOMY FOR IMPACTED BOLUS.

Hansy related the history of a specimen which he had removed from the œsophagus through the stomach. The patient had swallowed a large piece of food that stuck in the lower segment of the œsophagus, and would neither go upwards nor downwards by sounding or manipulation. To open the stomach was the only alternative, and this he did with the aid of a new clamp which rendered assistance unnecessary, at the same time keeping the lumen open while the contents of the bowel are securely retained. In gastro-jejunoscopy it is invaluable, safeguarding, as it does, the contents of the stomach, which pass on immediately on its removal.

Eiselberg confirmed the utility of the clamp in gastric operations, and assured the meeting that Hansy's modification by its greater curvature increased its usefulness in the hands of the surgeon.

AUTOCHTHONOUS LEPROUS TUBERCULOSA ANÆSTHETICA.

Gerber demonstrated a case of sporadic or isolated leprosa tuberosa anæsthetica associated with syringomyelia, who had recently died in hospital. The patient was 87 years of age. He had never been outside the narrow limits of his native town, Trancsin, until he came to Vienna for advice. The disease appears to have commenced about ten years ago in the form of gout, causing a flexure of the fingers which soon became powerless. This was associated with severe pain in the legs and atrophy of the smaller muscles of the hand. At this time the area of cardiac dulness appeared to have slightly increased, and there were signs of arterio-sclerosis. On the mucous membrane of the nose, cutaneous surface of the face and hips well defined plaques were observed, which were examined microscopically and found to contain lepra bacilli. Functional tests of muscles and nerves only confirmed the suspicion of serious transformations. There was loss of reflexes and extensive anæsthesia in both fore arms. He ultimately died of cachexia and cardiac failure. The subsequent examination of the spinal cord revealed a typical form of syringomyelia.

Lepra bacilli could nowhere be found in the spinal cord. Schlesinger said that he was of opinion that many of these obscure cases coming from the Austrian provinces were due to infection at the hands of isolated cases in wandering people who died under the diagnostic head of syringomyelia. He was bound to confess that the differential diagnosis was difficult and tedious, requiring months of observation to arrive at a trustworthy conclusion. He was confirmed in this opinion by his researches bearing on the subject in the Kingdom. He drew up a schedule of questions bearing on the subject, and sent one to every medical man with a request that it should be filled up as fully as possible, and returned to him. Among these questions was one asking the practitioner to furnish him with all obscure cases of syringomyelia in his practice. The differential diagnosis of leprosy and syringomyelia was attached for the guidance of the respondent. These facts led him to the conclusion that these two diseases were curiously confused or associated. In Gerber's case no one could doubt the presence of leprosy in conjunction with syringomyelia. The question arose whether there was any connection between these two diseases or whether the one induced the other? The absence of lepra bacilli

in the spinal cord was against the theory of the bacilla lepra inducing the eryngomyelia, and syringomyelia moreover was a disease of youth, and was not likely to have been the result of toxins, nor could it have induced the leprosy.

Lang thought small centres of lepra existed in towns of this description where intercourse was limited.

Neumann was of the same opinion, and related his experience of isolated cases in Bosnia.

The Operating Theatres.

GUY'S HOSPITAL.

AMPUTATION FOR TUBERCULOUS DISEASE OF THE KNEE-JOINT.—Mr. A. LANE operated on a man, *et.* 65, for extensive tuberculous disease of the knee-joint. The patient had suffered from the condition for a considerable time, and had in consequence become enfeebled and disabled; it seemed unwise to attempt to retain the limb by an excision. It was pointed out to the man that within a comparatively short period of time he would be enabled to walk with ease and comfort upon an artificial limb if the leg were amputated through the junction of the middle and lower thirds of the femur, and to this he willingly agreed, consequently the leg was removed, the method adopted being that usually employed by Mr. Lane in amputations, namely, a vertical incision along the length of the femoral vessel which is tied at its upper limit, the skin is then divided by a circular incision crossing the vertical at a sufficient distance in its length, the skin and subcutaneous structures are reflected and the muscles and bone are divided transversely at the level of the ligatured vessel by means of a sharp saw; in this way there is practically no loss of blood, nor is there any necessity to use an elastic or other compress to control the circulation in the part. The section made by the saw is perfectly flat and clean and any bleeding point is got at with great facility. The wound was stuffed with sterilised gauze for twenty-four hours, at the end of which time the gauze is removed and the skin edges brought accurately together by sutures.

The patient made an uninterrupted recovery.

HOSPITAL FOR SICK CHILDREN.

OPERATION FOR CLEFT PALATE ON A CHILD, AGED TWO DAYS AND A-HALF.—Mr. ARBUTHNOT LANE operated on a child, two and a-half days old, for cleft palate, which was complete and as bad as it well could be; the pre-maxilla projected from the under surface of the nose. The muco-periosteum on one side covering the alveolus and that portion of the hard and soft palate which existed, was removed from the subjacent structures along the whole length, and left attached only at the inner margin, forming a flap of considerable size. Mr. Lane's operation consists as follows: After his special gag has been fixed in position and the tongue drawn well forward, an incision is made through the mucous membrane and periosteum along the alveolar margin of that side to which the nasal septum is attached, and carried back along the extreme outer limit of the soft palate; then with an elevator the muco-periosteum is turned inwards off the bone, great care being taken not to damage this flap in any way; the descending palatine vessels and nerves are raised in a periosteal sheath, which is cut as long as possible and then twisted by

forci-pressure forceps, thus avoiding all hæmorrhage; the mucous membrane, with the thick subjacent layer of glandular and lymphatic tissue, is then raised from the under surface of the soft palate by means of a knife, with a round edge. An incision is now made along the margin of the cleft in the hard palate on the opposite side, and through this incision the muco-periosteum is raised from the bone by means of an elevator to a suitable breadth; next a thread is passed through the top of the uvula on the same side, and by pulling on this the posterior surface of the hard palate is exposed. An incision is then made through the mucous membrane on this aspect parallel to the margin of the cleft at a distance of about an eighth of an inch, the intervening mucous membrane being raised and turned inwards from the back of the palate, forming with the raw surface an oblong flap. The edge of the large flap is introduced beneath the edge of the elevated muco-periosteum covering the hard palate on the opposite side, and retained there by a double row of sutures; the portion of the flap corresponding to the soft palate is brought into accurate apposition with the oblong raw surface on the opposite side of the cleft, and also retained by a double row of sutures. In the present case the muco-periosteum along the opposing margin of the cleft was incised and raised from the subjacent structures, but the breadth of the cleft was too great to allow of its being covered in to a satisfactory extent by the reflected flap, and in order to meet this it was necessary to detach the anterior portion of the muco-periosteum completely from the bone; by means of this a considerable portion of the reflected flap was covered and connected. A similar procedure was adopted in the case of the soft palate. The muco-periosteum covering the pre-maxilla was used to close up the remainder of the cleft anteriorly on one side while the mucous membrane and skin were employed to fill in that of its fellow. The child bore the operation very well, which was necessarily long and difficult. Mr. Lane said that he was obliged to modify his ordinary operation very considerably in this owing to the very unusual breadth of the cleft. This consisted, he pointed out, in detaching the anterior portion of the flap completely from the alveolus and in dividing vertically the soft palate on the same side.

Pathological Society of London.

ON Tuesday, May 20th, the following were elected officers and Council for the year 1902-1903:—President, Right Hon. the Lord Lister, F.R.S.; Vice-Presidents, R.J. Godlee, M.S., W. D. Halliburton, F.R.S., E. Klein, F.R.S., and F. W. Pavy, F.R.S.; Treasurer, Sidney Coupland, M.D.; General Secretary, S. G. Shattock; Sectional Secretaries, H. Morley Fletcher, M.D., A. G. E. Foulerton, T. Grigor Brodie, M.D., and A. E. Garrod, M.D.; Council, R. Crawford, M.D., J. Fawcett, M.D., L. Freyberger, M.D., N. Dalton, M.D., G. F. Still, M.D., T. W. P. Lawrence, M.B., S. H. Habershon, F. W. Andrewes, M.D., W. Bulloch, M.D., John McFadyen, M.B., Allan Macfadyen, M.D., H. G. Plimmer, R. T. Hewlett, M.D., W. S. Lazarus Barlow, M.D., J. R. Bradford, F.R.S., E. H. Starling, F.R.S., C. A. Ballance, M.S., F. G. Hopkins, M.B., V. Harley, M.D., and S. G. Hédin, M.D.

SURGEON-GENERAL TAYLOR, Director-General of the Army Medical Service, inspected at Woolwich, on the 22nd inst., six companies of the Manchester Royal Army Medical Corps Volunteers, numbering 640, who had gone to Woolwich for their annual encampment. The men were quartered in tents near Herbert Hospital. Though the weather was extremely wet and unfavourable, they endured the discomfort very cheerfully.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 28, 1902.

THE AFTER-HISTORY OF THE CHILDREN BORN OF INSANE MOTHERS.

THE question as to whether the mind of the mother is capable of exerting an influence on the developing foetus is one which has attracted the attention of alienists for a considerable time. If maternal impressions influence the foetus in normal cases, then it would seem that, *a fortiori*, they would influence the foetus when profound mental disturbance is present, as in the insanity of pregnancy. Any facts and all statistics which bear on the elucidation of this problem are therefore of value, and for this reason, if for no other, an article by Mr. A. F. Tredgold, L.R.C.P., recently published in a contemporary, is of considerable importance. The difficulties in the way of tracing the after-history of children born in asylums or work-houses is considerable, as is shown by the fact that of a list of 121 women, who had borne children whilst in a state of insanity, a trustworthy after-history of both child and mother could only be obtained in thirty-eight cases. Of these children, thirteen were alive and in good physical and mental health, while of the remaining twenty-five, three were stillborn, nineteen died during the first year, and three before they had attained the age of three. Such statistics would appear at first sight to point strongly to an important influence of the maternal mental condition on the physical condition of the foetus, but Mr. Tredgold will not admit such an inference. In this he is apparently justified by the relative death-rate of children born of patients in whom there was no apparent morbid physical tendency, and of children in whom such a parental tendency was proven. Among the former group of infants, only four out of fourteen died, whilst among the latter group twenty-one out of twenty-four died. Accordingly, it seems justifiable

to assume that the diminishing vitality and death of the child were to be attributed to the ante-natal physical state of the mother, and not to her mental state. Such, then, is the physical condition of children born during the insanity of the mother so far as Mr. Tredgold's statistics can show, a death-rate among infants under a year in age of 580 per 1,000. The results of his inquiry into the mental condition of those who either lived long enough to enable this condition to be estimated, or who are at present alive, is still more interesting. Of the three infants who survived the first year, but died before they had reached three, one "had something the matter with the brain," another died of bronchitis, and a third of "wasting of the brain." All the children who survived, *i.e.*, thirteen out of thirty-eight, or what is perhaps even more significant, thirteen out of sixteen who survived their first year, are at present "of good mental and bodily development." The conclusions which naturally follow from these statistics do not, we fancy, agree with the preconceived opinion of most medical men, and still less do they agree with those of the general public. They do not constitute in themselves a final decision as to the effect of the condition of mind of the mother on the foetus, inasmuch as Mr. Tredgold's cases are not sufficiently numerous. But, so far as these cases go, we agree with him that the natural conclusions to be drawn from his statistics are that (1) the mental and physical condition of the child is in no wise influenced by the mere fact of the mother being insane during pregnancy; (2) neither is the condition of the child influenced by the variety of the insanity, the duration of the attack, or the age of the mother, nor even directly by the number of attacks from which the mother may have suffered; but that (3) *this condition is directly dependent upon the presence or absence of morbid hereditary influences.* Whether others working on similar lines as Mr. Tredgold will obtain similar results is another question, and one which we trust will soon be answered.

HEALTH RESORTS AND CONSUMPTIVES.

A RATHER disconcerting effect of the generalisation of a knowledge of the causes and nature of consumption has been to excite a feeling of distrust, mingled with apprehension, in the very health resorts which have hitherto been patronised by those suffering from lung disease. Not long since the hotel proprietors of the French Riviera met together, and with more enthusiasm than good sense, formally declared their intention of giving the cold shoulder to invalids. It is true that the outcry to which their action gave rise promptly brought them to their senses, and their *fiat* has since been considerably modified. Colorado is another popular resort of consumptives, not only those of American nationality, but to a not inconsiderable extent from these islands as well. The climate of Colorado rejoices in a world-wide reputation in the treatment of consumption, yet the idea has been mooted of a law having for object to prohibit the admission to this favoured

territory of aliens suffering from pulmonary tuberculosis. Naturally the health officers of Colorado have lost no time in contradicting a report which could not fail to deter many intending visitors; indeed, quite apart from any question of self-interest, we cannot imagine a body of medical men lending their support to such a wanton and injudicious scheme. These straws, however, show which way the wind blows, and we must be prepared for a certain hostility towards consumptives, akin to, if less drastic in execution than, the mediæval edicts enforced against those who sought to escape from plague-ravaged countries. This feeling was inevitable directly the public became possessed of that modicum of knowledge which is of such potential danger. The moment that the idea of the transmissibility of consumption became public property it was to be anticipated that the victims of pulmonary tuberculosis would fall more or less into the category of persons suffering from infectious diseases in general. The lay mind does not readily grasp the enormous difference between the various degrees of transmissibility. Of course this is only a phase of the evolution of knowledge, and in the course of time a juster idea of the actual risk of infection, which, in consumption, is comparatively small, will obtain. This fear, indeed, though it has its inconveniences, is calculated to exert a salutary influence, since it emphasises the necessity for destroying the *materies morbi* by which alone the infection can be conveyed; moreover, it will tend to check the marriage of persons admittedly consumptive. Returning, however, to the measures having for object to exclude these sufferers from particular areas, it is evident that they must infallibly defeat or overreach their object. There is little fear of any concerted action of the kind in regard to our native health resorts, because public opinion would promptly be brought to bear and if, in the Riviera or elsewhere, invalids do not receive the comforts and attention which are their right they have the remedy in their own hands. Since tuberculosis is endemic in all parts of the world, it is idle to attempt to exclude sufferers from other countries so far as the prevention of the disease is concerned. The proper course is to instruct the public more fully in the means of hindering its transmission, and this is rapidly being accomplished by the active propaganda which has been undertaken by the various societies and associations for the prevention of consumption. If there be one point more than another that has been irrefutably established by the clinical study of pulmonary tuberculosis, it is that infection is a factor which owes its power to the individual lack of resistance; in other words, we must teach the public how to live in order to obtain and preserve a "tissue immunity" against infection.

THE HYGIENE OF THE PUBLIC-HOUSE.

THE subject of public-house reform is one which is beginning to excite general interest, and there are signs that in the near future it may lead to far-

reaching legislative and administrative changes. The questions recently raised, however, relate to what we may call the moral aspect of public-house management, but it is remarkable that so little has been said respecting the hygienic aspects of the public-house. The importance of this matter has been well brought out by Professor Thomas Oliver in his recently published work on "Dangerous Trades." The keepers of public-houses have always been a notoriously short-lived class, and the formation of "tied" houses, by bringing about the disappearance of the older type of landlords, has, if anything, aggravated pre-existing evils. Barmen and dealers in alcoholic drinks are now exposed to conditions seriously inimical to health. They are often themselves of inferior physique, being in most instances taken from among town dwellers of low physiological grade. The life of a publican is necessarily sedentary. He has, moreover, to live in an atmosphere reeking with the odour of spirits, tobacco smoke, and emanations from the men and women who lounge at the bar. Many of his customers are the subjects of disease, and, as is well known, many of the frequenters of our public-houses are in advanced stages of consumption. The filthy condition of a very large proportion of public-houses, their floors covered with dried sputum and other organic filth, undoubtedly furnish a fruitful source for the dissemination of tuberculosis and other maladies. But the publican is also exposed to numerous temptations to drink excessively, and this, together with irregular meals, sooner or later induces structural alterations in the liver, lungs, and heart which bring life to a premature close. Dr. Oliver quotes Ogle to show that innkeepers and publicans have a comparative mortality figure of 1,521, as against 1,000 of the general population. Dealers in intoxicating drinks have a mortality of 68 per cent. in excess of the healthy male tables of the Scottish Amicable Insurance Society, and 49 per cent. in excess of the English Life Tables. Roughly speaking, the mortality is 51 per cent. above that for all males. In no other class of men is the mortality from alcoholism so high as in innkeepers and publicans. It is from five to seven times higher than the average. Dr. Oliver states that the only occupation which approximates to it from a mortality point of view is that of cabmen. It would be well if medical officers of health would recognise more fully than they generally appear to do what an important factor is the public-house in the propagation and dissemination of communicable disease. A stricter insistence on the maintenance of sanitary precautions, and a more vigilant watchfulness to see that hygienic requirements are not altogether neglected, would do much to mitigate the evils necessarily more or less closely associated with our present public-house system.

DR. ABRAHAM JACOBI has resigned the Chair of Diseases of Children in the Medical Department of the Columbia University, a post which he has held for the past thirty-two years.

Notes on Current Topics.

Foreign Bodies in the Brain.

THE brain is so securely ensconced in its bony envelope that it might reasonably be supposed to be adequately protected against the intrusion of foreign bodies, apart, of course, from violence sufficient to penetrate or shatter that natural coat of mail. This immunity, however, is more apparent than real, for it is a matter of almost daily experience in the post-mortem room for the most unlikely objects to be found nestling in this or that corner of the cerebral hemispheres. Even more remarkable is the fact that in a very large proportion of cases these intrusive substances have evidently occupied their beds for a long term of years, acute symptoms supervening quite unexpectedly under the impulse of some usually undetermined cause. Only last week an inquest was held at Charing Cross Hospital on a lad who had been admitted with symptoms pointing to cerebral abscess, and had died before there was time to operate. At the autopsy, a piece of slate pencil was found embedded in the left half of the brain which, after many years, had given rise to abscess and meningitis. Another noteworthy feature of these cases is that but very rarely is any history obtainable which would explain the accident. Children are very prone to push odd things into their noses and ears, but after all a certain degree of violence is required to effect the passage of a pencil, a pen or a skewer through the base of the skull. In some instances there is less mystery about the occurrence, as, for example, when an irate "fare" pushes his umbrella or stick through the cabman's eye into the brain, leaving the ferule embedded therein. In some instances the victims were quite unaware of the serious nature of the injury, and have casually strolled into a hospital for advice, the stick having slipped past the eyeball without inflicting obvious damage. Nor is there any obscurity when a "baby farmer" confesses to having deliberately pushed pins through the thin orbital plate into the frontal lobe, with the express object of causing premature decay—an experiment which has not always been crowned with success.

"Truth" and the Alabone Treatment.

MR. ALABONE may congratulate himself on having what the French call a *bonne presse*. Even the worldly-wise editor of *Truth*, after a desperate attempt to appear impartial, extends to Mr. Alabone the editorial approval which, in the past, has been so liberally dispensed to "popular" specialists in the treatment of obesity. After all, this merely emphasises the fact that the Alabone treatment meets with recognition only at the hands of those who are admittedly unable to draw any trustworthy conclusion. There is one point in the *Truth* articles which calls for surprised comment, and that point is the inference which the public is asked to draw that the ostracism inflicted by the medical profession on such of its members as keep their treatment secret is merely a manifestation of trades-union jealousy.

Now, this ethical rule is really the most striking and convincing evidence of the disinterestedness of medical men that could possibly be afforded. It would be immensely to the pecuniary interest of the profession if all were allowed to arrogate the exclusive right to a remedy or method of treatment, but it is held to be derogatory to the public interest, and is consequently tabooed. What a fortune might the discoverer of one or other of the many therapeutical innovations of modern times not have made had he thrown ethics to the dogs! Röntgen might be rich beyond the dreams of avarice, the inventors of the ophthalmoscope and laryngoscope might vie with the American plutocrats in filthy lucre, had they not generously thrown their epoch-marking discoveries into the public domain! To return to *Truth* and Mr. Alabone we might ask whether our contemporary has taken the trouble to institute any comparison between Alabone's *soi disant* percentage of successes in treatment and that of the average specialist. Obviously nothing of the kind could be carried through, yet without some such comparison what is the value of this *ex parte* approval? Our contemporary, moreover, is just as much at sea in respect of the judicial functions of the Royal Colleges and the General Medical Council as in its appreciations of the therapeutical import of Mr. Alabone's much-advertised and intrinsically worthless treatment.

The Fish Hypothesis of the Spread of Leprosy.

THE study of the natural history of leprosy is of the utmost importance to a great proportion of the inhabitants of the globe. The gradual disappearance of the loathsome malady in question before the improved sanitary conditions of modern civilisation suggests a hope that it will ultimately be banished from all other countries as well. It is therefore incumbent upon scientific medical investigators to weigh and consider carefully the various theories advanced from time to time as to the spread of the disease. Fortunately, the origin of leprosy in a specific bacillus may be regarded as established, but the same remark does not apply to the agency whereby it is distributed among a community. One of the most ingenious hypotheses yet framed has been that of Mr. Jonathan Hutchinson, who ascribed leprosy to the eating of uncooked fish. His view has not received general acceptance, as it failed to meet all the facts of the case. Quite recently Dr. Neve, one of the superintendents of the Kashmir State Leper Hospital, has pointed out several important facts relating to the fish theory. He found the disease rarer in women, who appeared to eat fish just as freely as the men. The incidence of the disease was not upon the districts where the greatest amount of fish was consumed. Many who had not eaten fish contracted leprosy. On the whole it seems safer to assume that while leprosy may be conveyed by the agency of uncooked fish, as by other foods, there is no evidence to show that such fish is

the principal means of spreading the disease. Leprosy may be regarded as in all likelihood following much the same course as tuberculosis with regard to its manifold avenues of attack upon mankind.

"Sprains" and Modern Science.

OF the numerous injuries classified under the conveniently general description of "sprains," the vast majority affect the ankles and wrists. There can be no doubt whatever that in many cases an obscure fracture has escaped notice, and has been thus diagnosed. Or there may be cases in which the exact apposition of the ends of broken bone, as in a transverse break of the tibia, have rendered accuracy of diagnosis difficult or impossible. The Röntgen ray methods have now come to the aid of the surgeon, and straightway this great class of obscure fractures has been rescued from the rubbish heap of sprains. Another class of injury that has also to a great extent been brought within the range of accurate diagnosis by the Röntgen methods is the separation of the epiphyses. It is surprising how, even at this hour of the day, many practitioners are found content with their diagnosis of sprain in cases where radiographic examination at once reveals a fracture. As a matter of routine method, any medical man who is called upon to deal with an obscure injury of the kind should resort at once to a skilled radiographer, with a view of securing further evidence. For many reasons it will be wiser to entrust the X-ray examination to a properly qualified medical operator. Should the injury turn out to be a fracture, the medical man will be protected from the risk of legal action for negligence and malpraxis and the patient will be fully informed of the actual state of matters. A radiogram should always be taken after the splints are applied in order to ascertain the proper reduction of the fracture.

The Diagnosis of Malaria.

THE use of the microscope in the diagnosis of malaria is invaluable, if the user has attained a sufficient degree of skill to read the signs which the blood affords. If he is not sufficiently skilled, as perhaps, is the case with the greater proportion of medical practitioners, it is better to obtain the opinion of an expert. Yet, even if this course is adopted, every medical man should be able to make a microscopical slide in such a manner as to enable an expert to form a definite and trustworthy opinion of the nature of the case. According to Dr. Patrick Manson the best mode of procedure is first to clean carefully with alcohol an ordinary microscope slip, and similarly to cleanse the patient's finger-tip or the lobe of his ear. The finger or the ear is then pricked with a clean and rather long ordinary sewing needle. A drop of blood is pressed out and, as it may contain epithelial debris, wiped away. A second but very minute drop of the size of a large pin-head is then expressed and touched lightly (the skin must not be touched) with the clean surface of the slip about an inch from the one end.

Immediately, the shaft of the needle is laid transversely on the droplet of blood so transferred to the slip. After waiting a second or two for the blood to run out by capillarity between the surface of the slip and the needle, the latter, held between finger and thumb, is drawn along the surface of the glass. In this way with a very little practice a beautifully fine and even film is produced. Half a dozen such films should be prepared. The single prick suffices as the films can be made very rapidly one after another. After they have dried they should either be wrapped in very clean tissue paper or placed in a dust-free slide-box and transmitted to the laboratory.

The Justus Test for Syphilis.

MUCH has been written concerning the value of the test first described by Dr. Jacob Justus, of Budapest. It is based on the fact that mercury, given by subcutaneous or intravenous injection, or by inunction, will cause a diminution in the hæmoglobin of the blood. In the healthy or non-syphilitic it was said that the loss was rapidly made good, while in syphilitics, twenty-four hours after the administration of the mercury, the amount of hæmoglobin will be diminished from 10 to 20 per cent. Papers by Dr. Henry Tucker and Dr. W. E. Huger (*Philadelphia Med. Jnl.*, May 10th, 1902) now show that Justus's test has no practical value in the differential diagnosis of venereal ulcers, since the reaction occurs with an almost equal degree of frequency in the non-syphilitic conditions with which syphilis may occasionally be confused.

The Act of Vision.

THE current number of *Harper's Magazine* contains an interesting contribution on "The Act of Vision," by Raymond Dodge, Ph.D. As this writer points out, it is but "a little over a year ago it was demonstrated that while the eyes are moving, as we look from one point to another in an ordinary complex field of view, we can distinguish none of the impressions the eyes receive." There are two illustrations: one for measuring the "reaction time of the eye," and the other for recording the movements of the eyes. Mr. Dodge points out that in moving the eyes across the page in reading, the progress is never continuous: it is interrupted by a series of stops. We have actually no power of moving our eyes slowly, and as is now well known, distinct vision requires exposure to the retina for an appreciable fraction of a second, we are actually blind to all external objects while the eyes are moving, and only see during the stops. He consoles the average reader whose envy has so often been excited by thinking of the intellectual genius who can take in two or three lines of print at a time. Such a feat must now be forever relegated to the lumber-room of stale miracles. The man of exalted mental powers may be able to read very fast, but while his eye is performing the sweep he never takes in even a single word. "More serious are such moments of blindness to the boxer or the fencer. Empirical expediency long

ago developed the maxim that both should fixate the eyes of the opponent. This is not merely to avoid giving cues of intended movement, but also to avoid the disastrously numerous moments of blindness which would result if one attempted to follow the motions of the opponent's hands." The writer points out an interesting physical fact which has probably not been noticed by some of our readers:—"All of us see a reflection of our eyes in a mirror many times a day, but no one of us ever saw his own eyes move." The fact that we can see our heads move, frequently produces "the illusion that we see our eyes during a movement of the point of regard."

Leprosy and Emigration.

In a recent number of the *Gazette des Hopitaux*, M. Jeanselme has given an interesting account—historical, geographical, and ethnological—of the relationship between the currents of emigration and the dissemination of leprosy in modern times. At the dawn of the modern era, the principal endemic foci of leprosy were found in Africa (West Coast), India, and China (Southern). One of the many malignant influences on the New World with which the Spaniards have been credited is the introduction of leprosy. The grounds of this accusation have been disputed, and will, probably, never be definitely established. But it is a historic fact that Cortes found it necessary to open a leper's home in Mexico as soon as he had established himself there. And in the parts of the Western Continent where the race of aborigines "a été refoulés, mais non pas détruite, aux Guyanes par exemple," it is still noticeable that the inhabitants possess their old indemnity from the disease. The Chinese fought and emigrated southward, and carried the loathsome plague with them into Annam, Burmah, Cochin-China, &c. The city of Singapore is still a veritable Chinese colony. And in that part of the word there is a deplorable prevalence of leprosy. And the Chinese have disseminated leprosy in all directions of their emigration. The negroes were largely instrumental in its dissemination in America. The torrent of Chinese attracted by the discovery of Australian gold in 1851 accounts for the infection of the junior continent.

Cacodylates as Therapeutic Agents.

COMPOUNDS of cacodylic acid have recently received much attention, and in certain quarters have been much lauded. Professor Fraser, in the May issue of the *Scottish Medical and Surgical Journal*, discusses the question of the relative inefficacy of cacodylates as therapeutic agents. He contends that clinical observations and chemical analyses agree in showing that when a salt of cacodylic acid is administered to a patient it is absorbed and is eliminated, but with the arsenic which it contains so firmly combined with the other cacodyl constituents, that it does not become dissociated, and is, therefore, incapable of forming any compound in the body that can produce the well-known pharmacological activities of the compounds of arsenic usually em-

ployed for therapeutic purposes. The compounds of cacodylic acid may be given in massive doses, and by them arsenic may be introduced into the body in quantities which are large and even enormous, relatively to the quantities in the commonly used compounds of arsenic, in which this element, however, is not so stably fixed as to be incapable of forming new combinations which produce well-known and powerful effects. Dr. Thomas Fraser regards cacodylates as both useless and inconvenient. This contention that compounds of cacodylic acid are of little or no value for producing the therapeutic effects for which arsenic is generally administered will doubtless not be allowed to pass unanswered. The whole subject stands in need of thorough and immediate investigation. We are glad to see that the use of arsenic in medicine is to be a subject for discussion at the forthcoming meeting of the British Medical Association, and we hope clear light may be thrown upon many of the points which still linger in obscurity.

Human and Bovine Tuberculosis.

COMMUNICATIONS relating to the relationship between human and bovine tuberculosis are appearing in bewildering profusion. Among the more important recent articles on the subject that of Professor Adami, of Montreal, in the current issue of the *Medical Chronicle*, should not be overlooked. Dr. Adami shows that bovine tuberculosis is easily conveyed from cattle to cattle, and that human tuberculosis is transmissible to cattle, but must be considered of singularly rare occurrence. He holds that everything points to the fact that in the main the bacilli causing infection in man are derived from previous cases of the disease in man, but admits that bovine tuberculosis can be transmitted to man, and this either through wounds or by means of the digestive tract. Dr. Adami rightly points out that had the agitation for municipal and governmental supervision of the milk supply and for the distribution of pure milk, been based upon what we know concerning contaminated milk in general and its dangers, rather than, as it was, upon the danger arising from the conveyance of tuberculosis, Koch's volcanic address would not have had nearly the same deleterious effect.

Liquid Air as a Freezing Mixture.

THE innumerable uses to which liquid air can be adapted if it once became a commercial success are very apparent, and chief among these will doubtless be that of a cheap refrigerator. A novel and yet most obvious purpose for which it has been already adopted in this direction is as a substitute for ether in freezing microtomes. Dr. Stoddart, assistant medical officer of Bethlem Royal Hospital, has lately drawn attention to its advantages and the satisfactory results obtained by its use. It is cheaper for such a purpose than is ether, as a gallon of it, which costs twopence, lasts in constant use in a laboratory for more than a fortnight. It

acts more rapidly than does ether and its effect lasts for longer. Further, the unpleasant smell of the latter is absent. In fact, so far from an unpleasant smell, a morning at the microtome with the fellowship of liquid air is, according to Dr. Stoddart, equivalent to a blow of fresh air in the country. To enable it to be used with a Cathcart's microtome certain modifications of the latter are necessary, but they are not such as add very greatly to its expense, as the entire apparatus can be purchased for the sum of thirty shillings.

Malingering as a Fine Art.

THERE is no more difficult task for the medical man, no matter in what place his lines are cast, than the detection of malingering. Sooner or later the pitfall awaits every practitioner, and well for him if he proves equal to the occasion. The golden rule of safety is probably to be found in cautious investigation and in temporary suspension of judgment should there be any doubt favourable to the suspected malingerer. That course, however, will not furnish absolute immunity to the medical attendant, as shown in a somewhat amusing manner by a recent case at Exeter. A young married woman of that town prosecuted a boy of ten years for unlawfully wounding her with a hatchet. She appeared in court apparently in great pain, with her arm done up in splints. Some doubt evidently arose in the mind of the magistrate, for he adjourned the case so as to have the evidence of the house surgeon at the hospital where prosecutrix was attended for the alleged injury. That gentleman stated emphatically that when the woman came to the institution he could find no incision, abrasion, bruise, or fracture. He put the arm up in splints as a matter of precaution, as the woman complained at the time of great pain and tenderness. The magistrate dismissed the case, and expressed his conviction that the patient had used the splints for the purpose of getting a warrant against the boy. This incident is worthy of a place among the annals of malingering, and it well illustrates how a crafty woman will not scruple for her own ends to play upon the sympathies of a busy medical man.

Arboreal Traits in the Human Foot.

FOR long it has been claimed that arboreal traits are to be seen in the grasp of the new-born baby's hand, which, as is well known, may be sufficiently strong to hold the infant's whole suspended weight. Dr. E. H. Bradford, in an interesting paper in the May number of the *Journal of Medical Research*, now shows that there are evidences of arboreal ancestry to be found in the movements of the human infant's foot. The study is of much interest, particularly if we accept the view that it is due to his superior foot that primitive man was so successful in the combat with other animals, and drove the more powerful ape from the continent of Europe into the impenetrable forests of Central Africa. There seems, however, to be no satisfactory evidence that man

ever enjoyed arboreal life. It is to the strength and sureness of foot that man has been able to maintain and defend much of the civilisation he has acquired. The grasp of the new-born baby's hand gives promise of the power of vigorous offence with any weapon within his clutch; the reflex movements of the foot reveal the capabilities of a future Nimrod, "a mighty hunter before the Lord," which centuries of civilisation have not destroyed.

Malignant Medullary Hypernephroma.

MUCH discussion has centred round the question of the development of renal tumours from adrenal inclusions. A case recently published by Dr. Joseph C. Ohlmacher (*The Journal of Medical Research*, May, 1902) is of much interest, as the author considers it to have arisen from adrenal medulla. The disposition of the reticulum was peculiar, and closely resembled that of the adrenal medulla in the dog. The cells were large and polyhedral, with large faintly-staining nuclei, and a scanty, poorly-staining, vacuolated cytoplasm identical with that of adrenal medullary cells. The widening of the vesicles and blood sinuses was similar to that seen in the adrenal medulla. Embryonic or immature medullary cells beneath the capsule of the tumour penetrated into the deeper portions and presented transition, as is seen in the developing normal adrenal. There were also occasional islands of cylindrical cortical cells having a distinct glomerular arrangement like that, seen in the zona glomerulosa of the horse or dog, and which may be regarded as indicating a reversion to a lower vertebrate type.

Municipal Laboratories.

THE recent controversy between the Town Council and the medical profession of Edinburgh, although in many ways painful, has drawn attention to a most important question. In many large centres like Edinburgh, Manchester, Liverpool, and Leeds, bacteriological examinations and even chemical analyses are undertaken on behalf of the medical officers of health by colleges or professors connected with the special departments. These colleges and members of their staff, we contend, should content themselves with fulfilling their mission in teaching and research. It is not fair to their students or to the profession at large that for the sake of pecuniary advantages they should forego or neglect their particular duties and degrade their position and pathology into a mere business. We consider the only satisfactory escape from this most undesirable condition of affairs is that municipal and county authorities should establish and maintain well-equipped and suitably staffed bacteriological, pathological and chemical laboratories. If such was the case not only would the public generally be benefited and scientific research throughout the country be stimulated, but abundant opportunities would be found for the training and remuneration of many of our younger pathologists. It is often said that pathology does not pay in this country. We fear that such will long continue

to be the case if distinguished pathologists continue to neglect their proper duties in order to make money by superintending the examination of tuberculous sputum, the investigation of throat swabs or the analysis of urine. This matter has for long been a reproach, and the discussions at Edinburgh seem to indicate that if the profession is to maintain its dignity and influence, mere pecuniary advantages of a select few must not be allowed to stand in the way of progress.

The Increasing Consumption of Tea.

STATISTICS and the experience of medical men afford grounds for the opinion that alcoholism is increasing in this country. And now facts and figures are forthcoming to show that the Britisher is becoming a confirmed tea-drinker. According to recently published returns of the Board of Trade, it seems that during the three years, 1898-1900, the consumption of tea has very appreciably increased. From the figures given it appears that in the United Kingdom over 6 lbs. of tea per head of the population is consumed. Sixteen years ago the *per capita* consumption was approximately 5 lb. Now the total amount of tea drunk in the United Kingdom exceeds that of all the other European countries and the United States put together. During the seventeen years from 1884 to 1900 it has risen from 175 million lbs. to 256 millions, an increase of 43 per cent. Of the 6 lb. of tea which is now the estimated yearly *per capita* consumption, little more than one-third of a pound is Chinese, while about 3½ lb. come from India, and 2¼ lb. from Ceylon. All this affords material for the contemplation of the pathologist. There can be no doubt that while tea is a legitimate and most agreeable beverage, it is also capable under certain circumstances, or when taken in excessive quantities, of bringing about functional derangements and initiating or increasing actual morbid processes.

A New Blood Parasite.

A PARASITE found in the blood of a patient suffering from an intermittent form of fever has recently been described. The new vascular intruder belongs to the genus *trypanosoma*, and closely resembles *T. Brucei* in form and staining reactions, but it is decidedly smaller, and in fixed specimens displays a characteristic "set." Nepveu has claimed the discovery of this parasite in man—in Algiers, but his description is so imperfect as to leave his opinion rather doubtful. Mr. J. Everett Dutton described the parasite which he had found in the blood of a European at Bathurst in West Africa. It was present only during the pyrexial periods. Within the last month he has announced the interesting fact of the discovery of this parasite in native children. The symptoms which he had found in his European patient were irregular attacks of fever, with apyrexial intervals. There was also œdema of the eyelids and of the feet, suggestive of some parasitic relationship with the

diseases of horses and cattle known as Nagana and Surra. This discovery opens an immense and important field of investigation and instruction regarding the native diseases of the *developing* Continent.

An Anti-Vaccinist Catastrophe.

A SWANSEA anti-vaccinist has just had reason to reconsider the advantages attending the grant of a certificate of exemption in respect of vaccination. An unvaccinated infant of his contracted small-pox and died, and as the obstinate parent refused to allow her to be removed to an isolation hospital, two other children and the mother subsequently developed the disease. A few cases of this kind—and they are likely to be numerous—could not fail to undermine the obstinacy of all save the irremediably fanatical. When that absurd law was passed we urged that a register should be kept of all exemptions granted, in order that local officers of health might, as far as possible, follow up their history. That this has not been done is a matter for regret, for there can be little doubt that the statistics thus obtained would prove of exceeding value when the Vaccination Acts come up for discussion in 1903.

A GARDEN fête, concert, and variety entertainment, and pastoral play, in aid of the special appeal for St. George's Hospital, London, will be held in the grounds of the Royal Botanic Society, on Tuesday, July 1st.

THE Summer Session of the General Medical Council opened yesterday (27th instant), with the usual presidential address by Sir William Turner, K.C.B.

PERSONAL.

DR. J. H. MOOREHEAD has been elected to the post of Assistant Physician to Sir P. Dun's Hospital.

DR. O'CONNELL, Fethard, co. Tipperary, has been elected to the office of Coroner for the district of South Tipperary.

DR. LITTLE, President of the Ophthalmological Society, will take the chair at a dinner to be given at the Trocadero Restaurant on June 13th.

SIR FREDERICK TREVES will distribute the prizes to the successful students of the Charing Cross Hospital Medical School on June 11th, at 3.30 p.m.

SURGEON-CAPTAIN ARTHUR MARTIN-LEAKE, of the South African Constabulary, has been awarded the Victoria Cross.

PROFESSOR FUCHS, of Vienna, will deliver the Bowman Lecture before the Ophthalmological Society at 4.30 p.m. on June 13th.

THE Duke of Northumberland, Vice-President of the Council of the Sanitary Institute, will preside at the Coronation Dinner which is arranged to take place at the Midland Grand Hotel N.W., on Monday, June 2nd.

PROFESSOR VIRCHOW is now recruiting his health at

Teplitz Schonau, and is gradually recovering the use of his damaged left leg.

THE Earl of Rosebery has been elected Chancellor of the University of London, and Sir Hy. Roscoe, the Vice-Chancellor. Sir Hy. Roscoe has presented a specially-designed silver-gilt mace to the University.

DR. PETER RATTEAY, Dundee, has just been presented with a valuable gold watch from the officers of the Expeditionary Field Forces in West Africa on the occasion of his marriage, he being now in this country on six months' leave.

DR. JAMES A. WHELAN, of Synnot Place, sustained some injuries and a very severe shock by a carriage accident at St. Lawrence Road, Clontarf, on Sunday evening. He was thrown violently to the ground. Mrs. Whelan and a friend of the doctor's happily escaped injury.

Belfast.

[FROM OUR OWN CORRESPONDENT.]

[We are not responsible for opinions expressed by our local correspondents.]

NATIONAL ASSOCIATION FOR THE PREVENTION OF CONSUMPTION.

THE annual meeting of the Ulster Branch of the National Association for the Prevention of Consumption was held on Tuesday, the 20th, in the Town Hall. In the absence of the Lord Mayor, the chair was occupied by Sir Otto Jaffé, J.P., and there was a large attendance, including Dr. Beatty (Manchester) and many of the most prominent medical men in Belfast.

Mr. Robert Brown read the annual report, which emphasised the infective nature of sputum and the necessity of stirring up public opinion to deal with the spitting nuisance. The report stated that Ulster occupies a deplorable position with regard to the prevalence of consumption, its death-rate from this cause per 1,000 being nearly half as much again as in Lancashire, with its crowded manufacturing towns, and being four times as great as the death-rate in the best English county.

In moving the adoption of the report, the Chairman, who is noted for his enlightened views on scientific questions, spoke of the dangers, to children especially, attending the use of unboiled milk. Sir James Haslett, M.P., in seconding the adoption of the report, blamed the damp soil of Belfast. To compare Belfast with London would be an outrage. If they sank a cellar in London they would find the soil as dry as powder, but if they sank to a depth of two feet in Belfast their foundation was filled with water. They might say we should drain Belfast, but it was not so easy draining when so much of the city was under sea level. They could not disinter it, and alter its geographical position. He was delighted to say that though Belfast had increased enormously during the past ten years in population and area, their death-rate from consumption or zymotic disease had not increased but diminished. It was therefore most desirable that they should not take a gloomy view of their city. Though a great deal had yet to be done much had been done already, and when they found that Belfast, the centre of manufactures in Ireland, stood fifth in its death-rate, while Dublin and Cork and other cities were far above it in the number of cases of zymotic disease, he thought it was highly creditable to their community.

The Secretary read a paper by Dr. Niven, medical officer of health, Manchester, describing the steps taken there to combat the spread of consumption, and Dr. Beatty, Dr. Niven's assistant, addressed the meeting. The steps referred to were explained in detail under six heads:—(1) The notification of the existence and address of a consumptive. (2) The education of the public in the character and prevention of the disease,

and especially the education of the patient and his friends. (3) The treatment of his surroundings. (4) Supervision. It was necessary to have some security that the necessary precautions were being carried out. (5) The provision of hospitals for isolation and treatment of the disease. (6) The securing that food, i.e., meat and milk, should be free from the taint of tuberculosis.

Dr. Simpson moved, and Dr. Colwell seconded, a resolution calling on manufacturers to assist in this work by various sanitary precautions in their premises. Professor Whitla moved, and Dr. Darling seconded, a vote of thanks to Dr. Beatty.

The whole proceedings, of which the above is a brief outline, went off exceedingly well, and the meeting can hardly fail to produce good results in Belfast, as a number of the most prominent business men and employers of labour attended.

On Thursday, the 22nd, Dr. Smyth, medical inspector of the Local Government Board, opened a sworn inquiry at the Belfast Union Workhouse into the expenditure on medicines and medical and surgical appliances in the Belfast Workhouse and the several dispensary districts of the Belfast Union for the past half year. Dr. Hall, the senior visiting medical officer, gave some particulars of the daily average number of inmates of the infirmary, which came to about 1,400. He was questioned as to the amount of linseed-meal used, about 43 lbs. daily, which he considered necessary, and not extravagant.

Dr. Jas. Lyness stated that he had been house surgeon from 1893 to 1897, and visiting medical officer since 1899. He described the uses to which some of the drugs were put, and admitted that the quantity of boric acid, 9 cwt. for six months, was large; 1,970 lbs. absorbent cotton were used in the same period, and an average of 82 new bandages daily. The inquiry is not yet terminated.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

NATALITY IN GREAT BRITAIN.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The correspondence to which my first letter on the above-named subject has given origin has been undoubtedly interesting and instructive from several points of view. It has not, however, been at all fully dealt with from the sociological standpoint. What the student of sociology wants to know is whether the baneful spirit of narrow egoism which unquestionably pervades the great bulk of the French nation at the present day has so far permeated the people of our islands that there will follow in Great Britain the national decay which is surely depriving our neighbours of their place among the leading countries of the world. France, with the most fertile soil and the finest climate in Europe—a soil and climate capable of producing enough food to sustain a population of many more millions than now exist—is dying. She has not enough men for her own needs at home, and has none to send to the vast territories, mis-called colonies, which she has latterly acquired in Africa and Asia and Madagascar. In France wealth accumulates and men decay. The evidence as to this is overwhelming, and the effects are clearly to be traced to the one cause—restriction of the growth of population by artificial means. If the example of France is going to be followed and carried to its logical and egoistical conclusion by Great Britain and the other western peoples, Europe will in time (in a few hundred or thousand years) pass into the condition presented by Asia Minor, unless in the meantime the "yellow peril" becomes a reality, and the lands be overrun by prolific swarms overflowing from China and Japan.

I am, Sir, yours truly,

A STUDENT OF SOCIOLOGY.

ADVERTISEMENT AND ALCOHOLISM.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—With regard to the few lines you kindly pub-

lished in your issue, May 14th, in reference to Professor Folet's remarkable statement as to the high percentage of phthisical patients traceable to alcohol! (the statement apparently not being founded on evidence, and therefore calculated to create unnecessary public alarm and prejudice against the legitimate use of alcohol, it would be interesting to learn from scientific sources whether some method could not be devised of testing the action of alcohol on the tuberculous bacilli. Let us suppose for instance, that any given number (the greater the better) of rats or mice were inoculated for tuberculosis and subjected to alcoholic treatment, comparing these with an equal number experimented on without alcohol. I venture to suggest the relative period of existence between these two classes would, to say the least, be a rough indication as to the effect of alcohol on the bacilli.

While I am about it I may be allowed to state that the same error, or, at least, what appears to me to be the same error, on the part of Professor Folet has become the fashion amongst asylum statisticians.

In cases of insanity allied with intemperance these statisticians jump to the conclusion that the intemperance is the cause of the insanity, whereas, as far as evidence is concerned, there is quite as much to show that in numbers of cases it is or may be the effect. Hence these statistics are altogether unreliable and a source of public danger, because it is quite conceivable, in the wear and tear of everyday life in consequence of the high pressure under present unavoidable social conditions, a greater or less number of the public may maintain their nervous equilibrium through a judicious recourse to stimulants, in this sense proving rather a safeguard against insanity than otherwise.

I am, Sir, yours truly,

CLEMENT H. SEES.

Queen's Road, Peckham, S.E.,
May 23rd, 1902.

Special Articles.

THE MEDICAL SICKNESS, ANNUITY, AND LIFE ASSURANCE FRIENDLY SOCIETY.

THE nineteenth annual meeting of this Society was held at 11, Chandos Street, W., on May 15th, under the presidency of Dr. de Havilland Hall, Chairman of the Executive Committee.

The Chairman referred to the continued progress of the Society during the previous year. There had been 133 proposals as compared with 114 in the previous year, and there had been twenty-eight proposals for additional benefits as against twenty-two. Though the membership had increased he was thankful to say that the sickness claims had been less than in the previous year, £7,829 10s. as against £8,250. In the Annuity Fund there was a small increase, and a small decrease in the Life Assurance Fund. He suggested that taking out an annuity payable at the age of sixty-five was preferable to extending their sickness limit beyond the age of sixty-five, as had been suggested, because an annuity payable at sixty-five would be a certainty, whereas sickness allowances after that age must necessarily be altogether uncertain. The economy of management of the Society still continued. During the past year the management expenses had been less than 5 per cent. of the premium income as against 10 per cent. which was allowed by the rules. They had put by over £1,000 to the management reserve fund, and they had made the large increase of £1,346 4s. 6d. in their investment reserve fund, which now stood at £7,979 9s. 3d. The total funds of the Society had also grown considerably, viz., from £143,552 11s. 3d. to £154,353 17s. 3d., an increase during the past twelve months of upwards of £10,000.

The votes of the Society in connection with the Royal Medical Benevolent College had this year been given to Gerald MacNaught, the son of a deceased member, and from the position the boy held at the last election he (the Chairman) hoped that the votes would ensure his election into the school at Epsom on this occasion.

He had great pleasure in announcing that Sir

William Church, President of the Royal College of Physicians, had consented to act as arbitrator should they elect him.

The *British Medical Journal* and the *MEDICAL PRESS AND CIRCULAR*, as in past years, had given them most valuable assistance, and the *Medical Examiner*, under the editorship of their secretary, had also been of service in making known the advantages of the society.

The record of Committee attendances would show how well the affairs of the society were looked after by the members of the Committee, and he thought it would be impossible to get a body of men to work more harmoniously than they had done.

The officers for the ensuing year were duly elected, Dr. de Havilland Hall consenting to remain as chairman. The meeting concluded with a cordial vote of thanks to the chairman for the assiduous and conscientious way in which he fulfilled his functions.

THE EPIDEMIC OF SMALL-POX.

THE spread of small-pox in the provinces continues but for the most part the disease occurs in small groups, and the sanitary authorities, though too often hampered by inadequate accommodation or total absence of accommodation, for the victims, are fairly successful in circumscribing the outbreaks. During the past week there has, however, been a serious recrudescence in the metropolis, the total number of admissions having been more than a hundred in excess of that for several weeks previously. The daily average, which had fallen to between 16 and 30, rose again to between 50 and 65, a phenomenon not very easy to account for. In accordance with past experience the advent of warmer weather is likely to be followed—after the lapse of a week or ten days—by a marked and persistent fall in the number of the newly infected but, on the other hand, the epidemic will probably smoulder on through the summer, with the prospect of a recrudescence so soon as climatic conditions once more favour a renewal of activity.

Lunacy Department.

ASYLUM REPORTS.

Worcester County.—This report is voluminous, but of no very special interest. The rate of board has not been increased, and this speaks well for the management. The Commissioners' Report, on the whole, is very satisfactory, but they consider the infirmaries in the main building are very inconvenient and inadequate for the treating of symptomatic disease. The attendants and nurses have practically no recreation-rooms. Fifty-two nurses have the use of a room, not more than sufficient for six, and the men are even worse off, as they have no room at all. Can the Committee have realised this? The relaxation of attendants and nurses ought to be considered as well as the recreation of the patients. The social factor in an asylum is one of great importance. The death-rate, the highest for fourteen years, was 11·18 per cent., and the recovery rate 32·76 per cent. Pneumonia and phthisis were each responsible for 20 per cent. of the deaths.

Warneford.—This mental hospital, intended for the care and treatment of patients belonging to the upper and middle classes, is healthily situated on a hill near Oxford. The report is well got up and includes some splendid photos of the buildings and grounds. The usual routine has been satisfactorily carried out. The regular terms of admission are two guineas a week, but idiots, epileptics, and paralytics are not eligible. The Committee report: "The prosperity of the hospital has continued to improve, and in all respects the year 1901 has been in advance on previous years." Undoubtedly this indicates a very satisfactory state of affairs. Attendants and nurses who gain the nursing certificate have their wages increased £1 per annum. The recovery rate was high—50 per cent. of the admissions—very gratifying results.

Northampton County.—The Committee have been considering the question of making provision for the proper

treatment and isolation of tuberculosis. This is a step in the right direction, as strong measures are required to cope with this fell disease. We hope yet to see a sanatorium for this purpose established in connection with every asylum. The rate of board, although raised to 8s. per week, is still low. The dietary scale is generous, but there is a want of variety. Of the men only thirty are employed at farm or garden work. This is much to be regretted, as idleness and routine walking exercise are most depressing and enervating for patients and officials alike. Of those admitted 21 per cent. were over the age of sixty, but nevertheless the recovery rate was 30.43 per cent. As a cause of insanity heredity appears in 37 per cent. of the cases. We are surprised to learn from the Commissioners' Report, which is very favourable, that there is no pathological laboratory. Without it an asylum, nowadays, is not considered fully equipped.

Burntwood.—Dr. Spence reports that the year has been an uneventful one. The admissions show a steady increase, the recovery rate is rather below the average, and the death-rate somewhat high. Alcohol was the cause of insanity in fully 7 per cent. of the admissions.

Cheddleton.—The second annual report is interesting, and gives evidence of push and energy in the management, and considerable progress has been made in its development. The recovery rate is very small and the death-rate is rather high. There were five deaths from or complicated by colitis, out of no fewer than twenty-nine cases. It is rather strange to find an epidemic of colitis breaking out in an asylum so recently opened. A high percentage of men and women are usefully employed, and we are glad to see this. The rate of board has fallen from 17s.—a very high rate—to 10s. 8d. per week, and it will, in all likelihood, be yet much reduced. There is abundant evidence that Dr. Menzies means to greatly reduce the expenditure, paid labour being largely dispensed with. The Commissioners in their report refer to a new feature in asylum management, viz., the establishment of a canteen on the male side where the male attendants who do not have beer or beer money, may obtain beer and other things to a limited amount after their hours of duty. We wonder what comes under the head of "other things." This new feature is objectionable under any conditions, and cannot possibly have a good effect on the social status. We shall watch with interest the results of this, as well as his other new ventures in asylum management, on which we must congratulate him. We appreciate all legitimate efforts to depart from the usual trend, for by such we advance.

Aberdeen Royal.—There were 929 patients on the register at December 31st last, as compared with 887 on the same date twelve months prior. The admissions during the year numbered 262, the discharges 161, and the deaths fifty-nine. Of those admitted sixty-five were private, and 197 were pauper patients; twelve were over 70, and three were only 15 years of age. The assigned cause of insanity was heredity predisposition in sixty-six cases, and intemperance in forty cases. The recovery rate was 46 per cent. on the admissions, and the death-rate 6.5 per cent. Both these rates may be regarded as satisfactory. The two new blocks added to the hospital have proved of much value and the Commissioners in their reports speak highly of them and the excellence of the accommodation they provide. The reports of the Commissioners are very satisfactory, and it is evident the management is in capable hands.

Isle of Man.—The Board reports the condition of the asylum continues satisfactory, and that the accommodation in all respects is sufficient. The number of residents continues to increase, and the average number for the past year, 207, is a record one. We note with approval the Board propose to build two additional cottages for married attendants. The recovery rate is satisfactory—48 per cent. of the admissions—but the death-rate is rather high—9.1 per cent. Owing to extensive ordinary repairs and renewals during the year, the mortuary and post-mortem room have not yet been completed. The principal assigned cause of insanity is alcohol. It is responsible for 30 per cent. of the ad-

missions. The average cost of maintenance per week per head was 7s. 7d. The report is full of detail, and the management continues efficient.

Obituary.

WILLIAM MILLER ORD, M.D., F.R.C.P. LOND.

THE death of Dr. William Miller Ord, which, as we briefly announced last week, took place on the 14th inst., marks the termination of a very successful and laborious career.

Dr. Ord was the eldest son of Mr. Ord, who had a large practice at Streatham. He was educated at King's College, and took the degree of M.B. London in 1857, after a brilliant career at St. Thomas's Hospital, to which institution he became house surgeon and subsequently surgical registrar. Circumstances at that time obliged him to go into general practice and for some years he assisted his father at Streatham, an experience which he always asserted proved of the greatest possible service to him. After some years he was appointed lecturer on zoology at St. Thomas's Hospital. In 1869 he was admitted to the membership of the Royal College of Physicians, and two years subsequently, the hospital having meanwhile been removed to its present site, he was elected assistant physician. He occupied successively the lectureship on physiology and that of medicine, succeeding the famed Dr. Murchison.

His selection as dean of the medical school marked an epoch in its history. For some years the affairs of the school had been languishing, but under Dr. Ord's rule it rapidly made headway and attained a position in the medical world which it had never previously reached, the progress being in no small degree due to his personal influence and intelligent direction.

In 1875 he was elected a Fellow of the College of Physicians, and a year or two later he became full physician to his hospital. Dr. Ord was a born teacher, of genial manners and urbane wit, attentive to his work, and mindful of the responsibilities he had assumed. His capacity for work was immense, and he led the busiest possible life for some fifteen years. He resigned the post of physician in 1896, having relinquished the lectureship on medicine in 1894. He was appointed consulting physician in due course, and he never ceased to take the greatest interest in the hospital and school.

Dr. Ord's name will perhaps be best remembered in connection with the important work which he carried out in elucidating the clinical future of the then new disease, myxodema. He was secretary to the Committee of the Clinical Society appointed to investigate the disease, and his researches were conducted with such care and completeness that his writings on the subject really left little to be added. It is to Dr. Ord, indeed, that we owe the designation "myxodema," which has been universally accepted. Another remarkable series of investigations bore fruit in a paper on "The Influence of Colloids on Crystalline Forms and Cohesions," which fully explained the varying forms of crystals which fall in urinary sediments. Dr. Ord also devoted an immense amount of labour to the compilation of the "Nomenclature of Diseases"—a task assumed by the Royal College of Physicians. This work will remain as a lasting monument of skill and comprehensiveness in classification.

Dr. Ord's health began to fail some three years ago, after repeated attacks of influenza, but he continued to practise. His health, however, steadily declined, until about two years ago, when he relinquished active work and retired to Hurstbourne Tarrant, near Andover. He led a quiet, enjoyable existence amid his books and the attractions of a country life, but a few weeks ago brain failure began to manifest itself, and he was taken to the residence of his son at Salisbury, where he died.

PROFESSOR D. J. CUNNINGHAM, F.R.S., has been invited by the Council of the Anthropological Institute to deliver the Huxley Memorial Lecture for 1902. This invitation carries with it the Huxley Memorial Medal.

Literature.

DELAFIELD'S PATHOLOGICAL ANATOMY AND HISTOLOGY. (a)

THIS portly volume of upwards of 800 pages affords striking evidence of the progress which has been, and is still being, accomplished in medical literature on the other side of the ocean. The work compares favourably with even the best known text-books by English authors, and is free from what, to British readers, will always be accounted a blemish, viz., attempts at the phonetic spelling of familiar technical words. It is copiously illustrated; there are no less than thirteen full-page plates and 453 figures in black and colours, in the production whereof the art of photography has been turned to excellent account.

The volume is divided into three parts. The first describes the technique of post-mortem examinations and the appearances in certain forms of death from violence, together with directions for the preservation of pathological specimens and their preparation for subsequent investigation.

Part 2 deals with general pathology and the method of classification, which differs in many respects from that usually followed, has much to commend it. Starting with morbid changes in the circulation, we are led to the study of atrophy, pigmentary and other degenerations, and necrosis, and their antitheses, hypertrophy and regeneration.

Coming to the subject of inflammation, which hitherto it has been customary to describe under its clinical aspects—*calor, rubor, dolor, tumor*—the authors are fain to confess that the processes and structural alterations embraced in the conception of inflammation have become so varied and complex that a definition or even a characterisation is not merely difficult, but is virtually impossible. We are reduced, therefore, to consider the more typical of the phenomena and lesions which are commonly grouped under the term inflammation. So be it. It is certainly better to have no definition at all rather than one which is merely clinical (and is therefore out of place in a treatise on pathology) or one which obviously fails to furnish a comprehensive formula for the condition.

After dealing with animal and vegetable parasites the authors proceed to discuss the relations of micro-organisms to disease, comprising the phenomena of infection and immunity. We may note *en passant* that the authors appear to adopt the view that there is no essential difference between tuberculosis in man and the disease as it affects animals, and they boldly adhere to the view that the bacilli may be introduced into the human organism by contaminated meat and by the meat of tuberculous animals. This chapter no doubt was written, possibly even printed, before Koch startled the scientific world by his distinctive hypothesis, otherwise we imagine the authors would have "hedged" a little in anticipation of possible modifications in the manner of regarding tuberculous infection. The views enumerated by the authors are, after all, those upon which sanitary officers still base their action, indeed, they still hold the field in the absence of conclusive evidence to the contrary which, under the circumstances, it will be difficult to obtain.

Part 3 is devoted to special pathology, that is, the pathology of special organs. It occupies the greater part of the volume and calls for no remark beyond the fact that the subject is treated with great thoroughness.

The volume testifies to much careful work and in this edition various lectures have been revised or re-written to bring them in line with recent additions to our knowledge, notably the sections on the blood and on the normal morphology, degenerations and inflammation of the nervous system.

(a) "A Handbook of Pathological Anatomy and Histology." By Francis Delafield, M.D., LL.D., Professor of the Practice of Medicine, College of Physicians and Surgeons, Columbia University, and T. Mitchell Prudden, M.D., LL.D., Professor of Pathology, Columbia University, &c. Sixth Edition. Price 21s. London: Baillière, Tindall and Cox.

HUGHES'S PRACTICAL ANATOMY. (a)

THE pleasure of reviewing this, Part I. of what promises to be an admirable anatomical guide both to the student and to the surgeon is very much damped by having to refer to the author as the late Professor Hughes, and the consideration of the immense loss the whole profession has sustained by his death at the early age of thirty-nine from fever contracted in the service of his country. However, it is but fair to say that his intentions could hardly have been carried out in a more efficient manner than has been done by Dr. Keith. One of the first things that strike the reader of this work is the excellent directions which are given to the student as to the mode of dissection, these being supplemented by some useful indications as to how in dissecting one part of the human body he may be aided by a possibly more advanced dissector who is manipulating a contiguous part. It is apparent, however, that the work is certainly not intended for the beginner, who, we should imagine, would be puzzled at having his attention drawn at once and at the same time to superficial and deep fascia, nerves, arteries, lymphatics, veins, &c., coincidentally with muscles. On the other hand, to the more advanced student or to the surgeon this book should prove invaluable, as with the aid of the text and of the very clear illustrations, one is able to follow step by step during a dissection every structure as it is uncovered. Part I., which we now have under consideration, deals with the upper and lower extremities. With regard to the upper extremity we think it a very good practice, as is here laid down, to begin the dissection with the dorsal region of this part of the body, and to study the trapezius, the latissimus dorsi, the rhomboidei, and the levator anguli scapulae, together with their superficial coverings, vessels, nerves, &c., the body lying face downwards on the table till the time has arrived for the dissection of the chest and arm, when it is turned over on its back. The description of the axilla is most practical and lucid, being much helped by some capital plates and figures; the same, indeed, may be said of the whole of the work, the large majority of the coloured plates having been prepared under the author's supervision by Mr. Prendergast Parker, the remainder being taken from Holden's "Osteology." Space will not allow any lengthy reference to the former, which number thirty, but we may mention that we were specially struck by Plate V. (three sections showing the relationship of the brachial artery, a in the middle third, b in the lower third of the arm, and c in the antecubital space), and by Plate XIX. (diagrammatic section of the popliteal space, condyles of the femur and patella). With regard to the 266 figures, the ones that specially draw our attention are: Fig. 48 (diagram to show the termination of extensor tendons on a digit, H. Balean), Fig. 58 (showing the surface markings of the gluteal region, H. Balean), Fig. 64 (showing the structures which form and those which pass through the sacro-sciatic foramina, H. Balean), Fig. 84 (section of the thigh showing the formation of Hunter's canal, Anderson). It is, however, impossible in these few words to do justice to such a work, but we must say that we look forward with more than ordinary satisfaction to the appearance of Parts II. and III.

CHEADLE ON ARTIFICIAL FEEDING. (b)

THIS, the fifth edition, of a work which has deservedly attained a wide popularity, has been edited by Dr. Poynton, of the Great Ormond Street Hospital for Sick Children, who has revised it and brought it up to the standard of the times. This is no mere "guide to infants' diet." It is cast in the form of lectures, and is characterised by a certain amount of verbiage in-

(a) "Manual of Practical Anatomy." By the late Prof. A. W. Hughes, M.B., M.C., F.R.C.S. Edited and completed by Arthur Keith, M.D., F.R.C.S., in three parts. Part I. "The Upper and Lower Extremities." Pp. 267. London: J. and A. Churchill.

(b) "Artificial Feeding and Food Disorders of Infants." By W. B. Cheadle, M.A., M.D. Cantab., F.R.C.P., Senior Physician to St. Mary's Hospital, &c., &c. Fifth Edition. London: Smith, Elder, and Co. 1902. Price 5s.

separable from this style of composition. Some forty pages are allotted to the fundamental physiological principles of infant nutrition, and then the "gentlemen," who are so frequently referred to, are invited to consider the question of artificial foods, this term being used to designate all substitutes for the maternal supply. After discussing the various methods of minimising the drawbacks attending the use of cows' milk, the author criticises the various artificial foods, properly so-called, especially malted foods which, he tells us, "are to be regarded as a means of supplying an additional amount of carbohydrates and some additional proteid . . . they are admirable in proportion to the amount of nitrogenous matter they contain, and in proportion to the conversion of the starch through some of the stages into sugar." And we are warned against the dangers attending the too exclusive use of such foods—scurvy, rickets, &c. The rest of the book is devoted to the treatment of special diseased conditions. We have nothing but praise for the work as a whole, only we could wish that a more concentrated style had been employed.

SELECTED ESSAYS AND MONOGRAPHS. (a)

THE present volume of the Sydenham Society's publications will be found to be of particular interest, as it contains several of the many short monographs—written by our countrymen—which have become of an almost historical importance. Notable among them, are a selection of four papers by the late Dr. Braxton Hicks on obstetrical subjects. The last of these is that in which he presented to the British Medical Association in 1889, the now almost universally adopted treatment of placenta prævia, a treatment which has been mainly responsible for reducing the mortality of this condition from 30 to 50 per cent. to less than 5 per cent. Dr. Cullingworth has added a short notice of Braxton Hicks's life and work, and a most valuable list of his published writings. We are sorry that the Editors had not the space to include in the volume before us his paper on "Combined External and Internal Version."

Of the remaining monographs those of most interest are, perhaps, Hodgkin "On Some Morbid Appearances of the Absorbent Glands and Spleen" and Paget "On Chronic Inflammation of Bones." A monograph on "Danish Lazar Houses in the Middle Ages," by Dr. Edward Ehlers, constitutes the only foreign contribution to a most interesting volume.

The work before us is, probably, the last of its kind which the Society will publish for some years, as it has been decided that during the next five years it will devote its funds almost exclusively to the publication of a Clinical Atlas of Illustrations of Disease. Such an Atlas will be most popular, and the fact that it is forthcoming will undoubtedly prove an inducement to medical men to join a Society to which so little is given and from which so much is received.

A RETROSPECT OF SURGERY. (b)

THIS small book is the Hunterian Lecture of the Hunterian Society, 1901, and should be interesting reading to any operating surgeon, as it takes us from the days of Percival Pott and Hunter to the present time, presenting in very graphic language the various improvements which have taken place in the science and art of surgery during the past century. In speaking of anaesthetics the author gives in the words of Mr. Cadge a capital description of the first operation performed by Liston under ether. Among other matters the advances in abdominal and brain surgery are fully discussed, together with the various methods in operating for the radical cure of hernia and the improvements in ophthalmic surgery, but Mr. Poland does not think that the manipulative part of our profession has progressed as it should have done since John Hunter's days. After referring to and dwell

ling on the employment of the X-rays especially in fractures, Mr. Poland writes hopefully of the onward march of surgery he expects for the twentieth century, finishing with Byron's words: "The best of prophets of the future is the past."

PRACTICAL MEDICINE. (a)

THAT this work should so soon have reached a third edition is evidence that its practical contributions are appreciated in the profession. Much is said and quoted on the nature and cure of insomnia, but we doubt if any better theory as to the cause of sleep can be found than that which the author and also Sir Lauder Brunton suggest in "the drowning our cerebral cells in a kind of auto-intoxication with the ashes of our waking fires." The plans for treatment accord well with this reasonable hypothesis.

The short chapter on the cure of gastralgia gives useful hints on the diagnosis of this very common complaint. In small doses (gr. $\frac{1}{4}$ th) of arsenious acid the author, like many others, finds a trustworthy remedy.

The treatment of hæmorrhoids by the application of the unguentum ranunculicarum seems novel as well as useful. We believe this remedy is, however, recommended in Gerard's Herbal. "Celandine Cerate" is an elegant name for the ointment suggested by Sir James.

Chloride of calcium still stands well with the author as his favourite general drug in pulmonary consumption. We entirely agree with him in the use of this salt, and also the calcium hypophosphite. Both agree well with the stomach, and tend to prevent pulmonary hæmorrhage and diarrhoea. After some short chapters on eczema, inhalations for asthma, and a few other therapeutic matters, all worth the notice of the practical physician, the book finishes with a table of diet for diabetic patients. The table is a liberal one, but we fail to see why such articles of food as broccoli, cauliflowers, French beans, and macaroni should be withheld. This last has always seemed to us a sort of gluten food by no means bad in diabetes.

The table, however, must be accepted as coming from one of good practical experience.

Medical News.

The Medical Temperance Association.

THE twenty-sixth annual meeting of this association was held at the rooms of the Royal Medical and Chirurgical Society, 20, Hanover Square, on Tuesday, May 20th. There was a reception, with refreshments and opportunity for the inspection of microscopic specimens, lantern slides, photographs, and diagrams lent by the president (Mr. Eccles), Mr. Pernet, and Dr. Kelynaek. Professor Sims Woodhead took the chair at the meeting which followed. The annual report was read by the honorary secretary, Dr. J. J. Ridge, in which it was stated that there were at present 520 members and 438 student-associates. Meetings of medical students had been held at the London, Guy's, and St. Thomas's hospitals, and the *Medical Temperance Review* had been widely circulated. An international medical manifesto condemning the use of alcoholic beverages on physiological grounds, had been prepared in conjunction with the American Medical Temperance Association and the Association of the German-speaking Abstaining-Physicians. This was being extensively signed at home and abroad. The funds of the association were low, and there would have been a deficit but for an opportune legacy of £250. An interesting and valuable address was then given by Mr. McAdam Eccles on "Cirrhosis of the Liver and its Causation by Alcohol and Otherwise," illustrated by lantern views. A discussion ensued in which Drs. R. Paramore, A. B. Olsen, T. Morton, Heywood Smith, T. Rushbrook, and J. J. Ridge took

(a) "Selected Essays and Monographs, chiefly from English Sources, Braxton Hicks, Bodington, Hodgkin, Paget, Humphry, Ehlers." London: The New Sydenham Society, 1901. Pp. 325, with several plates. London: H. K. Lewis.

(b) "A Retrospect of Surgery during the Past Century." By John Poland, F.R.C.S. London: Smith, Elder and Co.

(a) "Contributions to Practical Medicine." By Sir James Sawyer, M.D., F.R.C.P. Lond., Senior Consulting Physician to the Queen's Hospital, and late Professor of Medicine, Therapeutics and Pathology in the Queen's College; Physician to the Birmingham Hospital for Sick Children, &c. Third Edition, revised and enlarged. Birmingham: Cornish Brothers. 1902.

part, and a vote of thanks was unanimously accorded to the reader of the paper.

Royal College of Physicians of London and the Royal Procession.

WE are glad to see that the abode of medicine in Pall Mall East is to be made available for Fellows and Members of the College of Physicians on the occasion of the forthcoming procession. The Fellows naturally receive first attention, but it has been decided to issue also to Members of the College tickets for places to view the Royal Procession from the College, on June 27th, to the number of 150. Not more than two tickets will be issued to any one member. These tickets will be available only for himself and a lady member of his family. The distribution will be by ballot under the direction of the committee.

Cocaine Poisoning.

AN inquest was held by Dr. G. Danford Thomas, on the 20th inst., at Holborn, on Mr. William Arthur Stradling, M.B.C.S., aged 49, who was found dead in his bedroom at High Holborn. According to the widow, who was living apart from her husband at Tunbridge Wells, he suffered from sciatica as the result of an accident, and was in the habit of injecting cocaine to assuage the pain and procure sleep. He had not followed his profession lately. Medical evidence showed that death was due to cocaine poisoning. A verdict of death by misadventure was returned.

Suicide of a London Practitioner.

MR. WILLIAM HEALY, L.R.C.P. & S., of Gower Street, W.C., committed suicide last week by jumping overboard from the ss. *Scotia* on approaching Dublin Bay. The deceased had been in ill-health for some time, and had suffered much from headache and insomnia, but nothing had transpired to suggest the possibility of any suicidal proclivities.

Medical and Hygienic Exhibition.

THIS annual exhibition was held at the Queen's Hall, Langham Place, W., last week, but a visit to the various exhibits tended to convey the impression that it is not gaining in favour with the various trades cognate to the healing art. There was no scarcity of visitors, most of whom, however, belonged to the nursing sisterhood, and they came away heavily laden with spoils in the shape of samples and literature. There is certainly scope for an annual exhibition of this kind, but to be of service to medical men it is indispensable that the best known firms of manufacturers of medical, surgical, and hygienic objects and apparatus should associate themselves therewith, whereas they, or many among them, for some reason hold aloof.

Otological Society of the United Kingdom.

A MEETING of the Otological Society of the United Kingdom will take place in the Anatomical Department of the Medical School of Trinity College on Saturday, May 31st, at 11 o'clock a.m. The Council of the Society hopes that the meeting will be attended by a large number of the Fellows of the Royal Academy of Medicine in Ireland, who are invited to be present and to bring with them other members of the medical profession who may be interested in the subject matter of the meeting.

Society for Relief of Widows and Orphans of Medical Men.

THE annual general meeting of the Society was held in the rooms of the Medical Society on Wednesday last, May 21st, the President, Mr. Christopher Heath, being in the chair. From the report read by the Secretary it appeared thirty-five new members were elected during 1901, fourteen had died, and two elections had been declared void; 299 members were on the books at the end of the year, an increase of nineteen. Six fresh applications for grants had been received from widows and grants given, two had died, leaving fifty-one widows in receipt of grants. Three orphans had been elected, two had become ineligible, fourteen still remained for assistance. The receipts available for grants and expenses had been £3,409 7s. 6d., and the grants and expenses £3,397 6s. 2d. A donation of £200 had been received from the executors of Miss C. A. Birch. During the year Mr. Upton resigned the office of honorary solicitor, which had been held by his father and

grandfather. The directors passed a vote of thanks to Mr. Upton for his long and valuable services, and had since heard of his death with great regret. Mr. H. G. Tudor was elected an honorary member. Mr. Tudor's family have acted as brokers since the foundation of the Society, and have always given their services gratis. A vote of thanks to the Editors of the Medical Journals for their ready help in making known the objects of the Society was passed. The following were elected to fill the vacancies in the Court of Directors:—Mr. Debenham, Mr. Crozier, Dr. Constable, Dr. Pope, Dr. de H. Hall, Mr. Canton, Dr. Crabb, Mr. Kiallmark, and Mr. Scanes Spicer. A letter was read from Dr. Robert Barnes, enclosing a donation of £100, and a cordial vote of thanks was accorded him. A vote of thanks to the Chairman closed the business of the meeting.

Royal College of Surgeons, Ireland.

THE annual meeting of the Fellows of the College will be held on Saturday next, in the College. The annual election of the President, Vice-president, and Council will take place on Monday next, the 2nd prox. The following candidates offer themselves for election:—For President, L. H. Ormsby; for Vice-president, J. J. Cranny, A. Chance; for Secretary of the College, Sir C. Cameron, C.B.; for Council, (19 seats) *E. H. Bennett, *Sir P. C. Smyly, *H. R. Swanzy, *Sir W. Thomson, *A. Meldon, *Sir C. Cameron, J. D. Hillis, *R. D. Purefoy, *H. G. Sherlock, *C. B. Ball, *J. B. Story, *T. Miles, *J. Lentaigne, T. Donnelly, F. T. P. Newell, *R. H. Woods, *E. B. McCausland, J. D. McFeely, A. J. M. Blaney, W. Taylor, H. W. Oulton, T. O'C. Redmond. Those marked (*) are members of the out-going council, who offer themselves for re-election.

Pass Lists.

Royal College of Surgeons, Ireland.—Fellowship Examination.

THE following candidates having passed the necessary examination, have been admitted Fellows of the College:—Miss C. M'Crea, Mr. R. D. Patterson, Mr. R. S. Ryce, Mr. M. J. Smith, and Mr. D. Turner. The following passed the primary part of the examination:—Mr. P. Maher and Miss M. Thorne.

Royal College of Surgeons, Edinburgh.

AT a meeting of the Council on May 16th the following gentlemen, having passed the necessary examinations, were admitted Fellows of the College:—William John Barclay, M.B., Ch.B., Frederick William Collinson, M.D., M.R.C.S. Eng., David Ewart, M.B., Ch.B., Charles Forsyth, M.B., Ch.B., Henry Albert John Gidney, L.S.A., John Holroyde, L.S.A., M.R.C.S. Eng., John Jeffrey, M.B., Ch.B., Thomas Davy Luke, M.B., Ch.B., Charles Henry Leet Palk, M.B., C.M., and Charles Henry James Watson, M.B., Ch.B. At the same meeting the medal and set of books forming the Bathgate Memorial Prize, presented to the College by Colonel William Lorimer Bathgate, in memory of his late father, William M'Pherne Bathgate, Fellow of the College, was awarded to Miss Charlotte Rose Greenfield, of Edinburgh, for the highest marks obtained in competitive examination in materia medica and therapeutics.

Society of Apothecaries of London.

THE following candidates passed during the May examination in—

Surgery.—F. G. Bennett (Sections I. and II.), J. C. O. Bradbury (Sections I. and II.), G. F. G. de Laubenque, H. F. B. Roberts (Sections I. and II.), B. Rowlands, P. P. Tobit (Section II.).

Medicine.—J. H. Clements, E. Gray, W. P. A. Hardwicke, G. A. Jones (Sections I. and II.), F. I. M. Jupe, E. J. Miller, H. F. B. Roberts (Sections I. and II.), F. H. Rotherham, C. M. Woods (Section I.).

Forensic Medicine.—E. Gray, G. A. Jones, F. I. M. Jupe, E. J. Miller, F. H. Rotherham, C. M. Woods.

Midwifery.—G. A. Crowe, G. A. Jones, F. H. Hand. The L.S.A. diploma of the Society was granted to the following candidates, entitling them to practise medicine, surgery, and midwifery:—J. H. Clements, W. P. A. Hardwicke, F. I. M. Jupe, G. F. G. de Laubenque, B. Rowlands, and P. P. Tobit.

Notices to Correspondents, Short Letters, &c.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

DIABETIC COOKERY.

WOULD you or some of your readers kindly inform me if there is a good work published on cookery for diabetic patients, including a full list of the vegetables and fruits that may be used, the publishers from whom it may be obtained, and price?—**ANCESTILL.**

McK. R.—We cannot discuss the policy of our contemporaries in such a matter as that complained of. Possibly a personal interview with the Editor would establish the facts in the light in which you place them before us.

'THE POLICE AND A "CAUSE CELEBRE"'

PROCEEDINGS of considerable interest to pharmacists are pending at the Thames Police Court, where Mr. Glyn Jones is contesting the obligation to pay medicine stamp duty on ammoniated tincture of quinine merely because certain clauses are printed on the label in respect of its therapeutic effects. An amusing incident is related in the *Chemist and Druggist* from a litigant who, after waiting from two to near four o'clock for his case to be called, turned despairingly to a policeman and said, "What's it all about?" "Well," said the Bobby, "at one time I thought they were squabbling about three-ha'pence on a box of quinine pills, but blest if I place it now!" "Gad," said the first, "if I'd known it I'd 'ave paid the blamed three-ha'pence myself."

G.S.A.—We are unable to find that any edition has been published since 1894, but it is just possible that the author may have changed publishers. The simplest plan would be to address the author direct should your bookseller be unable to obtain the required information.

CARNIVOROUS PLANTS AND FLOWERS.

THE thrilling discovery of a new carnivorous plant has recently been made by Dunstan, on the shores of Lake Nicaragua. As this accomplished naturalist was walking with his dog, his attention was suddenly attracted by the cries of pain and terror of the latter—who had lingered a little behind to explore—and hastening to the rescue he found the animal held fast by three sticky bands, which had chafed the skin to bleeding. The bands in question were formed by the branches of a carnivorous plant, which has since been named by the discoverer the "land octopus." He describes the branches as of a polished black colour, without leaves, secreting a viscid fluid, and furnished with suckers by which they attach themselves with extreme tenacity. It might, in fact, be almost believed, without special effort of the imagination, to be an octopus transformed into a plant. This uncanny product of the vegetable kingdom is denominated by the inhabitants of that country "the devil's noose." The moth-catching plant (*Araucaria albens*) is a native of Central Africa. It was accidentally introduced into Australia a few years ago, and its growth has since been encouraged, as it was found efficacious in the destruction of moths. The calyx is deep, and its base is furnished with sweet juices. The moth is attracted by the contents, and protrudes its proboscis, which is immediately nipped by the two strong, hard, black pincers which guard the passage. Once caught there is no escape, the imprisoned creature invariably perishes miserably.

Meetings of the Societies, &c.

LONDON.

WEDNESDAY, MAY 28TH.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Clinique. (Surgical.)

THURSDAY, MAY 29TH.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m.—Mr. Hutchinson: Clinique. (Surgical.)

FRIDAY, MAY 30TH.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Mr. E. Clarke. Clinique. (Eye.)

EPIDEMIOLOGICAL SOCIETY (11, Chandos Street, Cavendish Square, W.).—8.30 p.m. Meeting.

TUESDAY, JUNE 3RD.

WESTMINSTER HOSPITAL.—Post-Graduate Clinical Course. Demonstration at 4.30 p.m. by Dr. W. A. Willis, on a Case of Raynaud's Disease with Scleroderma, with some illustrative cases.

DUBLIN.

FRIDAY, MAY 30TH.

ROYAL ACADEMY OF MEDICINE IN IRELAND.—Section of Anatomy. College of Surgeons, 8.30 p.m.

[SATURDAY, MAY 31ST.

OTOLOGICAL SOCIETY OF THE UNITED KINGDOM.—11 a.m. in Trinity College.—Report on Compulsory Examination of Hearing Power in School Children. Exhibition of Clinical Cases. Prof. Cunningham Central Connections of the Cochlear Nerve in the Orang, Chimpanzee, Gibbon, and Man. (Lantern demonstration.) Prof. Coffey.—Demonstration of Nerve Endings in the Ventral Cochlear Nucleus, the Superior Olive, and the Trapezoid Body. Prof. Birmingham.—Specimens exhibiting the Anatomy of the Pharynx, Naso-pharynx, and Ear. Dr. Dempsey.—Microscopic Slides of the Membranous Labyrinth. Prof. Urban Fritchard.—Section of Internal Ear. (Lan-

tern demonstration.) Dr. Arthur Cheate.—Petro-aquomosal Sinus. Dr. Jobson Horne.—Abscess at Sacrus Endolymphaticus.

ROYAL COLLEGE OF SURGEONS.—Annual Meeting of Fellows.

MONDAY, JUNE 2ND.

ROYAL COLLEGE OF SURGEONS.—Election of President, Vice-President, and Council.

TUESDAY, JUNE 3RD.

DUBLIN UNIVERSITY.—Final Medical Examination in Midwifery. Diploma in Public Health Examination (first part).

Appointments.

BRAND, W. H. EDEN, L.R.C.S. & L.R.C.P. Edin., House Surgeon to the Northern Infirmary, Inverness.

BROWNLEE, ALEX., L.R.C.P. & S. Edin., L.D.S. Edin., Assistant House Physician to the Infirmary, Cardiff.

CLAYTON-GREENE, W. H., B.A., M.B., B.C. Cantab., F.R.C.S. Eng., Surgical Registrar to St. Mary's Hospital.

DEGRUCHY, C. W., M.R.C.S., L.R.C.P. Lond., Medical Officer of Health to the Carleton Urban District Council.

HARRIS, JOHN HENRY, M.D. Durh., M.R.C.S., L.S.A., D.P.H. Cantab., Medical Officer of Health for the Dartmouth Port Sanitary Authority.

HEFFERNAN, PATRICK, L.R.C.P., L.R.C.S. Edin., Assistant Medical Officer of Clonmel Asylum.

HOWARD, WILFRID, L.R.C.P. Edin., M.R.C.S., District Medical Officer for the parishes of New and Old Buckenham, and also Public Vaccinator for the same parishes.

HYDE, EDWIN, M.R.C.S., L.R.C.P. Lond., Assistant House Surgeon to the Infirmary, Cardiff.

THOMSON, W. ERNEST, M.A., M.D., Surgeon to the Glasgow Eye Infirmary.

TRYNE, WILLIAM, M.A., M.D. Edin., Medical Superintendent to the Isolation Hospital for the Barnet Urban District.

Vacancies.

Barrington's Hospital.—Matron. Salary £60 per annum, with board, apartments, and laundry. Applications to the Registrar. (See Advt.)

Cardiff Union.—Assistant Medical Officer. Salary £130 per annum, with rations, apartments, attendance, and washing. Applications immediately to Arthur J. Harris, Clerk, Union Offices, Queen's Chambers, Cardiff.

Cheshire County Asylum, Macclesfield.—Temporary Assistant Medical Officer during the months of July, August, and September. Salary £4 4s. per week. Apply to the Medical Superintendent.

City and County of Canterbury Borough Asylum.—Medical Superintendent. Salary £350 per annum, with unfurnished house, lighting, washing for himself and family, and produce of garden. Applications to Henry Fielding, Town Clerk's Office, 15, Burgate Street, Canterbury.

County Asylum, Whittingham, Lancashire.—Junior Assistant Medical Officer. Salary £150. Furnished apartments, board, washing, and attendance provided. Applications to the Medical Superintendent.

Durham County Asylum.—Third Assistant Medical Officer. Salary £150, with apartments, board, laundry, and attendance. Applications to the Medical Superintendent, Durham County Asylum, Winterton, Ferryhill.

Hereford County and City Asylum.—Senior Assistant Medical Officer. Salary £150 per annum, with board, lodging, and washing. Junior Assistant Medical Officer. Salary £100 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.

Lancashire County Asylum, Winwick, Warrington.—Assistant Medical Officer. Salary £150 per annum, with furnished apartments, board, attendance, and washing. Applications immediately to the Medical Superintendent.

Sir Patrick's Dun's Hospital, Lady Superintendent. Salary £125 per annum, with furnished apartments, laundry and attendance. Applications to the Secretary of Medical Board. (See Advt.)

Somerset and Bath Asylum, Cotford, Taunton.—Assistant Medical Officer. Salary £150 per annum, with furnished apartments, board (except beer, spirits, &c.), fuel, lighting, and washing. Applications to the Medical Superintendent.

St. Mary's Hospital for Sick Children, Plaistow, E.—Resident Medical Officer. Salary £80 per annum, with board, residence, and laundry. Applications to Percy J. Glenton, Secretary.

The Throat Hospital, Golden Square, W.—Junior House Surgeon.—Salary £100 per annum, with lunch daily. Applications to W. Holt, Secy. Supt.

Births.

DYBALL.—On May 30th, at 47, Queen Street, Exeter, the wife of Brennan Dyball, F.R.C.S., of a daughter.

HUGHES.—On May 30th at Springfield, Anerley, S.E., the wife of Staff Surgeon Hughes, Royal Navy, H.M.S. *Crisier*, of a son.

WILLOUGHBY.—On May 22nd, at 2, Cumberland Villas, Gravesend, the wife of W. M. Willoughby, B.A., M.B., D.P.H. Camb., of a son.

Marriage.

HUNGERFORD—ELLIOT.—On May 24th, at the Parish Church, Chiswick, Wm. Alex. Hungerford, eldest son of Deputy Surgeon-General Richard Hungerford, of Chiswick, to Dorothy Noyes, daughter of Henry Francis Elliot, F.R.C.S.E., of Chiswick.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXIV.

WEDNESDAY, JUNE 4, 1902.

No. 23.

Original Communications.

ASSOCIATED EPIDEMICS.

By DR. V. BABES,

Professor at the Faculty of Medicine of Bucharest.

[SPECIALLY TRANSLATED FOR THE MEDICAL PRESS AND CIRCULAR.]

OUR knowledge of the real nature of epidemics and their causes is still rather vague; in truth, we have come to regard them as morbid entities, each one possessing its special microbe, and this not only in regard to those which attack persons in the enjoyment of good health, but also in certain kinds of epidemics occurring in hospitals, such as epidemics of erysipelas, hospital gangrene, &c. In 1895 I drew attention, at the French Medical Congress at Bordeaux, to certain hospital epidemics with a high mortality which could not be shown to possess any specific pathogenic elements, those being merely the ordinary pyogenic organisms, which had, however, acquired a very marked increase of virulence. They attack subjects already suffering from one or other of the various infectious or debilitating diseases, and on this predisposed soil the staphylococcus aureus, the streptococcus and a saprogenous micro-organism, alone or in association, establish a footing. We propose to classify them under the heading of "Hospital Epidemics of Associated Diseases."

In these instances we are dealing with a disease which becomes epidemic through its association with a secondary infection, although neither of them, alone, is of an epidemic character.

We had, moreover, previously observed and mentioned epidemic streptococcal infections displaying the characteristics of hæmorrhagic septicæmia, and generally following on exanthematous affections, such as scarlatina. The streptococcus, which is nearly always present in the subjects of scarlatina, assumes special and exaggerated virulence, which is shown by the tendency to hæmorrhage and the high mortality.

With regard to the enhanced virulence of the common germs, the factors in its production are multiple and indeterminate. It is, however, sometimes possible to demonstrate the decrease in the powers of resistance of a whole group of persons placed under special conditions of environment, who then fall a prey to epidemic disease. Such was the case in the epidemic of scurvy, an account of which I published in 1893, due to troops being exposed to the vicissitudes of a particularly severe winter. The streptococci, which are normally present in the mouth, gave rise to the first morbid symptoms and paved the way for a fusiform bacillus which invaded the gums and caused hæmorrhage by irritative hyperplasia of the walls of the vessels.

It appeared advisable to recall these facts, although

the subject of the present contribution is of quite a different nature. It is no longer a question of two non-epidemic infections—one, at least, of which is common—which by their association acquire the epidemic character, but with cases where the primary affection or some unknown cause is complicated by one or several specific and epidemic infectious diseases; I shall describe such morbid combinations under the name of "associated epidemics." It is, for instance, not unusual for an epidemic of influenza or of pneumonia to complicate some pre-existing affection; in such case the second affection may, more or less, completely mask the clinical physiognomy of the original affection. This is especially so when influenza intervenes, to such a degree indeed that we question whether, in many epidemics of so-called influenza with a high mortality, infection by Pfeiffer's bacillus, usually comparatively inactive, ought not to be considered as a complication of an unknown primary affection. These questions were suggested by our bacteriological researches, by means of which we discovered micro-organisms possessing all the characters of Pfeiffer's bacillus in affections the influenzal nature whereof was doubtful, and which exist independently of any epidemic of influenza. This point of view appears to be confirmed by certain facts which we recently noted at Bucharest, which we will now describe.

For several years past influenza has regularly occurred at Bucharest during the cold and damp season, and the winter of 1900-1901 was no exception to this rule. Nevertheless, the epidemic remained of a mild type until, towards the end of the bad season, a certain number of cases of a serious nature occurred in two distinct districts. One of these districts had only lately been incorporated in the town (the Mincu quarter) and was intersected by large ditches full of stagnant water which had been dug in order to get at the clay and which are actually being filled up with all kinds of rubbish. In close proximity to these ditches live, under deplorable hygienic conditions, a shifting population whose only occupation consisted in searching for rags, bones, &c., in the rubbish heaps. The second quarter was another suburb, also inhabited by Tziganes who lived under similarly unhealthy conditions. Altogether there were about forty cases with several deaths in these two quarters.

The clinical picture presented by the patients was anything but similar. In nearly every case, however, we noted the presence of Pfeiffer's bacillus, but on the other hand, the primary infection—difficult enough to identify—may possibly have been different in each case.

Thus, in one of the first cases, typhoid fever might be suspected as the pathological substratum. The patient was a lad, æt. 15, living in the Mincu quarter, who had been ill ten days. He was admitted in a septic state, with a high continuous fever (40°C) and a generalised eruption of a red colour, hæmorrhagic

and spotted with brownish stains; he died in six days. Serodiagnosis gave a positive result at 1 in 50; moreover, very marked cerebral symptoms (cephalgia, opisthotonos) having been noted on the last day, we diagnosed typhoid fever with meningitic manifestations. The histological and bacteriological examination at the post-mortem proved the existence of a hæmorrhagic infection: gastric ecchymoses, hæmorrhagic pachymeningitis, hepatisation of the lungs, considerable subacute hypertrophy of the spleen, and commencing acute myelitis. Neither by the microscope nor by cultivation could we discover Eberth's bacillus. The bronchi, on the other hand, contained Pfeiffer's bacillus, well characterised from morphological and culture points of view; it did not give rise to any symptoms on inoculating a rabbit. In spite of the result of the bacteriological examination there does not seem to be sufficient ground to discard the hypothesis of aborted typhoid, especially as Peyer's patches were injected, though without cicatrix or tumefaction.

In one of our other patients we were rather inclined to consider measles as the primary affection. The patient, a boy, æt. 17, also an inhabitant of the Mincu quarter, had been suffering for six days when he was admitted to Felantropia Hospital, with the clinical aspect of a grave hæmorrhagic infection: continuous fever (from 39° to 40° C.), exhausted, delirious, and suffering from a morbilliform hæmorrhagic eruption over almost the whole of his body, but more marked on the thorax and the abdomen, not invading the face. In spite of the grave nature of the symptoms, recovery was perfect, and the patient left the hospital in three weeks. The sero-reaction was always negative; neither the blood nor the expectoration contained any pathogenic agent, and this fact confirms us in the opinion that we had to do with an infection possessing a non-cultivable microbe, such as that of measles. In any case it was complicated by an influenza infection, for repeated examinations of the purulent sputa enabled us to recognise Pfeiffer's bacillus, which disappeared after recovery.

We observed another case of a similar kind, which we think may be explained in the same manner. A young man, æt. 20, entered the hospital, at the end of the first week of illness, with high continuous fever (41°), prostrate, delirious, and suffering from a hæmorrhagic eruption, though less characteristic than that of the patient whose history we have related above. This also did not invade the face. Recovery was complete at the end of thirteen days. The sero-diagnosis always gave a negative result; bacteriological research only revealed the presence, in large numbers, of Pfeiffer's bacillus in the expectoration.

In the two last cases, therefore, influenza, and possibly measles, may be incriminated, while in the first, one is inclined to the view of an association of influenza and typhoid, just as in respect of the three patients whose histories are briefly given later. The latter entered the hospital at between the fourth and the seventh day of the disease, with high fever. They all gave marked sero-reaction, while their purulent sputa contained an abundance of Pfeiffer's bacillus—either free or in leucocytes—associated with other microbial species. Nevertheless, the nature of the primary infection underlying influenza remains doubtful; at first we were unable to isolate Eberth's bacillus; moreover, these patients came from a quarter ravaged by a very peculiar epidemic; lastly, in cases of a similar character where the sero-reaction gave a positive result, we were unable, at the post-mortem, either to demonstrate the lesions of typhoid fever or to discover the specific micro-

organism. Here are a few details concerning these three cases:—

A woman, æt. 30, was attacked, five days previous to her entry into hospital, by shivering and fever, accompanied by epistaxis, muscular and articular pains, and cephalalgia. There was slight dulness at the base of both lungs; on auscultation, a few sibilant disseminated râles were noticed; a slight cough, a scanty muco-purulent expectoration. The belly was slightly swollen; the spleen had not apparently increased in size; a moist tongue; loss of appetite; a temperature of 40.5° C. It was only on the third day that patches of a deep red colour were observed on the back, limbs, and abdomen, pretty evenly distributed, the size of a bean, and disappearing on pressure. At the end of a week her condition became worse; nocturnal delirium, a furred tongue, and a temperature of 39.2° C. The patient was in a state of collapse, and lay motionless on the back, the belly being tympanitic and the right iliac fossa tender. Two days later the temperature fell, her general condition improved, and the eruption began to fade. The patient was discharged quite well fifteen days after admission. Widal's sero-reaction gave doubtful results; a week later agglutination appeared almost instantaneously in the proportion of 1 in 20; five days before her discharge we again obtained well-marked and rapid agglutination. Cultivations inoculated with fæces by Piorkowski's method did not give any characteristic colonies. On the other hand, the bacteriological examination of the sputum revealed an abundance of Pfeiffer's bacillus, also diplococci and small chains of barley-like organisms, taking the Gram stain. Cultures on blood enabled us to isolate Pfeiffer's bacillus.

The affection was ushered in in an almost identical manner in a man, æt. 53: a sudden onset with violent and repeated rigors, epistaxis, nausea, high fever, myalgia and arthralgia, anorexia, constipation and delirium. The patient was admitted into hospital on the seventh day; he was restless and the pulse was frequent and feeble (138), temperature 39.3° C. Some sibilant disseminated râles were noted; the belly was swollen, the spleen was large; all the body, excepting the face and the neck, was covered by a macular eruption; these patches, which varied in size from a millet seed to a bean, did not project; they were of a dark red colour (a few were lighter), and disappeared on pressure. During the following night the patient was violently delirious, and his expectoration was streaked with blood. The eruption assumed a markedly petechial character, especially on the abdomen and back; the temperature was 39.8°. Five days later there was a slight improvement; the delirium ceased, and the temperature fell to 37.5°. The eruption commenced to fade, the deep red patches being replaced by greenish stains. The patient was discharged quite well a fortnight after admission. The sero-reaction, which yielded an uncertain result on the second day after admission, gave a positive result a few days later; marked agglutination, even in the proportion of 1 in 50. Cultures by Piorkowski's method gave no result. The examination of the sputum showed a large quantity of very fine bacilli, possessing the characters of Pfeiffer's bacillus. Cultures on agar and blood enabled us to cultivate and isolate this bacillus, which was not present in extra-vascular areas.

In the last of these three patients the clinical aspect was approximately the same; the eruption was, however, much less marked. The patient, a young man, æt. 18, had felt unwell since January; he became worse towards the end of March, and was received on April 4th. His temperature was 40.2°, and his pulse 120. He complained of pain in the back, muscular pain, headache and cough. The belly

was tender, especially in the iliac fossa, and slightly tympanitic; the spleen was apparently not enlarged. There were bronchial *râles* in both lungs; mucopurulent expectoration. Several non-prominent red spots were observed on the back. A day or two later the patient felt better, the temperature fell to normal, and he was discharged on April 18th, completely cured. Widal's sero-diagnosis, which was attempted on several occasions, gave a positive result; the agglutination, at first feeble, became afterwards very characteristic in a dilution of 1-50. The expectorations examined on April 7th contained an abundance of fine bacilli, presenting the characteristics of Pfeiffer's bacillus, and a number of other microbes (streptococci and bacilli having the appearance of pseudo-diphtheritic bacilli. Pfeiffer's bacillus was present.

So far, in all the cases we have related, we had only to deal with the association of two infections, one of a doubtful, not to say unknown, nature, the other of an influenzal nature. But in this epidemic there arose other clinical combinations of a much more complex nature, as is shown in the case of a young girl, *æt.* 15, admitted on the fourteenth day of the attack, suffering from an infectious fever displaying certain features of typhoid, giving Widal's sero-reaction in the proportion of 1 in 40; later on pneumonia supervened, as well as a septic condition, which became more and more marked, and which finally caused death. Even just before death the examination of the sputum failed to reveal Pfeiffer's bacillus, which were, however, found post-mortem, in the contents of the bronchi, associated with the staphylococcus, streptococcus, and pneumococcus. Some rabbits inoculated with the influenza microbe remained healthy. In addition there was a patch of pneumonia, recent pulmonary gangrene, softened, pulpy cavities, forming a kind of abscess, and a hæmorrhagic zone between the pneumonic area and the pulmonary tissue; microscopically, the pneumonia presented the characteristics of the fibrinous variety with large coloured cells, while in the gangrenous parts the extremely dilated alveoli had coalesced and were filled with leucocytes undergoing degeneration. The bacteriological examination revealed in the lungs the staphylococcus aureus, a streptococcus and the pneumococcus, which were also found in the microscopical sections; I also found in great quantities a fusiform microbe which we were able to cultivate. Among the other peculiarities, must be mentioned the softened and swollen state of the mediastinal glands, which contained a special proteus along with the pneumococcus. In the peritoneum we found the same microbe and also a streptococcus. We were able to isolate the staphylococcus aureus from the liver and the spleen. The small intestine was hyperæmic and swollen in certain limited areas, and on excising a loop of intestine between two ligatures we found that the tumefaction was the result of an abundant superficial desquamation and exudation, cellular and albuminous, entirely filling the lumen of that part of the intestine. This exudation, as well as the blood &c., contained a quantity of yellow pigment. Except for an insignificant swelling of Peyer's patches, there were none of the anatomopathological or bacteriological characteristics of typhoid fever. Thus there seems to have been a general infection by the pneumococcus, the streptococcus, the staphylococcus and Pfeiffer's bacillus, without our being able to distinguish the role of each of these micro-organisms.

Lastly, there may occur, in an individual predisposed by a pre-existent affection, a particular localisation of one of those microbes which occur in an associated epidemic, a microbe which afterwards becomes generalised. To illustrate this, I may relate

the case of a man, *æt.* 57, who came from the second epidemic district, and was admitted to the Colentina Hospital on the seventh day of the attack, along with several other patients with whom he had mixed, who were thought to have contracted typhus fever. This man displayed all symptoms of a grave infectious fever simulating exanthematous typhus, but without the eruption; profound depression with high fever (40°), cyanosis, an anxious facies, a rapid pulse (140), which was feeble and arrhythmic; a large spleen, the belly slightly prominent, but not tender. On auscultation we discovered widespread sibilant *râles*, and a few moist *râles* at both bases. Sero-reaction gave a negative result in the proportion of 1 in 40 and even 1 in 20. The patient died in three days. The post-mortem examination revealed arteriosclerosis of the heart and a slight degree of nephritis, also of an arteriosclerotic nature; but the most important lesions were widespread hæmorrhagic bronchitis. It also appears very probable that the infection was propagated through the air, producing the infectious symptoms as well as an aggravation of the condition of the heart and the kidneys; in other words, we had to do with a hæmorrhagic bronchial infection, caused, as it seemed, by Pfeiffer's bacillus, in a nearly pure culture, in the bronchi and lungs, but which, when inoculated into a rabbit, had no effect; side by side with this micro-organism we discovered, in a small quantity, a bacillus resembling that of glanders, non-pathogenic, however, for mice and guinea pigs.

The eight cases which we have just related belonged to an epidemic in two districts—unhealthy *par excellence*—which broke out among half-starved and ill-lodged rag-pickers, and which we should not have hesitated, at other times, to diagnose as exanthematous typhus; but our researches on these eight patients revealed the presence of Pfeiffer's bacillus, and in most of the patients we obtained, in addition thereto, Widal's sero-reaction, although we were unable to detect the slightest trace of typhoid lesions or to discover Eberth's bacillus.

We cannot explain these peculiarities on the assumption of an abortive typhoid fever, which had passed and disappeared unperceived, for very often the agglutinating reaction was absent at the onset, or at least was but feebly characterised, whilst, later on, it became very marked. Nor can we admit the hypothesis of a simple epidemic of abnormal influenza, since, in some cases, Pfeiffer's bacillus was absent during the first days of the affection but appeared later on; moreover, this micro-organism was met with in large quantities in the oldest areas of pneumonia, softening, and pulmonary gangrene. These various considerations lead us to infer that there must have been another hidden element, representing the primary infection the microbe whereof eluded recognition, and that this infection was complicated by Pfeiffer's bacillus, probably also that of Eberth, this latter, through some peculiar circumstances, not having sufficiently multiplied to bring about the lesions of typhoid fever and to invade the blood.

It may be that there was no specific primary infection—exanthematous typhus, &c.—but only a loss of resistance on the part of organisms enfeebled by defective hygienic conditions, a loss of resistance which allowed of the invasion of common microbes (streptococcus, &c.), which prepared the soil for specific germs, such as Eberth's or Pfeiffer's bacillus.

In any case our observations show that it is not sufficient in an epidemic to find Pfeiffer's bacillus in order to affirm that we are dealing with influenza, nor does a positive sero-reaction enable us to affirm that it is typhoid fever, for it is possible at the same

time to find both these elements of diagnosis in the evolution of a particular syndrome—associated epidemic, which is neither influenza nor typhoid. We may even question whether certain cases diagnosed as exanthematous typhus are not also due to associated epidemic diseases.

From an epidemiological point of view the facts that we have just related tend to show that every epidemic is not produced by a single specific microbe, but that, on the contrary—as we formerly established for individual affections—there exist particular associated epidemics, provoked either by ordinary causes or by the associated factors, or by specific germs complicating other equally specific infective states, as yet undetermined. No doubt now that attention has been drawn to this point, our knowledge of these facts will make rapid progress.

THE SUCCESSFUL TREATMENT OF TUBERCULOSIS AND LUPUS BY GARLIC.

By W. C. MINCHIN, M.D., T.C.D.,
Medical Officer of Kells and of the Fever Hospitals.

I WISH to record a new treatment for tuberculosis which I have adopted for the past three years and a-half with remarkable success. When I commenced this treatment I had some reasons for believing that the plant known as *allium sativum*, or garlic, exerted a specially destructive influence upon the tubercle bacillus, at all events when it attacked the human subject, I am now satisfied that no treatment has yet been brought forward which will give anything like such satisfactory results as the treatment by this substance.

I look upon it as a perfectly safe treatment and also an efficient one in all cases of incipient pulmonary tuberculosis, in nearly all cases of moderately advanced, and in many very advanced cases. Its action is fairly rapid, and the treatment by it is scarcely open to any objection, it being applicable to all cases of consumption either in the wealthy or the poorer classes, in their own homes or in the general wards of any hospital. I have had so much success with it that I have come to look upon few cases of consumption as hopeless. I enclose two cases which you might kindly publish as examples.

One M. C., an incipient case of bilateral pulmonary tuberculosis, sputum contains tubercle bacilli, dulness in both apices, with profuse night sweats, cough and expectoration, has had hæmoptysis, evening temperature 99.4° F. On the fifth day of treatment the temperature became subnormal, the cough and expectoration commenced to diminish, the night sweats commenced to stop. On the eleventh day the night sweats had entirely stopped. On the nineteenth day the cough and expectoration had become extremely slight. His recovery has gone on quite satisfactorily in every way. He was admitted on April 7th, 1902. His weight on April 10th was 11 st. 4 lbs., and on May 12th 12 st. 6 lbs.

The second was a very advanced case. Pulse, 110; respirations, 35; temperature, 100° when treatment began. Profuse night sweats ceased eleventh day of treatment. Temperature became normal middle of fourth week. Respirations became normal fifth week. Cough and expectoration almost gone at the beginning of the seventh week. This patient could not be weighed upon admission. He was sent into hospital as a far advanced and hopeless case. On arrival he appeared to be rapidly approaching the end. He had been for two months in bed and was unable to walk. He was as emaciated as he very well could be, with the usual distressing symptoms. Both lungs had tuberculous infiltration in every part with

a considerable amount of apical dulness on each side. Dyspnoea was very severe and the patient could scarcely speak. He also suffered from an ischio-rectal abscess. The heart's action was very feeble, and the sputum, which was extremely abundant, contained numerous tubercle bacilli. His improvement was marked from the beginning of the treatment. He is now strong and well.

I have treated in all about fifty cases of pulmonary tuberculosis, with results which justify the statements which I have made.

So many germicides and inhalations have been advanced with disappointing results, that I merely wish to state the fact that this has been strikingly successful in my hands, and that whilst inviting others to try it, I need scarcely state it is a harmless drug.

A short time ago I asked Dr. Wallace Beatty, of Dublin, to try it. He has very kindly been doing so, but he has not had sufficient time to speak as to its curative effects, but he has told me that in most cases in which he has tried it the relief of cough has been very remarkable, and that some of his patients have expressed themselves as feeling in every way better. His experience is too short to say more than "as far as the relief of the cough of phthisis is concerned it has succeeded better than any drug he has tried." I have no doubt that in twelve months he will endorse all that I say.

I have found this substance equally valuable in the surgical aspect of the disease, and I believe it will open up a new field of surgery. I have only tried it in those cases in which the tuberculous tissues were exposed, and consequently the remedy could be applied to them directly, such as tuberculous ulcers, open abscesses and glands, and cases of tuberculous osteitis and such like in which the skin was broken. In these cases there is invariably an improvement and generally a permanent healing. My experience of it in cases of lupus is, I regret to say, confined to one case, but it was so successful that it seems to point to a bright future for it in these cases. It is now seven weeks since I began to treat this case of extensive lupus of the nose, cheeks, and ears of fourteen years' standing. After the seven weeks' treatment with *allium sativum* it is almost well, and the lupoid area has assumed the appearance of healthy skin.

I have some reason to believe that even in the vicinity in which garlic is grown in large quantities the tubercle bacilli do not abound.

In all my cases I have used the freshly expressed juice of garlic without removing the chlorophyll, and, as I have experienced some difficulty in procuring it, I invariably express the juice myself.

In pulmonary cases I dilute this pure juice with an equal part of distilled water and apply it upon the sponge of a large perforated zinc respirator such as is recommended for antiseptic inhalations by Dr. Burney Yeo. It is applied freshly two or three times daily to the sponge with a small brush. The respirator is worn as continuously as possible for the first few weeks, after which time I advise its use for about three hours daily.

Where there is evidence of intestinal trouble I give the fresh juice by mouth in doses of 20 M diluted.

In laryngeal cases I have met with success by using a 1 in 20 solution with an ordinary throat spray, using it frequently.

In surgical cases and in the case of lupus which I have mentioned I employ the undiluted fresh juice.

Very unhealthy cavities should, of course, be first washed out with some antiseptic, when a little of the juice may be injected into a cavity, covering the outlet with a similar dressing on lint. In the lupus case I directed the fresh pure juice to be painted over the affected parts every night, and washed off in

the morning with oatmeal water. I have met with four different varieties of garlic which are cultivated; all of them appear to be possessed of similar properties with regard to their antagonism toward tuberculosis.

There is also a wild variety which I have not tried, and possibly the whole genus possesses the same properties.

Garlic is largely used by the country people throughout Ireland, and many of them grow it every year. It enjoys a reputation among them for curing coughs when it is used as an infusion and mixed with whisky. It is also used when pounded as a poultice for strumous sores; and, further, it is said to prevent symptomatic anthrax or "blackleg" in cattle, and is largely used for this purpose also.

Some preparations of garlic are official preparations of the United States Pharmacopœia, being recommended as an antiseptic, an expectorant, a rubefacient, a diuretic, an antispasmodic, and a carminative. It contains a volatile oil—sulphide of allyl—to which it possibly owes its properties.

In conclusion, I must thank Drs. Ringwood and Brangan, of Kells, for the generous manner in which they sent their tuberculous patients to me when they recognised the merits of the treatment.

THE SERUM TREATMENT OF PLAGUE. (a)

By H. C. DRURY, M.D., F.R.C.P.I.,

Physician to Sir P. Dun's Hospital.

It is evident that in plague, as in other zymotic diseases, the "type of disease" varies widely in different epidemics, and that consequently statistics will vary widely also. In the Report of Dr. N. H. Choksy, Special Assistant Health Officer, Bombay Municipality, on the Treatment of Plague with Professor Lustig's Serum, at the Arthur Road Hospital, Bombay, for the months February to May (inclusive) 1901; it appears that in 1900 the type of disease was one of gradually increasing severity, which reached its climax in the period under review. This severity was manifested by the following characteristics:—

1. *Multiple Buboes*.—In previous epidemics multiple buboes existed in a comparatively small proportion of cases, about 13.9 per cent., but in this epidemic the ratio was increased enormously, to 63 per cent.

2. *Septicæmia*.—In all the cases admitted the blood was examined at the time of admission. Cultures showed that 45 per cent. of cases were already septicæmic; and out of 165 such septicæmic cases there were only four recoveries. This in itself is sufficient to show their gravity.

3. *Prolonged Duration and Frequent Relapses of the Cases*.—Whereas, in former epidemics a patient was considered practically safe if he passed over the tenth day of illness, there was practically no time limit in this epidemic after which the patient could be considered to be out of danger.

4. *Late Suppuration of Indolent Buboes*.—Such buboes have been opened as late as the forty-eighth day of illness, and the pus has been found to contain active plague bacilli capable of growth. This opens up the question, whether a plague patient though free from all acute manifestations of the disease, may yet be liable to auto-infection or capable of infecting others after a long interval.

5. *Complications*.—These existed with greater frequency than in other epidemics, were graver in their import, and contributed greatly to the high rate of mortality.

6. *Greater Resistance to the Action of Serum*.—As the epidemic advanced in 1900 it was found necessary to increase the amount of serum administered, and so in 1901 this had still to be augmented, without, however, corresponding benefit to the cases. The serum treatment yielded on the whole results which were not at all so good as in the previous year. Indeed, a hasty glance at the figures might lead one to the impression that little or nothing had been attained by this treatment, but "an analysis of the cases at once reveals whether the serum has been useful or not, and to what extent." Dr. Choksy appears to have no doubt about its utility, and he goes to considerable pains to show why the results have been so disappointing.

The report opens with "A Brief Résumé of Recent Researches in Bacterio-Therapy," which is in itself most valuable. In this it is pointed out that the reason why serum treatment has not been so satisfactory in cholera, typhoid, and plague as in diphtheria and tetanus, is that the latter are *intoxication diseases* in which the bacteria remain *in situ* at the point of inoculation, the symptoms being almost exclusively due to the action of a toxin excreted by the microbe as a sort of metabolic product, whereas in the former, i.e., plague, &c., the specific poisons of the bacilli are not excreted by them but are retained in the protoplasm of the microbes. Hence curative properties can only be expected if the anti-bodies or immune bodies (in the sera) are capable of destroying the infecting bacteria, whether living or dead.

Prof. Wright, of Netley, submitted recently to the Pathological Society of London his observations on the "Bactericidal Action of Normal Blood." He found that the blood had no bactericidal power on plague bacilli. But that with typhoid and cholera bacilli the blood was very powerful, for instance, 1 c.c. of blood would kill about 10,000,000 cholera bacilli. These observations show what a difficult battle the system has to fight against plague infection. The résumé shows that the present position of serotherapy explains why the success of Lustig's serum has not been so encouraging as anticipated, and why also the results obtained during the epidemic of 1900-01 have not been so gratifying as during the previous year.

Septicæmia seems to have been a frequent and terrible complication, and to have rendered the serum treatment of plague itself practically useless. For instance, there were fifty-seven septicæmic cases treated with serum. Of these fifty-five died, two recovered—mortality, 96.662; whereas of seventy-six non-septicæmic cases also treated with serum forty-three died, thirty-three recovered—mortality 43.4 per cent., that is, 40 per cent. in favour of the non-septicæmic cases under the same treatment. Seeing, then, that the complication of septicæmia is so fatal, it seems a pity that trial was not made of the efficacy or otherwise of anti-streptococcus serum. If obtained from a trustworthy source and proved sterile, it could do no harm, and we have certainly seen cases where it appeared to have saved life. Our observations have, however, been so few and scattered that no trustworthy inferences can be drawn. Septicæmic plague cases would, however, seem to be very suitable for experiment as they occur in sufficient numbers, and in close consecutive series, so that observations could be uniform, and the data more trustworthy.

THE annual meeting of the Dublin Branch of the National Association for the Prevention of Tuberculosis will be held in the Royal College of Physicians of Ireland on Monday next, June 9th.

(a) A critical note on the Report of Dr. N. H. Choksy on the Serum Treatment of Plague at Bombay.

Clinical Records.

TWO CASES OF DISSEMINATED SCLEROSIS. (a)

Under the Care of JAMES CRAIG, M.D., F.R.C.P.,
Physician to the Meath Hospital, Dublin.

THREE years ago I exhibited a man suffering from disseminated sclerosis whose symptoms tallied in a most exact manner with the classical picture of the disease as described by Charcot. There were nystagmus, intention tremors, scanning speech, and spastic paraplegia. I also reported a case which showed that the disease might occur in early life, and finally I described the course of the disease in a female patient as illustrating one of the most important types of the so-called aberrant cases. The symptoms started with blurring of vision of an evanescent nature, followed by attacks of transient paresis of the limbs. Six years passed before nystagmus was observed, fourteen years before the spastic condition of the limbs became developed, sixteen years before intention tremors appeared and syllabic speech could not be said to have occurred at all.

On the present occasion I am enabled to exhibit two cases of the malady in order to further demonstrate the variety of types under which the disease may be met. The first patient is a blacksmith, *et.* 22, with good family history, who two years ago had a weakness in his legs which passed away in a couple of months. A year ago the weakness returned and has increased since. He had a feeling of pins and needles in his left arm and leg. Some delay preceded the act of micturition during the earlier months of illness. On asking him to walk it is seen that his gait is staggering, titubating, or cerebello-ataxic. He can stand with his heels together and his eyes closed, showing that he has not true ataxia. He has "slight vertical nystagmus, well marked nystagmic twitchings at extreme lateral and upward positions of the eyeballs, but none at inferior position. Vision, field of vision, and fundus of eye are normal." His inferior extremities are in the condition of spastic paraplegia: increased knee jerks, ankle clonus, and toe extension on stimulating the plantar reflex. His speech is of an explosive character; he has no intention tremor. The cerebellar gait, suggestive of tumour of the cerebellum, is not accompanied by headache, vomiting, or optic neuritis.

The second patient is a fisherman, *et.* 30, with good family history. He dates his first troubles nine months back, when his right leg became weak, then his right arm, and these were accompanied by a feeling of "pins and needles." He does not complain of his left extremities at all. When he walks he represents the spastic parietic gait in his right leg; he gives his right shoulder a heave up in order to clear the foot in advancing it, but the anterior part sweeps the ground. Mr. Swanzy kindly examined his eyes, as well as those of the first patient. He reports: "R. eye, slight internal strabismus (concomitant), which patient states he has always had. Nystagmus, slight lateral in R.E., and very occasional twitch in L.E. Nystagmic twitchings at extreme lateral positions of the eyeballs. Vision, R.E. $\frac{5}{6}$, L.E. $\frac{7}{8}$."

Field of vision: R.E., probably a central colour scotoma; L.E., no scotoma.

Ophthalmoscope: R.E., outer third of optic disc very pale; L.E., entire optic disc of a pale buff colour."

The intention tremor is well marked in his right extremities, scarcely at all in the left. His speech is not properly speaking syllabic. His lower limbs show exaggerated knee-jerks, extension toe phenomenon and ankle clonus in the right side. His right wrist-jerk is increased. Sensory disturbances are absent. His bladder and rectum are not affected. The disease in this man represents a distinctly hemiplegic type, and bears a striking contrast to the other case.

The ocular phenomena in this malady are of the utmost importance. A transient amblyopia with or without change in the optic disc may be the very earliest manifestation of the disease. Pallor of the disc in one or both sides, or affecting only the outer part of the disc

is of much diagnostic importance, and this pallor may exist for a time without any defect of vision. The sixth nerve is the most frequently affected when one of the oculo-motor nerves is engaged. Peripheral limitation of the field of vision is generally a late manifestation, and is accompanied by appearances of optic atrophy.

TETANUS NEONATORUM.

By J. C. McWALTER, L.R.C.S.I.

DUBLIN at one time enjoyed an unenviable notoriety in the matter of tetanus neonatorum, and the writer in Ziemssen's Cyclopaedia states that towards the end of the eighteenth century, almost 1,600 deaths out of 8,000 were attributed to that cause, now it seldom figures as a cause of death, doubtless due to the greater care with which our midwives are trained, but even those of them who have been trained in the best hospitals are inclined to get a little lax in asepsis, and most of all are inclined to regard the sterilisation of the scissors as a matter of little moment, concerned as it is with the cutting of structure which must normally decay. An infant was brought to me on May 12th, the mother stating that the child obstinately refused the breast, and was very restless and sleepless. It was a healthy, well-nourished child of nine days old, the youngest of a family of twelve, of whom nine were living. Up to the seventh day it had thrived satisfactorily, but had now become intensely irritable, annoyed at the slightest sound or touch, and could not open its mouth. On introducing my finger I found the jaws rigidly locked, so much so that it would have been easier to fracture the jaws than to open them. There was intense rigidity of the spine, and tetanic spasm of the muscles of the limbs. The cord had not fallen off, but exhibited a blueish-red erysipelatous blush, with a zone of inflammation round its cicatrix.

Chloral and bromide of potassium with paregoric were tried internally, and starch enemata with three drops of laudanum were ordered, but they failed even to produce sleep, and the infant died in thirty-two hours.

The only excuse for recording such a case is to point out that the tetanus was evidently due to the midwife having used dirty scissors, and that asepsis in this respect is not merely a theoretical desideratum.

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND. MEDICAL SECTION.

MEETING HELD ON FRIDAY, MAY 16TH, 1902, AT THE
ROYAL COLLEGE OF PHYSICIANS.

SIR CHRISTOPHER NIXON, M.D., President, in the Chair.

LIVING EXHIBITS.

DR. W. J. THOMPSON exhibited a case of ascending paralysis. The patient was a drayman for the last two years, and came into hospital on account of weakness of his legs; he had no loss of sensation and the reaction to the faradic current was normal. Eleven days afterwards, he was paralysed from his feet up to the superior border of the thorax. He could swallow fluids but not solids. He remained in this condition for weeks and then slowly recovered. At present he is able to attend to his duties, and his patellar reflex has returned.

DR. CRAIG read notes of "Two Cases of Disseminated Sclerosis," which will be found in preceding column.

DR. PARSONS read a paper on

ASCENDING PARALYSIS.

He said the patient was suffering from what is known as "Landry's disease," one of those in which the spinal cord showed no lesion; which though called Landry's paralysis, was he thought, really first recognised by a Dublin physician, Dr. Graves, who pointed out that in cases in which the spinal cord gave no evidences of any pathological lesion the mischief would probably be found in the peripheral nerve endings—a peripheral neuritis. The patient, who is the subject of the paper, entered the hospital complaining of numbness of his arms and legs. He quickly became worse, and in a

(a) Brought before the Section of Medicine, Royal Academy of Medicine in Ireland, May 16th, 1902.

week's time lost all power of his legs and was unable to get out of bed. He had been in the habit of drinking from four to six pints of porter daily. His cranial nerves were intact, he had no drop wrist, his temperature was subnormal, his muscle sense normal, but his hands were cold and clammy. The thoracic movements were normal, as were those of the diaphragm and abdominal muscles. He could not sit up in bed. He had no pain in his spinal column; his sensation was normal, as were his muscular reflexes; but his muscles were flabby, and he had lost the power of moving the legs. About one month after admission (October 14th), the right reflex was normal, and the following day the leg could be slightly flexed. On October 26th, he complained of great pain and tenderness in the calf of the left leg. On December 8th, he had so much improved that he could walk a little by himself, and last month he called to inquire if he might go on a roof to work. The treatment consisted in massage, the use of stimulating liniments, and the internal use of strychnine. Dr. Parsons quoted Gower's views as to the site of the lesion, and concluded that the paralysis was dependent on a toxic agent which had an affinity for the motor cells.

Dr. O'CARROL then brought forward two cases of "ascending paralysis." He said his first case was that of a lunatic asylum attendant who entered hospital with pain over the region of the stomach. He was an alcoholic; his lower eyelids were puffed, he was syphilitic, his urine was full of casts, and about thirty ounces in amount in the twenty-four hours; his temperature ranged from normal in the morning to 101° in the evening of each day. After having been for three weeks in bed, it was noticed that the patient's legs were feeble. On October 31st, he was found to be slightly paralysed, and the reflexes were lost. On November 2nd, he had weakness of his hands and arms; his mind was clear. On making an autopsy the dura mater was found much thickened, as was the frontal bone; his brain was normal. On opening the spinal canal *arachnitis ossificans* was found. All these lesions were looked on as the products of the syphilis; but nothing was seen that could be considered as the cause of the paralysis. The second case was that of a lithographic artist, who gave the history of a severe wetting and a cold, the result of a flooding of the lower storey of the dwelling-house. Forty-eight hours after he took to bed, where he was examined on December 3rd. He lay on his back, unconscious of danger, with his limbs extended. The reflexes were absent, and the urine was dribbling from his bladder, and he had had no motion from his bowels since he took to bed. He winced when the hairs of his legs were plucked out, and he is unduly wakeful. On December 6th, he was much worse, and was found to be paralysed both in his limbs and trunk. His mind was quite clear. He died on the 9th, of paralysis of the diaphragm. No autopsy was to be obtained. In this case we find the paralysis to have been preceded by a short pyrexial attack. The first case may be looked on as one of multiple peripheral neuritis; it is, however, difficult to include the second in this class, the bladder trouble being probably caused by some intra-spinal lesion. The name Landry's paralysis conveys little, for we find that of the ninety-three cases reported, which Bury analysed, but three came within the category of the strict definition. It may be looked upon as a useful clinical name for a group of well-marked symptoms but of no pathological significance.

Dr. FINNY said he had a feeling of doubt as to the meaning of Landry's paralysis after hearing the papers. Some of the classifications were confusing. In Landry's disease, the urinary organs are unaffected and the sensation is normal. Yet in two of the cases reported they heard that the patients had urinary troubles. The toxin seems capable of affecting the motor neurons and passing over the urinary centres in the cord. The absence of lesions may be accounted for by the insufficient means at the command of the pathologists in the past to detect them; and now when they are so much better prepared to detect lesions it is to be expected that they will be found. He had had two cases of the

disease under his care—one, that of a girl, *æt.* 18, who came to hospital after tramping about all night in rain. She complained of loss of motor power, paralysis supervened, quickly ascended to the respiratory centres, and she died of paralysis of respiration. He thinks there are many cases confounded with Landry's paralysis. He looked on Dr. Parsons's case as a typical example of the disease, and he also thought one of Dr. O'Carrol's was to be so considered.

Dr. DAWSON said he would like to know from Dr. O'Carrol if his first patient came from the Richmond Lunatic Asylum, for some of the earlier symptoms were not unlike the early symptoms of beriberi as noticed in that institution. If the symptoms were due to a toxin, it is difficult to understand how they should follow such a systematic course. He inclined to the view that the disease was the outcome of overwork and malnutrition, conditions that were fulfilled in Dr. Finny's case.

Dr. TRAVERS SMITH said that at the present time he had a case of Landry's paralysis under his care; the patient is a boy, *æt.* 11. On May 10th, the lad noticed that his knees were feeble, but if the knees were kept stiff he walked. On the 16th, the paralysis was marked, and if he attempted to cough, the abdominal muscles failing to act, the effort ended in a simple blowing sound. His voice production and sensation are normal; his reflexes are lost, and the deep muscle sense was not well marked. On examining the erector-spinae muscles it was observed that their reflex was increased. The boy is very hysterical, crying all day. He suffers from incontinence of urine. He (Dr. Smith) looks upon the disease as being due to a toxin, with a strong affinity for the motor neurons, to an action to which the visceral centres are not susceptible.

Dr. PORTER said he would like to know if Dr. O'Carrol's patient, who was an old soldier, had ever had malaria, or lived in a malarial country?

Dr. CRAIG said the name "Landry's paralysis" made a clinical picture. Toxins are prone to attack neurons, and he would add that the further from the central nerve-cell elements the axon is the more it is susceptible to the poison.

Sir CHRISTOPHER NIXON said he quite agreed with Drs. Craig and Travers Smith that the name "Landry's paralysis" is simply a clinical term, as is locomotor ataxy. He, in Landry's paralysis, recognised three distinct lesions—(1) Acute multiple peripheral neuritis; (2) acute anterior corneal myelitis; (3) acute ascending paralysis, with anterior myelitis. Dr. Parsons had given the credit to Dr. Graves, of Dublin, for first pointing out that when the lesion is not found in the central nervous system it may be found in the peripheral extremities. This he (Sir Christopher Nixon) thought did not fairly explain Dr. Graves's views. Dr. Graves placed on record his case, one of a patient, a sailor named McNab, who was suffering from a tight and painful stricture, and it was noticed that as the stricture was dilated so did his lumbar paraplegia disappear, and the ratio of improvement continued *pari passu*, so that when the stricture was fully dilated the lumbar paraplegia had disappeared, and the sailor was dismissed from hospital cured. M. Brown-Séquard, reasoning from the case, concluded that the peripheral irritation of the stricture had produced a reflex action in the nerve centre. Afterwards the same view was adopted by Hammond, the American neurologist, and others. Gull's views were much the same as those expressed by Dr. Craig, that the further the axon is removed from the trophic nerve centres, the more susceptible it is, such cases being in reality multiplex peripheral neuritis. That toxins do exhibit a preference for motor centres is seen daily in the action of curare, strychnine, quinine, ergot, tobacco, alcohol, and so forth. What the precise pathological lesion is, is unknown, and the cases have not helped to solve the difficulty.

Dr. PARSONS said he was not acquainted with Graves's writings; he was under the impression that it was during Graves's sojourn in Paris he made the observation that the lesion not having been found in the cord by the French pathologists, it may be situated in the peripheral extremities. Gower had expressed similar

views to those put forward by the President. Dr. Finny's case was recorded by Ross and Bury. There is a difficulty in defining Landry's paralysis. Of his two cases he gives one only in detail. On admission his patient had no loss of control of the bladder. The toxic agent affected the motor centres and very slightly the sensory ones. The pain in the calf of one of his legs, of which the patient complained when he commenced to get better, was due to thrombosis of some of the veins of the part, which were large and swollen.

Dr. W. J. THOMPSON said that the points of interest in the case he exhibited were (1) the age of the patient; (2) the fact that he had been exposed to cold; (3) the enlargement and subsequent diminution of the splenic area; (4) the complete control of the rectum and not of the bladder; (5) the slight exaggeration of the patellar reflex.

Dr. O'CARROLL said he thanked them for the reception his paper got and for the many useful hints he had received. The patient had been in India. He did not come from the Richmond Lunatic Asylum. He called his cases Landry's paralysis on account of the convenience of a term which had become widened to include diseases of that type. Is the lesion intra-spinal? We cannot say. The name is a convenient clinical one, nothing more, and they all know that asking questions is much easier than answering them.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

SUMMER CLINICAL MEETING

Held in the Royal Hospital for Sick Children, on
MAY 21ST.

Dr. T. R. FRASER, F.R.S., President, in the Chair.

Dr. BURN MURDOCH showed (1) a typical case of "microcephalic idiocy"; (2) a case of "bronchiectasis" in a boy. There was extremely well-marked clubbing of the fingers and toes, together with the signs of a vomica at the left base, and probably on the right side also. The patient brought up enormous quantities of very foul smelling oily yellowish sputum, which contained no tubercle bacilli. It was probable that notwithstanding the physical signs the condition really consisted in a multiple dilatation of numerous small bronchi, and water-colour drawings of the lung of a similar case were handed round to illustrate what was believed to be the state of matters in the patient shown. (3) A case of double infantile paralysis; and (4) numerous casts, photographs, and pathological specimens.

Mr. H. J. STILES showed, on behalf of Dr. Burn Murdoch, (1) a case of "basal meningitis" treated by tapping the ventricle. In such cases he thought that it was advisable to aspirate early, during the acute stage, and frequently every two or three days. He tapped through the parietal bone, first on one side and then on the other, and in young infants it was easy to push the needle through without preliminary drilling. In older children he used an archimedean drill, making a hole about one inch from the middle line just in front of the motor areas. Chloroform was not as a rule required, as the patients were apathetic and somnolent. He thought that as some cases recover without treatment, one was justified in supposing that in others tapping might just suffice to turn the scale. In this case the diplococcus of Weichselbaum was present. (2) A case of "congenital hydrocephalus."

Mr. STILES also showed (1) a case of "microcephaly" after operation by Dumont's method of linear craniectomy. (2) "Extensive nevus" (cutaneous and subcutaneous) of the face, which had been treated by electrolysis with very partial success. He thought that these large nevi were best treated by multiple puncture with the actual cautery, using the small point of Paquelin. As a rule there was no sloughing, and the burns healed in about fourteen days. (3) "Diffuse tuberculous osteomyelitis" of both tibiae. (4) A case of "canorom" oris after operation by free removal of the disease, and swabbing with strong solution (Merck's) of peroxide of hydrogen. Considering the destruction

of tissue there was surprisingly little deformity now that cicatrization was complete, and he did not think that further improvement would follow a plastic operation. (6) Cases of "excision of joints." It used to be said that excision of joints was a bad operation in young children on account of the subsequent interference with the growth of the limb. With this view he did not agree; indeed, he looked upon amputation as excessively rarely necessary in children. As a rule no shortening followed excision; in fact, he had a case of removal of the knee-joint in which there was actually about a quarter of an inch of lengthening, and he thought that the operation sometimes stimulated the growth of the parts. In the case of the knee he used Kocher's J-shaped incision, leaving the patella and not interfering with the quadriceps extensor; the surface of the tibia was left concave, and that of the femur convex. A rigid joint was aimed at as giving the best result. The cases shown had been operated on in 1898-99. No drain was ever inserted, and the subsequent treatment consisted in fixing the limb vertically in a Hamilton's splint with an upright side bar. The advantages of the position was cleanliness, complete absence of oedema, and the fact that the raw surfaces of bone were kept apposed by the weight of the tibia and firm union thereby favoured. For excision of the ankle he favoured a semi-lunar incision below the external malleolus, the peroneal tendons being divided and subsequently sutured. The malleoli were retained as far as compatible with complete removal of the disease. Of all excisions those of the knee and ankle gave the best results, possibly because in those joints rigidity, not mobility, was aimed at.

Dr. JOHN THOMSON and Mr. STILES showed a case of congenital "hypertrophy of the pylorus" which had been operated on about a fortnight previously. The baby had never vomited after the operation, and was now beginning to gain weight.

Dr. MELVILLE DUNLOP showed (1) a case of "hemi-hypertrophy of the right arm," leg and trunk. (2) A case of "persistent purpura" in a girl, *æt.* 9, in whom the disease began in the second year. On the slightest additional exercise, or blow, large hæmorrhages developed on the skin and subcutaneous tissue; latterly there had been epistaxis and bleeding from the mouth, but notwithstanding that these were most copious, little or no *anæmia* resulted. Otherwise the child was quite well. There had been no bleeding from the lungs, bowels, or kidneys; the blood was normal as regards its coagulability and microscopical characters. (3) A "cretin," *æt.* 9, who had been under treatment with thyroid for eight years. At present he had had none for about six months, and presented the ordinary appearance of a mild case, his stature being about that of a child of three. In infancy he had shown the usual sign, but the parents had not persisted in the treatment, hence the partial result. (4) Two cases of "pseudo-hypertrophic paralysis." (5) Cases of "abdominal tuberculosis" treated without operation. (6) A case of "pseudo-leukemic *anæmia*," whose blood showed marked poikilocytosis, abundance of nucleated reds, and moderate leucocytes, the lymphocytes preponderating over the polymorpho-nuclears.

Dr. JOHN THOMSON showed (1) a boy, *æt.* 3, with marked hysterical symptoms. The child had first suffered from so-called salaam movements when he sat up, while if placed on the back he rotated his head regularly and rhythmically from side to side. These movements were kept up constantly for long periods. Since admission to hospital cataplexy had been added, and a marked condition of *flexibilitas cerea* was now present. (2) Six cases of "Mongol idiocy" showing the characteristic facies, deformity of the hands, &c. (3) Two cases of "congenital rickets" occurring in a brother and sister, a third member of the family being similarly affected. When the patients were born they had very marked *cranio-tabes*, and evidence of intrauterine fracture with bending of the long bones. They were now dwarfed, the boy being 11½ ins. and the girl 5½ ins. below the average. The condition had probably nothing to do with rickets, though it was called intrauterine or congenital rickets.

In both cases there was a curious peculiarity of the hands which he had never seen elsewhere, namely, the fingers could not be completely extended. Both patients were perfectly intelligent. (4) A case of "achondroplasia" in a boy, *æt.* 14½, who was no taller than a child of seven.

Dr. J. C. DUNLOP showed (1) an early case of "microcephaly" in a child only a few weeks old. The fontanelle had been closed at birth, and none of the sutures could be felt. The case was extremely characteristic. (2) A case of "congenital heart disease" in which, in spite of a very loud murmur, the health seemed in no way affected. (3) A "Mongolian imbecile," presenting all the usual symptoms.

Dr. J. S. FOWLER showed (1) a case of so-called "congenital rickets." The patient was a boy, *æt.* 3, who was born with very extreme cranio-tabes, the occiput being practically unossified. On the third day he sustained a transverse fracture of the right femur, with no history of violence. This fracture united readily, with the formation of a large mass of callus. At the third month the left humerus was fractured, and at the eighteenth month the left femur, while the left humerus was again broken at the twenty-first, twenty-fourth, thirtieth, and probably thirty-third months. No signs of rickets had developed, but the growth of the child was considerably retarded. The condition differed somewhat from that of Dr. Thomson's case, in that there was no curving of the bones except as the result of the fractures, and there was no epiphyseal enlargement. Probably the condition was due to some defect of the periosteal ossification, and seemed more allied to *fragilitas ossium* than to true rickets. The fracture was all complete, never green-stick, as in rickets. (2) A case of "total right-sided hemihypertrophy" in a child, *æt.* 3, involving face and head, thorax, and arm and leg. There were, as in the previous case, numerous telangiectases. (3) A child, *æt.* 14 months, showing the results of simple "basal meningitis," which had begun about six months ago with the usual symptoms of fever, head retraction, loss of vision, increased knee-jerks, and more or less unconsciousness. When first seen about two months later there was a bulging fontanelle, head retraction, and blindness. As time went on the vision was recovered, the patient became less apathetic, but was evidently imbecile, and finally the bulging of the fontanelle disappeared. At this time the head began to enlarge, and did so at the rate of ½ in. per month until at present it measured 19½ ins. instead of about 18 ins.—that is, it was about the size of that of a child of three. As there was therefore evidence of the super-vention of hydrocephalus, and as lumbar puncture had been tried without success, some operation was contemplated. (4) A case of "rheumatoid arthritis" in a girl, *æt.* 13; the malady was of some six years' duration, and was of the type in which there is a great deal of synovial swelling without much bony outgrowth, and in which there is general glandular and splenic enlargement.

Dr. J. W. SIMPSON showed a series of cases illustrating the early diagnosis of rickets.

HARVEIAN SOCIETY OF LONDON.

CLINICAL EVENING HELD ON THURSDAY, MAY 22ND.

Mr. WATSON CHEYNE, F.R.C.S., President, in the Chair.

PARAFFIN AS A COSMETIC.

THE PRESIDENT showed a boy, the subject of congenital syphilis, who had suffered from necrosis of his nasal bones, and the bridge of whose nose Mr. Cheyne reproduced by the injection of paraffin, having a melting point of 110° F. at the first injection and 104° for the second, after a week's interval. After the two injections, the point of the nose, which had been held down during the operation, remained depressed, and a presentable organ resulted. The operation was difficult on account of the rapid freezing of the paraffin immediately it touched the tissues. One objection to the paraffin at 104° was that it had a tendency to run into the space between the eyes, above the bridge of the nose.

No inflammatory reaction had followed the injection. Greater improvement was possible, but the skin was at present stretched to its limit. He used an ordinary serum syringe. The great point was to have the hot water quite close to the patient's face, so that there was no time for the paraffin to cool. No pain was complained of during the injection.

Dr. A. MORISON showed a boy, *æt.* 11, the subject of
EARLY MITRAL CONSTRICTION, SHOWING THE TRIPLE RHYTHM.

The boy had acute rheumatism two years ago, and had had two attacks of chorea. He showed the usual phenomena of an ordinary mitral case. He did not think the triple rhythm could be regarded as diagnostic of the condition. The triple rub could be originated in pericarditic conditions, and under those circumstances the second sound might be spurious. Dr. Morison gave a review of the various theories held, namely by Sansom, Stacey Wilson, and others, and stated that in his view the triple rhythm was very much a matter of rate. If a patient with mitral disease and a triple rhythm was sat up in bed, and the pulse rate thereby quickened, the triple character of the beat vanished. When the patient lay down, and the pulse rate slowed, there was a quadruplication of sounds. He had verified that by sphygmographic tracings. In mitral cases one could sometimes, by the help of digitalis, produce quadruplication simply by slowing the heart.

Dr. SUTHERLAND thought Dr. Morison's theory plausible, but it required carefully thinking out. He would have thought the irregularity would have been more pronounced when the pulse rate was increased than when it was slowed. He could only recall one case, that of a woman, *æt.* 60, in which there was quadruplication of the heart sounds, and in that case he thought the innervation of the heart was at fault. An important diagnostic point, in his view, was the duplication of the second sound. If Dr. Morison had a case of slightly accentuated first sound and definite reduplication of the second sound, would he be prepared to diagnose mitral stenosis from those signs alone? His own view was that if those two signs were present, the case was very likely one of mitral stenosis. In his experience also, especially in children, the typical dilatation of the mitral orifice was more likely to be accompanied by irregularity of the heart's action than stenosis.

Mr. JAFFREY read notes of a case of

TORSION OF THE TESTICLE.

and showed the specimen. The text-books mentioned that torsion of the testicle most frequently occurred in undescended testes, but in the present case the testicle was completely descended. The patient, an errand boy, *æt.* 15, came to the hospital with an ordinary hydrocele of the tunica vaginalis. The swelling was of the size of a hen's egg. When riding a bicycle he fell over the handle and struck his hydrocele, which caused him much pain. A week later he again fell off his bicycle and struck the same part, causing him extreme pain, which brought him to the hospital. Hæmatocele was diagnosed. On operating, Mr. Jaffrey found no hæmatocele, the swelling being more or less due to oedema of the scrotum. The testicle was enlarged, very hard and black. On careful examination it was found that the testicle, instead of being attached to the posterior wall of the tunica vaginalis, had a mesentery of its own attached at the lower end of the epididymis. It was twisted three half-turns inwards. As it was a useless testicle, he removed it.

Dr. CAUTLEY showed a specimen of

CONGENITAL HYPERTROPHIC STENOSIS OF THE PYLORUS.

He said the disease was rare, and was but seldom diagnosed during life. Dr. Cautley had seen two cases when he read his paper before the Medico-Chirurgical Society three years ago, and collected eighteen others. Since then about fifty cases had been recorded. The infant was two months old, the age at which such subjects usually died, and the stomach was decidedly large for that age. The pylorus, instead of being a thin ring, was three-quarters of an inch long, and consisted of dense muscular tissue. Before it was laid open it formed

a very definite tumour, in shape like the last joint of the little finger. From the stomach side it was funnel-shaped, the funnel being closed largely by a fold of mucous membrane. After death the constriction was so pronounced that only a fine probe could be passed, and no fluid could be squeezed from the stomach through the orifice. The child was apparently born healthy, at full term, and seemed normal. After a period varying from a few days to weeks it started vomiting, but it was a regurgitant vomit; two or three meals would perhaps be kept down, and then a very large quantity would be brought back. The appetite seemed unaffected. The tongue was clean, and might remain so throughout the whole illness. The breath was not sour. Constipation was often, but not invariably, present, and was often noticed at birth. Occasionally there was diarrhoea. No bile was found in vomit. Towards the last such infants got very marasmic, and died practically from starvation.

Dr. Sutherland, Dr. Morison and the President took part in the discussion.

Dr. CAUTLEY replied.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN.

MEETING HELD FRIDAY, MAY 16TH, 1902.

Dr. W. A. WILLS in the Chair.

Dr. JAMES TAYLOR showed two cases: (1) a case of "paroxysmal hæmoglobinuria" in a child who had suffered from syphilitic ulceration in her palate; (2) a case of "Raynaud's disease" in a boy who had lost the terminal phalanges of several fingers, oxalates were present in abundance in the urine.

Mr. HERBERT CARRER-SMITH showed a case of "sporadic cretinism" that had been under treatment for four years with thyroid extract. The mental and physical condition had greatly improved, but relapsed as soon as treatment was omitted.—Dr. G. A. SHUTTLEWORTH thought that more improvement would be got if the treatment was persevered with. He believed it was never too late to try thyroid treatment.—Dr. EDMUND CAUTLEY asked whether the thyroid gland altered when treatment was stopped?—The CHAIRMAN commented upon the large doses of thyroid that could be taken by such children.—Mr. CARRER-SMITH, in reply, said the thyroid gland had manifested no obvious changes, at all events since the case had been under his immediate observation during the last three years.

Mr. A. BRUCE ROXBURGH showed a child with a fatty growth occupying the left side of the perinæum and scrotum. The testicle lay in the perinæum, and a hydrocele of the tunica vaginalis was present. The enlargement was noticed a few months after birth. He also exhibited a girl, æt. 5, presenting varicosity of the veins of the left lower extremity, with an extensive nævus of cavernous type on the outer side of the knee. A radiogram showed slight alterations in the length and shape of the corresponding tibia.—Dr. PARKES WEBER remarked that the presence of tumour formation in this case gave one the explanation of the resemblance between nævoid tumour formation and varicose veins.—Mr. R. CLEMENT LUCAS advised that the tumour, and, if necessary, a large amount of the cellular tissue should be excised.

Dr. J. PORTER PARKINSON showed two instances in the same family of a curious congenital depression of the frontal and parietal bones on one side of the cranium. The children, aged respectively two years three months and eleven months, seemed to be intelligent, and had never suffered from fits. There were no other evidences of maldevelopment.—Mr. E. W. CLAPHAM alluded to a similar case shown by him before the Clinical Society last year.

Mr. DOUGLAS DREW showed several cases illustrating the treatment of secondary conditions arising after operations for tuberculous joints.

Mr. SYDNEY STEPHENSON showed a case of "kerato-

malacia" in an emaciated infant of 7 months, suffering from tuberculosis, probably of the disseminated variety. The disease had already led to complete destruction of one eye. In the remaining eye the corneal ulceration had healed with the production of a nebula.—Dr. EDMUND CAUTLEY remarked that the temperature chart was not like that of tuberculosis. He asked whether the gonococcus could be excluded as factors in the case?—Mr. STEPHENSON, in reply, said there had been no ophthalmia neonatorum. The symptoms did not begin until the third month, and were those of keratitis and not of conjunctivitis. The latter, indeed, had been absent throughout the case. Clinically, at all events, the gonococcus could therefore be put aside.

Mr. WALTER EDMUNDS exhibited a girl, æt. 11, suffering from "subluxation of her left shoulder-joint." This he regarded as one of the after-effects of epiphytosis, with which she was affected as a baby. The arm could be freely moved in any direction except upwards.—Mr. R. CLEMENT LUCAS alluded to a somewhat similar case that had been under his care.—Mr. E. W. CLAPHAM mentioned another case of the same kind seen in a healthy man examined for life assurance.

Mr. H. BERTHAM ROBINSON showed an example of "Springel's deformity of one shoulder" in a girl, æt. 11. It had been noticed for two months only.—Dr. TRAVERS SMITH alluded to a case shown last year by him at the Polyclinic. Springel's theory was that in utero the arm got behind the back, and the shoulder was raised, thus bringing about the deformity.—Dr. HAWTHORNE asked whether a bony process in this case passed from the spinal column to the upper part of the scapula.—Mr. ROBINSON, in reply, said that no such osseous process existed in his patient.

Dr. JAMES H. SEQUEIRA exhibited a large sarcomatous tumour of the left suprarenal body from a girl, æt. 11, who exhibited the phenomena of "precocious puberty." The patient had menstruated for fifteen months, the mammae were very large, and there was a large growth of hair on the pubes, chin and lip. Secondary deposits were present in the lungs and liver.—Mr. R. CLEMENT LUCAS, Dr. Parkes Weber, Mr. H. B. Robinson, Dr. George Carpenter, and the Chairman discussed the specimen.

Dr. J. PORTER PARKINSON showed an organised intracardiac thrombus obtained from a boy, æt. 8.

Mr. DOUGLAS DREW exhibited a specimen and sections of an adeno-myxosarcoma of the testis taken from an infant.

Dr. C. O. HAWTHORNE read a note on a case of "arthritis accompanying ophthalmia neonatorum." After referring to the original observation of the association of the two conditions, made by Mr. R. CLEMENT LUCAS in 1885, and to subsequent experiences in confirmation of this, a case was described in which a purulent ophthalmia in an infant was accompanied by effusion into several joints, and by some periarticular swelling. The local conditions were unattended by evidences of acute inflammation, and in the course of a few weeks the affected joints regained their normal features.—Mr. R. CLEMENT LUCAS said it was pleasant to know that a clinical observation, made almost in the pre-bacteriological days, had been so amply confirmed. His first case was so acute that it appeared as if the joint must suppurate, but it did not as a matter of fact. He had almost met with the acute form as described by Dr. Hawthorne. The peculiarities of the affection were the tendency to recovery without suppuration and the association of suppuration in the conjunctiva.—Mr. SYDNEY STEPHENSON remarked that it was a pity gonococci had not been demonstrated in the eye discharges from Dr. Hawthorne's patient, but the other circumstances of the case rendered the existence of gonorrhoea quite conclusive. He had personally seen five instances of what might be termed "Lucas's joint disease," and of these, four made a perfect recovery under simple treatment. In the fifth case the joint was aspirated, and ultimately became ankylosed.—Dr. HAWTHORNE, in reply, admitted that the discharge from the eye should have been examined for gonococci. But there could be no reasonable doubt as to the diagnosis.

France.

[FROM OUR OWN CORRESPONDENT.]

Paris, June 1st, 1902.

WHITE SWELLING OF THE KNEE.

M. Lucas read a paper before the Académie de Médecine on the treatment of white swelling of the knee-joint. He said that the prevailing treatment of the present day for tuberculous disease of the articulations was prolonged immobility. That method gave only deplorable results, and in almost all cases resection of the knee should be substituted for such treatment. He practised that operation 113 times, on subjects varying from 15 to 40 years of age, without having once a fatal termination. The operation consequently might be considered as the best in the interest of the patient each time that the affection could be regarded as possible to be cured by ankylosis. There was, however, one condition to be borne in mind, and that was the total extirpation of the diseased parts, otherwise fistulæ would result. As to the shortening of the limb produced by the resection, far from being a misfortune it constituted a happy condition for the patient, as it was much easier for him to walk with a shortened straight leg than with an ankylosed limb which had its length preserved.

M. Delorme said that resection of the knee was without doubt an excellent operation in the treatment of white swelling, but like all other operations, it had its indications and counter-indications. When the lesions were very limited and circumscribed, it seemed to him that resection was too radical treatment, at least at the outset; an opportunity should be given to other means, medical or curettage, for instance.

ATTRITION OF THE FEMORAL ARTERY.

M. Legars communicated a case of attrition of the femoral artery, at the meeting of the Société de Chirurgie. A man, æt. 34, tramway conductor, was brought to the hospital suffering from subcutaneous attrition of the femoral artery received from an accident. When examined a voluminous blood tumour was discovered in the inguinal region, and pulsation had ceased in the tibial artery. It was that fact which enabled him to make the above diagnosis.

Towards the fifth day, the foot had become cold, and gangrene being imminent, the speaker decided on opening the tumour and laying bare the femoral artery. When the vessel was brought to view it was found to be black in colour for the space of three inches, and evidently filled with clots. Having placed a temporary ligature above the lesion, he opened the artery longitudinally, removed all the clots and closed the wound with sutures. For several days great hopes were entertained, but finally the foot became cold again, gangrene set in, and the leg had to be amputated. He asked himself if, in spite of the apparent success, the operation had not been of some utility in arresting the extension of the gangrene, which otherwise might have gone higher up.

M. Delorme replied that when an artery suffered in the way described by the foregoing speaker its internal surface presented numerous irregularities which could not be removed by an operation like that practised by M. Legars, and that condition sufficed to determine the

reproduction of clots and the obliteration of the vessel. Consequently he did not consider that any operation could benefit the situation.

RECURRENT HÆMOPTYSIS.

Hydrate of Chloral, 3ss;
Bromide of sodium, 3j;
Syr. of orange, 3j;
Water, 3v.

A tablespoonful every two hours, and continued for a week. The hæmorrhage ceases towards the second day.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, May 31st, 1902.

At the Surgical Congress Hr. Riedel, of Jena, gave a communication on the

TREATMENT OF HÆMORRHOIDS.

For a long time he used the actual cautery, but found bad results sometimes followed— even fatal hæmorrhage—so that he gave it up. He then carried out extirpation and suture of the external skin to the mucous membrane, and in two cases stricture followed. Extirpation, moreover, was a very tedious operation. He therefore gave that up. Since then he had carried out another procedure, in which from within outwards, in a radial manner, a number of sutures were applied about $\frac{1}{2}$ cm. apart. No hæmorrhage followed, and complete obliteration took place. The after-treatment was simple. He had operated in this way in thirty-two cases, and no disturbance and no formation of stricture followed. Recovery was complete in three to four weeks. Occasionally there was slight prolapse of mucous surface.

Hr. Sendler was in favour of the cutting operation. It was very simple, and the mucous membrane was sutured to the skin of the anus.

Hr. Brantz thought one operation would not suffice for all cases. The operation must be adapted to the site of the hæmorrhoids.

Hr. Kocher, Bern, did not perform excision any longer on account of the disturbance set up by the cicatrix.

Hr. Lavil, Bern, spoke on

THE ACTION OF ANTI-STREPTOCOCCUS SERUM.

He referred to experimental and clinical observations he had made with it. The action was a simple anti-bacterial one, not anti-toxic, as he had satisfied himself by experiment. As to his clinical observation, in eleven cases of sepsis improvement took place in 50 per cent. In twelve cases of erysipelas a curative effect was exercised in seven cases, one case of scleroma recovering. Three cases of meningitis, one recovery; eight cases of pneumonia, all recovered; two of tuberculosis, both improved; three of phlegmon, all very much improved. The effect of the serum was not confined to streptococcus infection; it was useful also in staphylococcus infection. In a large number of cases the action was striking sometimes it was slow, while in other cases no effect whatever could be discerned.

Hr. Heidenhain, Worms, then spoke on

INTESTINAL CLOSURE AND ENTEROSTOMY IN PERITONITIS.

He was of opinion, judging from his own experience, that in peritonitis occlusion of intestine not unfrequently took place. In cases of intestinal distension with

vomiting he had performed enterostomy, with recovery in four cases. By enterostomy time was gained for return of function to the paralysed intestine.

Hr. Sprengel, Brunswick, was not inclined to look upon the operation with any favour, but Hr. Kocher, of Bern, considered Heidenhain's communication to be very encouraging.

Hr. Conrad, Brunner, spoke on some

EXPERIMENTAL INVESTIGATIONS ON PERITONITIS CAUSED BY STOMACH CONTENTS.

The stomach contents were injected into the peritoneal cavities of animals. In most cases there was a mixed infection. In the healthy stomach even, there were always pathogenic microbes upon which the acid gastric juice acted harmfully. In diseased stomachs their number was greater. He had investigated the degree of infectiousness of stomach contents. He introduced 1 ccm. acid gastric juice into the rabbit's stomach. With small quantities the animals did not die until 50 ccm. had been injected. All other animals remained healthy even when large quantities had been introduced. When the acid of the juice was diminished in quantity, however, the animals quickly died of acute peritonitis. The virulence of the microbes was diminished by the acid of the gastric juice. It was the same in his opinion with the human subject, and this was of great importance in operations on the stomach. Thus in carcinoma of the stomach with but little acid in the gastric juice the escape of stomach contents was very dangerous, much more so than when there was a normal degree of acidity in the contents of the stomach. He had repeatedly tried the effect of washing out the abdominal cavity with normal saline solution after escape of gastric contents into it. Such washings out were generally practised by surgeons after operation in perforative peritonitis. The experiments were made in such a way that certain measured quantities were injected into the peritoneum, and after being dispersed over the whole abdomen they were removed again. When acid streptococcus stomach contents were injected 5 to 15 ccm. were certain to prove fatal. Some of the animals were improved at first by washing out, but they all died in the end. Injections of acid stomach contents were made up to 40 ccm. and the results were more favourable. Some of the animals died but some were saved by the washing out.

Hr. Marx, Lubeck, read a note on

THE ACTION OF QUININE ON ANIMAL TISSUES.

An agglutination of bacteria was caused by quinine. It had also an action on the corpuscular elements of human blood, it agglutinated the red blood corpuscles, and led to clotting. Subcutaneous injection of a 1 to 2 per cent. solution caused local necrosis. Clinical experience taught us that a tampon soaked in a 1 to 2 per cent. solution of quinine arrested hæmorrhage at once. If quinine in powder were sprinkled upon tuberculous granulations, in twenty-four to forty-eight hours the granulations were converted into a grey mass under which was found a healthy non-bleeding wound surface. Löffler had proposed to treat carcinoma by the injection of malarial blood, on account of the supposed rarity of cancer in malarial countries. This immunity, if there were any, was due to the extensive use of quinine in these countries. Quinine was a powerful antitoxin against the cellular blood-poisoning

elements, and especially against plasmodia. Possibly for this reason it was useful also in carcinoma.

The *Deutsch. Med. Zeit.*, May 19th, has an address delivered by Hr. Beyer on

SOLUBLE SILVER,

a very powerful antiseptic. He said the more silver could be introduced into the system at once, the more intense and certain was the action. Many failures resulted from non-observance of this rule. The action of the silver was rather arresting than destructive. For this reason the body had to be kept under its influence for some time, especially when new infections were taking place. The silver was excreted quickly. It could be introduced slowly by inunction, and more quickly by intravenous injection.

Hr. Crede used a $\frac{1}{2}$ to a 1 per cent. solution for intravenous injection. Before using it he filtered it or let it stand awhile, and then drew up into the syringe only the upper clear part of the solution. The prompt and specific action of these injections was from his own recent observations indisputable, so much so that in grave sepsis and allied diseases he should urgently recommend them.

DEATH OF PROFESSOR KUSSMAUL.

Professor Adolf Kussmaul, the well-known physician and author, died last week at Heibelberg from the effects of an attack of asthma. Among his services to medical science was the introduction of a greatly improved stomach pump, and of the operation known as thoracocentesis. He published an important work on epilepsy, which greatly promoted the study of that disease.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 31st, 1902.

MAYDL'S OPERATION.

At the "Gesellschaft der Aerzte," Frank showed a young man, æt. 18, on whom he had operated four years ago for epispadias. At that time he performed Maydl's operation by conducting the ureter into the rectum, which he considered a perfect success, as the patient is now able to retain his urine in the rectum with perfect comfort for five hours at a time. The epispadias was repaired by a plastic operation which has quite restored the generative functions.

Eiselberg said that he had now operated in eight of these cases by Maydl's method, but had lost three of them, a mortality of 37·5 per cent. In two of these fatal cases the plastic operation could not be performed without a good deal of tension on the ureter, which apparently induced necrosis, peritonitis, and death. The third case was more interesting. A young woman with well-developed healthy genitals became pregnant, and the enlarged uterus so pressed on the ureters that he considered operation necessary to relieve the compression and he conducted them into the rectum. Subsequently the sphincters of the ureters in the bowel became closed, and the woman ultimately died of pyelitis. The other five were perfectly successful and could retain their urine any normal length of time without any inconvenience, neither was there any kidney affection, although five years had

elapsed since three of the operations had been performed.

Frank replied by saying that he had operated in two other cases, one of these a mere child, with the best results.

CAUSTIC SODA DERMATITIS.

Ehrmann showed a young man with a peculiar skin affection on the back. He presented a punctiform efflorescence which was florid in the periphery and covered in the centre with a dark scurf, while further out was a red, inflamed surface. His duty was to carry bags of caustic soda in the transportation of this chemical. He found on investigation that a large number of the workers were similarly affected. On closer examination of the subject he found that the lesion was due to an electrolytic action producing fine crystals of caustic soda, which penetrated the clothes and became deposited on the skin. This fine powder seems to have finally entered the sweat ducts, and produced the present eruption.

Kreiblich related two similar cases he had produced with a soap ointment, which often deposits these fine crystals.

ZUCKERKANDL'S SYMPATHETIC BODIES.

Biedl next read a paper to the Society on the bodies found by Zuckerkandl in the new born, lying along the sympathicus. These are bilateral bodies lying in the retroperitoneal region, on both sides of the aorta extending below the part where the inferior mesenteric artery is given off, and serving some intrauterine purpose. They are small, light-brown in colour, and measure from 8 to 11 millimetres, or 0.31 to 0.42 of an inch, and have the consistence of a lymph gland; frequently one end is united with another, forming a sort of isthmus, while the uppermost are frequently connected with small tubercles above. On account of their proximity to the sympathetic Zuckerkandl has called them the "Neben-organe des sympathicus." They are well supplied with a network of vessels whose principal artery is derived from the aorta itself, while its vein discharges into the inferior vena cava. There is a fibrous capsule composed of a thick net of capillaries, in the meshes whereof are found large polygonal cells that take up the chromates with great avidity, acquired a well-marked yellow-brown colour, which have already received the name of "chromophile" or "chromaffine" cells, as such cells are only to be found in similar positions such as the suprarenal bodies. They lie close to the sympathetic ganglia, measuring in a foetus about twenty-eight millimetres or one inch in length. The tubercles in connection with them above do not take up the chromates, and are therefore not chromaphilic.

If this sympathetic body be rubbed up with powdered glass and mixed with a physiological solution of salt, and then injected intravenously into dogs, guinea pigs, or applied to cat's heart laid bare, the same physiological result will be obtained as when a solution of the suprarenal bodies is used, viz., an immediate rise in the arterial pressure, while the pulse will be slow and arrhythmic; but after vagotomy this slowed condition of the pulse is immediately removed. This blood pressure is associated with a constriction of the spleen with a peripheral vascular spasm; by tying the four arteries of the brain and cutting off the vaso-constrictor centres the extract has no effect. This organic extract is different to the

suprarenal in its action, as it sometimes quickens the pulse with arrhythmia. The action of the extract on the muscular tissue is best shown on the cat's heart; it seems to stimulate as the pulse volume is increased, but by repeated applications the heart's action is seriously affected, the right side giving way first, followed by the left. The three foetal organic extracts agree in their action on the organism and their behaviour with chromium salts, all of them raising the blood pressure and stimulating the heart's action.

CARBUNCLES.—TREATMENT.

Bidder proposes to shorten the progress of a carbuncle by injecting a 2 per cent. solution of carbolic acid into the fibrous surroundings and subsequently covering with plaster. After this there is considerable pain, but the abortion of the carbuncle is remarkable.

The Operating Theatres.

ST. MARY'S HOSPITAL.

CASE OF AMPUTATION AT THE HIP-JOINT FOR SARCOMA OF THE FEMUR.—Mr. STANSFIELD COLLIER operated on a man, *æt.* about 22, who had been sent from the West Indies, a diagnosis having there been made, after incision, of sarcoma of the upper part of the shaft of the left femur. The patient, who was extremely emaciated, was suffering intolerable pain. There was a very large tumour surrounding the upper half of the shaft of the femur and extending to the hip-joint. The pain was referred more especially to the region of the knee. Four hours before the operation 30 grs. of calcium chloride in solution were injected into the bowel. An incision was made over the common femoral vessels, which were ligatured above and below, and large skin flaps were dissected up from the front and inner side of the limb. The muscles were divided as high up and as near the innominate bone as possible and the limb removed. It was remarked at the time that the oozing of blood, which was very abundant, very rapidly ceased, but the condition of the patient towards the close of the operation was extremely grave. Mr. Collier remarked that in such a case it was impossible to expect that the patient would be freed from the disease by the operation; this last was undertaken solely for the purpose of relieving the patient's sufferings. Mr. Collier had never seen a patient who lived twelve months after amputation for sarcoma of the shaft of the femur. In this case, moreover, he pointed out, one could see sarcoma tissue replacing the fatty pad in the floor of the acetabulum; and even if the condition of the patient had been less collapsed it was very unlikely that one could succeed in excising the whole of the affected area. The ligature of the femoral vessels had not been as efficacious as usual in limiting the loss of blood; this, he said, might be explained by the extent to which it had been necessary to cut away the gluteal muscles. The rapidity with which the hæmorrhage from the smaller vessels came to an end was, he considered, to be explained by cardiac failure rather than as being the result of increased rapidity of coagulation from the use of the calcium chloride, which, however, might have been a factor. After the operation a saline and brandy injection (two ounces of brandy in two pints of normal saline, at a temperature of 105°) was made into the left median basilic

vein and the patient as quickly as possible removed to bed; the condition of collapse persisting, the limbs were held vertical for some hours. The patient appeared to be in a dying condition during thirty-six hours, but quite unexpectedly rallied. Some twenty-four hours after the operation he complained of frightful agony in the left hand and on examination, both the hand and forearm were found to be swollen and cold; no radial pulse could be found on this side, but as his pulse could with difficulty be felt in the right limb, it was thought that the oedema prevented it being felt in the left limb; no thrombosed veins could be felt on this side, but it nevertheless appeared that thrombosis of the chief veins existed; during the next few days the swelling gradually disappeared, and the circulation was restored, excepting in the skin of one finger tip, which sloughed. The healing of the stump was uninterrupted, and the patient, six weeks after the operation, is free from pain and putting on flesh. Examination of the limb after removal showed a subperiosteal sarcoma of enormous size, with replacement of much of the bone by growth with a curious sarcomatous infiltration of the ligamentum teres. In a subsequent ward visit, Mr. Collier expressed his surprise that the patient had rallied, he was inclined to explain the ischæmia of the left upper limb as being the result in large part of a venous thrombosis; venous thrombosis so rarely followed intravenous injection that it was likely that the presence of calcium chloride in excess in the blood was the determining factor in the production of the thrombosis. There was not the smallest evidence of sepsis of the injection wound.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 4, 1902.

THE GENERAL MEDICAL COUNCIL.

THE bone of contention between the Council and the Royal Colleges of London having been removed at the recent special session, the Council was able to start fair on the perennial question of preliminary examination, and to discuss some interesting points in respect of the professional examinations. Some painful penal cases came up for the judicial con-

sideration of the Council, several of them being of a nature to require the evidence being given *in camera*. We note, indeed we welcome, a disposition on the part of the Council to take official cognisance of what we may term immorality in a professional respect. Hitherto, complaints based on the non-criminal immorality of registered practitioners have virtually been ruled *ultra vires*, but it has dawned on the Council that certain departures from morality, when indulged in under the professional mantle, are more detrimental to the public estimate of the profession than a host of comparatively mild offences such as assault, drunkenness or what not. Obviously the Council has nothing to do with questions affecting the private morality of practitioners, but it is otherwise when offences against the moral law are also outrages on the ethical precepts regulating the calling of medicine.

THE ELIMINATION OF THE "CHRONICS."

We owe to Dr. Ball a valuable suggestion having for object to cut short the career of the "chronic," this opprobrium of the pupillary stage. Before dealing with him it is necessary for the Council to be able to "spot" him, and additional information is to be obtained from the various licensing bodies bearing on the number of repeated rejections. Incidentally attention was called to the importance of securing uniformity of treatment at examination in respect of special subjects or groups of subjects. Some examining boards allow candidates to pass examinations piecemeal, while others either do not or only do so in a very restricted sense. This "equalisation of rates" is such a reasonable suggestion that there ought to be no difficulty in its adoption. One way of eliminating the "chronic" would be to increase the period of reference at each successive failure, so that at a third failure for a particular examination the term would be of such duration as effectually to deter the candidate from presenting himself until he was fairly sure of success. At present too many men present themselves on the "off chance," and some of them scrape through more by good luck than merit. Though this suggestion has much to commend it, its application is likely to meet with some opposition by the licensing bodies in view of the loss of fees which it would entail. There is one point to which it is surprising that attention has not been directed while the question of uniformity of examination is under consideration, viz., why it is that so large a proportion of students from Ireland and England—we put Ireland first because the greater number hail from that part of the kingdom—find it worth while incurring the expense of going to Scotland for a qualification when so many portals are open nearer home. There can be but one explanation—at least, we are unable to discover any other—and that is the greater facility with which certain qualifications can be obtained. The Council's visitors and inspectors are dumb on this point although one would expect it to have engaged their attention long since.

COUNCIL FINANCE.

The distressing financial plight of the Council, which Mr. Victor Horsley has brought into prominence, has been investigated by a committee whose report will be found, *en resume*, in the proceedings. This report shows the financial position to be parlous, and it behoves the Council to lose no time in putting its house in order. Of the various alternatives presented to the Council with the restoration of financial equilibrium in view, those which command its approval are, in the first place, a registration poll tax on students to the tune of a pound apiece. With regard to the general practitioner Mr. Horsley favours the imposition of a yearly payment similar to that exacted of solicitors; but the Council, never very partial to Mr. Horsley's suggestions, decided in favour of raising the initial registration fee from £5 to a sum "not exceeding £10." No doubt it will be found easier to "squeeze" students and neo-practitioners than to apply the thumb-screw to the general body of practitioners, and, subject to Parliamentary approval, we may look to these two categories of victims to supply the deficiency. Incidentally, no doubt, the request to Parliament to be authorised to impose a registration fee on students will entail the right to enforce registration, a right which has been seriously called in question of late. This fact alone ought to rally supporters to the proposal. With respect to the other proposal Mr. Horsley's policy appears by far the best. The imposition of a small yearly payment would greatly promote the accuracy of the *Medical Register* in that deceased practitioners would fail to respond, and would therefore automatically disappear from the list; practitioners who have failed to notify change of address would sink into oblivion, and the personation of deceased practitioners would also be rendered more difficult. The Council, however, prefer to surcharge the man who, with all his blushing honours thick upon him, is not likely to kick at an extra five pounds. Without committing ourselves to the conclusion that the expenditure of the Council is invariably of a useful and productive character it does not appear that any tangible economy can be effected in respect of the working expenses of the Council, short of reducing its unwieldy number. The present financial crisis offers an exceptional opportunity for cutting down the representation accorded to licensing corporations by giving them one "class" representative per division of the Kingdom, instead of one apiece. The duplication of expensive machinery in the shape of Branch Councils is to be abolished, as it should be; in fact, we are evidently on the eve of far-reaching organic changes.

THE MEDICAL DEFENCE UNION.

THE annual report of the Medical Defence Union presents the record of solid achievement in

the past and of hopefulness for the future which are accustomed features of the work of that Society. That the affairs of this organisation for self-help have been conducted with prudence is abundantly evident from the results of the legal actions defended on behalf of members during the past twelve months. More than a thousand cases have passed through the hands of the general secretary, and in only one of the cases which resulted in actions at law was an adverse verdict registered against the Union, and that only on technical grounds. Apart from the actual protection afforded to individual members, the interests of the medical profession generally have been materially advanced in various directions, more especially by representations to the General Medical Council. The Defence Union has firmly adopted the principle that canvassing and advertising for patients, whether done in the interests of a company or the personal interests of medical practitioners, holding a private club, must be stopped at all costs, as against public policy and professional morality. In pursuance of that definite ground of action the Union has during the year under report rendered various valuable services to the profession. Perhaps the most important was the disappearance of the Birmingham Consultative Institute, following closely upon the resignation of Dr. Irvine as medical officer. The main objection to the scheme of the Institute in question was that it offended all professional decorum, because it could have been carried through only by a system of wholesale canvassing and advertisement. The other great judicial success of the Society was secured in the attack upon the Medical Aid Societies, which for so many years past have exploited the services of medical men with a view to making a profit for what are nothing more nor less than trading companies. The bold action of the Medical Defence Union in the Great Yarmouth case has been followed by the wholesale resignation of practitioners holding such appointments. Under the circumstances it is clear that the medical aid societies will find it difficult or impossible to fill the vacancies. The report of the energetic solicitor to the Union, Mr. Hempson, emphasises the fact that it is the impecunious litigant whom the medical man has most to fear. He further points out that in his opinion that of all professional men the medical practitioner was the one almost invariably selected for speculative actions. The unsuccessful action against Dr. Law resulted in his having to pay costs to the extent of £700. Considering the vast advantages, both individual and general, that have been conferred upon the profession by the Medical Defence Union, it is hardly satisfactory to note that its membership roll does not exceed 5,000, that is to say, less than one-seventh of the registered medical practitioners of the United Kingdom. We would strongly urge every medical man who is not already a member of the Union to lose no time in effecting insurance against manifold dangers, to be secured at the cost of a trifling annual subscription to this most valuable and energetic Society.

THE HOUSING OF THE WORKING CLASSES.

It is admitted on all hands that the problem of providing healthy dwellings for the working-class inhabitants of our large cities is one of extreme and urgent importance, but the interests concerned are so numerous and considerable as hitherto to have baffled any drastic reform. The problem comprises two related but distinct matters: one is the provision of salubrious dwellings at rents within the reach of the class for which they are intended, and the other bears on the demolition and reconstruction of slum property. A numerous and influential deputation was received by the President of the Local Government Board last week to urge the simplification of the procedure for dealing compulsorily with slum properties and for compulsorily acquiring sites for the erection of suitable dwellings. Mr. Long lent a sympathetic ear to the delegates, but he warned them that the subject was one of exceeding complexity and peculiar difficulty. No doubt the delegates have been made aware ere now of this fact; indeed, the object of their interview was precisely to ask the assistance of the Government in removing the more obvious of the hindrances to reform. Mr. Long, though he agreed that the owners of slum properties ought to have pressure brought to bear upon them, did not display any great desire to assist in making this possible. His views were not characterised by any broad, statesmanlike grasp of the situation, and the sacredness of vested interests is still allowed to thwart the desire of great municipalities to be allowed to take the matter in hand in the only way which promises an issue out of the present unsatisfactory position of affairs. Mr. Long is not disposed to promise Government support to the proposal to dispense with the costly and cumbrous plan of appealing to Parliament for power to compulsorily acquire land for rehousing purposes; at most he timidly hoped that means might be found to lessen the cost of such appeals. It must, of course, be borne in mind that a scheme for rehousing does not necessarily imply the construction of houses in the centre of densely populated cities. In cities of moderate dimensions relief may probably be obtained by developing the means of rapid and cheap communication, but this alternative can never afford more than partial relief in the metropolis, for the simple reason that certain callings entail the presence of the labourer within easy reach of his work, and in London the distances to be traversed are such as to minimise the advantages of even abundant means of transport. Thanks to a mediæval system of land tenure, and to artificial technical difficulties in the way of utilising the available space, *plus* unduly onerous financial regulations, the best intentioned efforts are frustrated, so that year by year the problem becomes more acute. The matter is eminently one for Government initiative. There has been ample time to study the problem in its various aspects, and there is really no excuse for further delay.

Notes on Current Topics.

Reward for Distinguished Service.

LIEUT. WILLIAMS, M.B., I.M.S., has received the ribbon and cross of the Distinguished Service Order for distinguished service with the Chinese Expeditionary Force last year. He received his medical education at Dublin University and the Royal City of Dublin Hospital. The details of his services are as follows:—In April of last year the general in command at Shanghai-Kwan heard that a force of Boxers had assembled near Funing. He ordered a force, under Major Browning and Lieutenant Sterling, D.S.O., with Lieutenant Williams in medical charge, to proceed to Funing and reconnoitre. On the morning of April 20th they met and were attacked by a force of 1,000 Boxers. Major Browning was shortly after killed, and Lieutenant Stirling was wounded in the neck and foot, with the result that Lieutenant Williams had to assume command. After fighting for several hours the force fell back, and held Funing till relieved by British and Japanese troops. On April 22nd Lieutenant Williams was again in medical charge of 1,000 troops, British, Japanese, and French, which proceeded to Tai-cao-Ying, storming and capturing it, and dispersing the Boxers. We congratulate Lieut. Williams on his well-deserved reward. The services he rendered on that occasion serve to throw into strong relief the absurd contention of certain officials of the War Office that the army medical officer is primarily, secondarily, and perpetually a civilian, and that he must be treated accordingly.

The New College of Science for Ireland.

As usual, the Government appears to have made what is commonly known as "a mull" of the arrangements in connection with the selection of the site for the new College of Science in Dublin. The second reading of the Public Offices (Ireland) Bill was passed last week, and during the debate upon it, it transpired that the Government has become possessed of such an *embarras de richesses* that it does not quite know what to do. In the first instance, the Government acquired a site adjoining the National Museum and Library between Upper Merrion Street and Kildare Street on which to build the College. As, however, a building so placed would be completely shut out from public view, it determined to acquire houses in Merrion Street, the removal of which would clear a frontage. Now, unfortunately, it finds that the houses it has selected are among the best in Dublin, and that it would be an act of vandalism to pull them down. Accordingly, they are to be turned into Government offices, and the College of Science is to be again condemned to an undeserved obscurity. It is undoubtedly a very great pity to have to condemn houses such as those in Upper Merrion Street, but we confess we consider that it would be a still greater pity to shut out a large portion of what ought to be a magnificent block of public buildings. Of two evils, it is better

to avoid both, but when Mr. Austen Chamberlain's predecessors have driven us upon a choice, we should prefer to refrain from masking the College of Science.

Kissing the Book.

IN many instances the tyranny of custom is able to set at defiance the teachings of progressive science. No more flagrant instance of this sort of inconsistency could be cited than the unwholesome practice of administering the oath to witnesses in a court of law by the ceremonial known as kissing the book. At this time of day it would be superfluous to dwell upon the dangers incurred by witnesses who carry out that superstitious rite. Any intelligent man who watched for a single morning the hands and lips that come in contact with the book used in a busy police court would realise to the fullest extent the force and cogency of the scientific condemnation of the practice in question. The fact that Scotland has never been persuaded to adopt this most unwise practice of the Southron reflects favourably upon their sagacity. In the course of time, perhaps in a century or so, the abolition of the testamentary book from our law courts will certainly become an established fact. The Oaths Act, as every responsible inhabitant of the United Kingdom should know, entitles every witness to take the oath with uplifted hand, as usually administered in Scotland. In order to secure his further protection the Act specifically directs that at his request the oath shall be administered to him in such form and manner without further question. The judge has no right to ask what are the grounds of the request, nor, indeed, to make any comment of any kind whatever. The Scotch form is an oath, and not a simple affirmation, and may be substituted for any form of oath that can be legally administered in any court of the United Kingdom.

Proposed Irish Coronation Commemoration Project.

THE question, as to what is the best means of commemorating in Ireland the Coronation of His Majesty King Edward VII., has been under discussion at several public meetings, which have been lately held in Dublin. Two proposals stood out prominently in public favour above all others. The first of these was to raise a fund for the relief, by grants or otherwise, as far as the annual income will admit, of necessitous aged, sick, or disabled medical and surgical female nurses working in Ireland, to be called "King Edward VII.'s Coronation National Fund for Nurses in Ireland." The second, with which the name of the President of the Royal College of Physicians was associated, was to raise a fund for the purpose of erecting an additional wing to the National Consumption Hospital at Newcastle. After a long discussion the former of these two projects was chosen. Both schemes are admirable. The former is the more ambitious, and the one which will perhaps more widely commend itself

to the medical profession. The latter is the more simple in its evolution, and the one which will not entail the collection of so considerable a sum of money. Both schemes are, it is needless to say, absolutely unsectarian. The choice of the Committee will insure that, if sufficient money is collected, an important step will have been taken to remove the reproach which lies heavily on the community in general, the reproach that they on whom in great part we depend and on whose aid we lean in sickness, and to whose care and devotion the lives of thousands are due, are the very persons most frequently left in their old age to struggle along it may be in actual want. If sufficient money can be collected, the Committee could not have selected a better scheme, and we are confident that the public will see to it that sufficient money is collected.

A Case of Quintlets.

OUR tri-lingual contemporary, *The Sei-I-Kwai Medical Journal*, contains in the last number to hand an interesting report of the birth of quintlets, which occurred in Japan in the practice of Drs. M. S. and M. N. Sato. The patient, who had been married at fifteen, had borne eight children previously. In the present instance she had been apparently pregnant for eight months when labour ensued, but the abdominal enlargement was much greater than it had ever been at full term in previous pregnancies. The first foetus—a boy—was born at 8 p.m.; after four minutes a second foetus—a girl—was born; after another five minutes the third foetus—a boy—was born, followed by a common placenta belonging to the first two children. After another five minutes a fourth foetus—a girl—was "delivered by the foot;" and common placenta for the third and fourth children was expelled. Then, the medical men considering that they were attending a case of quadruplets, and "having washed the stained hands," examined the abdomen, only to find that there was still something inside the uterus, and with some little help a fifth foetus was delivered, followed by its placenta. The entire time occupied by the delivery of all the children was thirty-five minutes. All were premature and very weak, and died within a couple of days.

The American Medical Association.

THE meeting of this association, which is to take place at Saratoga next week, promises to be a big thing, if we are to judge by the "preliminary programme" which has been put forward. From it we learn that the work of the meeting will be undertaken by twelve sections, and that before these sections 368 papers will be read, nine addresses of chairmen will be delivered, and six discussions will be opened; while for the sustenance of those members who require some more nourishing pabulum than the foregoing, two *symposia* will be held, one on epilepsy, the other on carcinoma. The range of subjects which will be brought before the association is practically infinite, and those whose intellect

survives will, we are sure, be vastly instructed. The subjects range over every possible field, from the modern treatment of gun-shot wounds to the use of "The goat in ancient and modern medicine and therapy." Seriously, though, we cannot but think that the American Medical Association would have been wise if it had delegated to a Committee the duty of selecting the papers which were to be laid before the meeting. The duty would not be a particularly pleasant one, but it would at any rate have the effect of ensuring that important subjects would receive the prominence they require, and that time would be afforded for their discussion.

Low-flash Oil.

THE accumulated evidence as to the agency of low-flash oil in causing a large number of fatal fires has not hitherto been met by any corresponding essay of the Legislature. Indeed, the tendency of the present Government has been decidedly hostile to any such legislative interference. In answer to a member of Parliament, the Home Secretary, Mr. Ritchie, has stated officially that he is not convinced that such action would be effective in preventing or seriously diminishing the class of accidents in question, or that there would be sufficient justification for its introduction. The grounds of this conclusion are not clear. Either low-flash oil is or is not a danger to the community from the unnecessary fires due to its extra inflammability. A vast number of fires occur every year in all parts of the United Kingdom in which the lamps concerned have been fed by low-flash American oil. If the use of oil of higher combustion point will add to the safety of the lives and the property of the population of the British Empire, then it seems clearly the duty of the Government to supply that additional safety. Apart from loss of life, the property destroyed by these preventable low-flash fires has to be borne by the community. As things stand, there appears to be some reason in the assertion that this national sacrifice of life and property merely puts money into the pockets of an American trust who are permitted to palm off a vast amount of inferior stuff upon the British market. The issue is too serious to be dismissed contemptuously with a few official generalisations.

Vacation Schools and Playgrounds.

OUR methods of work and manner of play stand in need of much modification. We are slowly learning the wisdom of adopting many procedures which our American cousins have proved to be of service in securing a higher degree of physical welfare. The concentration of our people in towns and cities is rapidly leading to the establishment of conditions inimical to child life. It is therefore incumbent on all to realise that national efficiency can only be maintained by providing better means for the physical and mental growth of the children. This matter is the subject of a valuable paper which appears in the June number of *Harper's*. It is shown that play

is an essential for the child. Play means to the developing human the rapid acquirement of physical adjustments and correlations through movements made easy by the long history of the race; it means the awakening of the intellect through agents which are by heredity most stimulating; it means the merging of consciousness of self into interest in activity; it means action which is permeated by intense thought; hence it means the addition of grace to all action, for grace is the outcome of play, and no activity is ever graceful until it becomes play, or, in other words, is done for the pleasure of doing it rather than for results. The biology of play is deserving of serious study. And the practical application of play as a prophylactic and remedial agent should receive full investigation. We may now soon expect the enervating action of excessive heat, when work in rooms and toil in towns becomes a burden to mind and a tyranny to body, and when the deleterious effects of confinement bears with heavy weight on the children. It is therefore wise that we should avail ourselves of those alleviating agencies which our brainy cousins across the Atlantic have proved to be so beneficial and so widely appreciated. We commend this subject of the establishment of vacation schools and playgrounds to hygienists, educationalists, and all interested in the service of the children in this country.

"Blown" Tins and Preserved Food.

THE present generation has witnessed an immense development of the tinned food trade, which now embraces meat, fish, fruit, vegetables, and other edible products. With this fresh convenience in the feeding of our insular population there has arisen a new danger to health by way of various bacterial forms of poisoning. As a matter of bald statement it may be remarked that any canned food which is not sterilised together with its receptacle at the time of packing constitutes a probable serious after-dinner danger to the health of the consumer. Fortunately, decomposition generates almost if not quite invariably certain gases which greatly increase the pressure inside the tin, which is thereby "bulged" to a compensatory extent. This bulging or "blowing" of the tin enables the sanitary inspector to recognise most forms of unwholesome tinned food at a glance; Should, however, the metal case be strong enough to resist the internal pressure the accumulation of the gas may still be detected by a judicious process of percussion. One of the greatest rocks ahead in the detection of the fermented foods is presented by the roguery of dishonest dealers who prick the can to let out the gas and then solder up the aperture. Last week, in the Southwark Police Court the Medical Officer of Health testified that he had seen thousands of tins of milk that had been thus resoldered for sale to the public. It is to be hoped that sanitary authorities throughout the kingdom will become fully awake to the dangers arising from the preserved food trade. Speaking generally, there is room for a great increase of activity in the ad-

ministration of the Acts passed with a view of protecting the purity of the food of the nation.

Nursing Homes and Nursing Hells.

UNDER this sensational title *Truth*, the indefatigable, describes a very unsavoury specimen of a so-called nursing home, and on the strength of this instance formulates some very sweeping charges, culminating in an appeal for official inquiry and control. In the instance in question imbecile, aged, and bedridden persons were received at prices varying from twelve shillings to a guinea a week. It is self-evident that in exchange for such payments it must be impossible to provide proper care or, indeed, proper anything. It is argued that, as asylums for lunatics and baby-farming establishments are kept under strict supervision, similar provision ought in justice to be made for the aged and helpless, and with this conclusion we are not disposed to quarrel, although we cannot exonerate the persons who deliberately or negligently leave their aged or infirm relatives in such "homes" from a large share in the responsibility. The extraordinary development of nursing home institutions during the last ten or twenty years has unquestionably led to some being carried on in houses absolutely unsuited for the purpose, and, since they are one and all run on purely commercial lines, it is evident that expenditure on structural alterations will, as a rule, be reduced to a minimum. Apart from mere structural unsuitability, we believe that the vast majority of nursing homes, certainly at any rate those with which we are acquainted, are conducted on humane and scientific methods, indeed they would have little chance of success were it otherwise, since the reputation of the physician or surgeon is in large measure dependent on his success, which would be imperilled were he to consign his patient to inadequately staffed or improperly conducted homes. Here, however, the fees demanded are sufficient to allow of an adequate measure of comfort and skilled attendance. It is quite otherwise with regard to many "homes" for the infirm, the aged, and the bedridden invalid. It is necessary therefore to distinguish between the two classes of institutions, though technically the differentiation presents extreme difficulty. It would certainly be in accordance with modern ideas to insist on a certificate of structural fitness being obtained before any one should be at liberty to convert a dwelling-house into a nursing home. As to inspection, this, except in respect of sanitary arrangements, is inadmissible. There is no particular objection to the registration of nursing homes, but on the other hand we fail to see what useful purpose would be achieved thereby. Such a "home" as that described by our contemporary constitutes a standing nuisance, and would thus come within the purview of the medical officer of health, a simple complaint providing sufficient ground for his interference. It scarcely seems worth while to elaborate an irksome system of control in order to prevent abuses which are capable of amend-

ment under existing provisions. *Truth* has discovered a nightmare—we mean a mare's nest—not, indeed, that our contemporary's strictures are not amply justified in the instance, but that the conclusions, based on the *ex uno disce omnes* principle, are wide of the mark.

A Lunatic Sent to Prison.

THE need of some plan for the skilled medical supervision of police-court verdicts in cases of possible lunacy has long been apparent. There can be little doubt that under the present system a great many unfortunate persons have been sent to prison when their proper destination should have been the lunatic asylum. An instance of this kind was forthcoming during the course of last week's proceedings in Barnet Police Court. A woman of sixty years of age was charged with persistently annoying a former pupil at her dancing classes in the person of a man whose age was given as thirty-four. The defendant was love-sick, and showered letters upon the plaintiff containing multitudinous protestations of love and proposals of marriage. The medical evidence is said to have been to the effect that the defendant was not insane, but was labouring under a delusion with regard to the plaintiff. It is hardly conceivable that an opinion of that contradictory nature came from any authoritative medical source. Finally, as no surety was forthcoming on behalf of the defendant, she was sent to gaol for a month, and the glory and honour of the British Constitution thereby vindicated. The poor woman on leaving the court remarked, "It's a disgrace to the country I should be sent to prison." Most candid and thinking persons will agree with that pathetic protest. To send an unfortunate elderly spinster suffering from mental illusions to herd with criminals in a common gaol is worthy of the darkest and blackest periods of early and mediæval history. We beg to call the attention of the Home Secretary to this gross miscarriage of justice.

The Restoration of the Inebriate.

ON Friday, May 30th, a party of medical men paid a visit of inspection, on the invitation of the authorities of the Salvation Army, to Victoria House, Thundersley, Essex, a new retreat for inebriates, and licensed under the Inebriates Acts 1879-1899. It is beautifully situated on the north bank of the Thames, 250 ft. above sea level, thirty-six miles from London, and six miles from Southend-on-Sea. It can be conveniently reached by a good service of trains from Liverpool Street to Rayleigh, two and a-half miles distant from the house. This fine old Essex mansion stands in its own grounds of about sixteen acres, and has been thoroughly renovated, and can now afford excellent accommodation for twenty-five male patients. Every medical man knows the extreme difficulty of dealing with an inebriate, and unfortunately financial considerations not infrequently add much to the perplexities of securing adequate treatment. We think

it well, therefore, that practitioners should know that inebriates can obtain admission to Victoria House for the very moderate charge of one pound weekly. Applicants must of course agree to conform with the rules of the house, which exact a minimum of thirty hours of work per week, and be willing to remain under care for at least twelve months. Although conducted by the Salvation Army, we understand the institution is open to all and irrespective of religious considerations. When there is room monthly boarders are received at very reasonable terms. We venture to think that such an institution as this will meet a very distinct want, and the recent visit of a number of well-known medical men should do much to make its merits known to the profession.

The Pharmaceutical Society of Ireland.

DURING the past month this institution has taken legal proceedings in two cases, in both of which they were unsuccessful. Holding the important position the Society does, and charged with the duty of protecting the public against the illegal sale of poisons and the compounding of prescriptions by uncertified persons, such legal defeats have a very undesirable effect on the public. The Society has been sufficiently long in existence to know its legal rights, and no cases in which these rights are not infringed should be brought into court. Public opinion will support them in jealously guarding their many and great privileges; but if the public come to believe that, forgetting their position, they by groundless legal actions interfere with legitimate trading, their activity will be interpreted as trade envy. The law that regulates the business of the pharmaceutical chemist has, on all points that were at all open to doubt, been decided by the judges of the superior Courts. In the first case the decision was given on a legal point, which was held to rule the second case. We are, and throughout all their legal proceedings have been, prepared to support the Society in seeing that prescriptions were compounded by certified pharmaceutical chemists or other legally qualified persons. But when cases come before the Courts in which the commonest attention to the requirements of the statute on which their rights are based is wanting, we feel that the Society is endangering its reputation, and we feel disappointed that they do not exercise more care in the selection of their position before courting public and legal decisions.

The Physiology of Sleep.

It is a remarkable fact that concerning the phenomenon which occupies fully one-third of our lives, there should be so scanty reliable data that no satisfactory explanation has hitherto been arrived at. Sleep is often spoken of as twin brother of death. This, however, is mere poetic fancy. Sleep is, in fact, the most important means of repelling death. It is the Nature's great recuperative agent. It is essential to health and often forms the most vital factor in

the treatment of disease. And yet regarding the physiology of sleep we remain practically in the dark. Even what we may term the pathology of sleep throws but meagre light on its mechanism. A recent writer in our brilliant contemporary *The Academy and Literature* attempts to show that sleep is dependent on certain chemical processes where through the agency of carbonic acid the nerves are anaesthetised or reduced to immobility. Such a view has certainly much to support it, and what we know of the action of anaesthetics would not lessen the possibility of such being in some measure a probable explanation. The physiology and pathology of sleep stand in need of serious investigation. Accurate knowledge as to the best means of procuring sleep might then be expected to release us from the grasp of a limiting empiricism.

The Spread of Anthrax.

THE steady increasing number of cases of anthrax in cattle is a subject which may well engage the attention of veterinary surgeons and of the government department to which is entrusted the control of epidemic disease in cattle. It is pretty certain that many deaths of animals take place from anthrax without any intimation of the fact reaching the authorities, partly no doubt on account of the ignorance of farmers concerning the symptoms of this dread malady, but partly also to their irrdi-position to expose themselves to the worry and expense which the outbreak would entail. Every unrecognised case of anthrax constitutes a grave danger to the community, since in the absence of effectual sterilisation of the infected remains the disease is liable to be spread far and wide by garbage-devouring insects. Matters have not yet come to a pass which would justify extreme measures, but it ought to be possible to generalise information concerning the nature and mode of infection of the disease. Should milder measures not check the spread we may be asked to consider the practicability of enforcing the registration of cattle-death in the same way as for human beings.

A French Libel on Sir Michael Foster.

MR. HERBERT SPENCER calls attention to a ludicrous travesty of fact of which a writer in the *Revue des Deux Mondes* has been guilty in a review on a recent work of his. Mr. Spencer, in the work in question, mentioned incidentally, doubtless *pour rire*, that when Sir Michael Foster was a Parliamentary candidate for the University of London some tactless supporter urged his special eligibility for the honour on the fact that he (Sir Michael) was "such a good cricketer." On the strength of this absurdity the French reviewer solemnly states that the University of London had actually elected Sir Michael Foster because he was the best cricketer. It is perhaps pardonable that even a contributor to such an ancient and stately periodical as the *Revue* should be unacquainted with Sir Michael's scientific status, but that he should, in his ignorance of the

niceties of the English language, perpetrate such an enormity as this constitutes a misdemeanour calling for literary punishment.

The Corroding Effect of Alcohol on Instruments.

SURGEONS who use alcohol for the sterilisation of instruments will doubtless be interested in some experiments which have been recently made by Dr. Malmejac with the object of discovering the effect of absolute alcohol on metals. Dr. Malmejac in his experiments used 95 per cent. alcohol, which left no residue on evaporation. The metals—copper, iron, tin, lead, zinc and galvanised iron—were corked up with alcohol in glass flasks and kept at ordinary temperatures for six months. The copper was entirely unacted upon, but in all the other flasks there was a deposit on the bottom and the metal was covered with a similar deposit. In the case of tin, lead, zinc and galvanised iron the deposit was white; that from the iron was red, resembling iron rust. All of the liquids, except that in which the lead had been placed, filtered clear; the latter retained a milky appearance after repeated filterings through double filters. The clear filtrates from iron, lead, zinc and galvanised iron gave much residue on evaporation, while the residue from tin was hardly appreciable. In the former group it is clear that not only had the metal been oxidised, but a considerable quantity had entered into the solution.

The Stamping Out of Rabies.

Few persons will be found to dissent from the view expressed by Mr. Hanbury that "no loophole should be left for the spread of a disease so terrible as rabies." It follows that the muzzling orders must continue to be enforced until no trace of the disease remains in this country. It is satisfactory to note that the Government is disposed to treat as they deserve the complaints of those selfish people who resent any impediment being placed in the way of their trotting their canine pets backwards and forwards to the Continent. The people who are inconvenienced by the regulation imposing quarantine on dogs coming from abroad are few in number, but belong to a class of society which can make its voice heard, but it would obviously be a scandal to assuage their discontent at the risk of perpetuating rabies.

The Midwives Bill.

WE learn that Mr. T. P. O'Connor, M.P., will move an amendment to the Midwives Bill, which will come before the House on the report stage on Friday next—to the effect that the examinations of the Rotunda and Coombe Hospitals be recognised as equivalent to the examination of the Central Midwives Board for purposes of registration. We further understand that Mr. J. Gordon, K.C., M.P., will move an amendment in the interests of the Rotunda and Coombe Hospitals, who apparently have at last risen to a sense of the necessity for and importance of defending their charter rights. It is difficult to understand how

any reasonable objection could be offered to the requests of these hospitals. They ask for nothing new, they merely demand that those rights which they have been given by former Parliaments, and those duties which they have so loyally discharged, should be left to them; and that an unjustifiable interference with the position of their trained diplomées should not be permitted, even when presented under the guise of an attempt to improve the training and education of midwifery nurses.

Pathology and Pedigree.

It is somewhat remarkable that although outward physical peculiarities of our ancestors have been oftentimes carefully delineated in family portraits, and not a little of their moral perversions has been handed down by time-protecting tradition, little account has generally been taken of the pathological processes that rung down the curtain on their life's stage. Few people have any accurate information as to the diseases accountable for the death of their grandparents. If the truths of heredity are to be made clear this must be rectified. We venture to think that in every case of obscure disease it would be well that the practitioner should advise not only the holding of a carefully conducted post-mortem examination, but should see that a reasonably detailed report should be prepared and duly signed by those responsible for the investigation. Such a document would prove oftentimes of the greatest service in the unravelling of difficult cases met with in the immediately preceding generations, and would go far to afford reliable data for elucidating the pathology of genealogy.

Cycling Risks in Elderly People.

THE regrettable death of Dr. John Sell Edmund Cotman, of the Minorities, E.C., while on a bicycling trip through Essex, brings home to our readers the fact that cycling is a pastime to be indulged in with prudence and moderation by those who have passed the meridian of life. The unfortunate gentleman, who was well known in London medical circles, was apparently seized with faintness, leading him to get off his machine and lie down by the roadside, where his dead body was subsequently found. Dr. Cotman was upwards of sixty years of age, an age at which it is obviously unadvisable to put any unnecessary strain on the circulation. The country is hilly, and he had to contend with a head wind, and, as the result shows, the exertion was too much for the heart.

The Medical Organisations of Foreign Armies.

THE War Office has issued lately in a handy and cheap form a handbook of the medical organisations (chiefly for war) of foreign armies, which will be of use and value not only to army surgeons, but to any member of the profession or of the public who takes an interest in the vital question of efficient Army Medical Service. The book deals with the organisations of seventeen European countries, and of the

United States, Japan, and Mexico. As a knowledge of these organisations will be required from army surgeons in the future, in examinations for promotion, Lieut.-Colonel F. Howard's "Handbook" will be in considerable request. We also commend it for perusal to the heads of the War Office, as we fancy that it would facilitate the mental assimilation of the fact that the way to obtain an efficient Army Medical Service is not by undermanning and snubbing it.

The Polyclinic Festival Dinner.

THE festival dinner of the Medical Graduates' College and Polyclinic will take place, as announced, tomorrow (Thursday) at the Criterion, the Right Hon. H. H. Asquith, K.C., M.P., in the chair. The list of stewards comprises a large number of distinguished medical men, and the chairman will be supported by an influential Parliamentary contingent, including Sir Weetman Pearson, Bart., M.P., Sir Arthur Trendell, C.M.G., Sir John Cockburn, K.C.M.G., M.D., Sir Alfred C. Lyall, K.C.B., G.C.I.E., Sir Frederick Abel, Bart., K.C.B., Sir Henry Burdett, K.C.B., Sir John Tyler, C.I.E., M.D., Sir William Robinson, G.C.M.G., Sir Chandos Leigh, K.C., C.B., Sir Archibald Geikie, F.R.S., Sir Owen Roberts, M.A., Sir James J. Trevor Lawrence, Bart., The Hon. E. R. Belilios, C.M.G., the Ven. Archdeacon of London, D.D., R. Farquharson, Esq., M.D., M.P., T. P. O'Connor, Esq., M.P., Dr. J. Gutiérrez-Ponce (Columbian Minister), Prof. Clifford Allbutt, F.R.S., and Lieut.-Colonel Babbie, V.C., C.M.G. One great object of the festival is of course to help to place this extremely useful institution on a sound financial basis, and we hope each succeeding effort will mark a step in advance towards the goal.

Small-pox in London.

IN spite of the recrudescence in the number of daily admissions of the last ten days the decrease in the number of cases under treatment is maintained. The total number of cases now in hospital has fallen to less than 1,200, that is to say, some hundreds below the maximum in April last. The Chairman of the Hospitals' Committee has made an interesting statement with regard to the results of the outbreak up to the present. The proper small-pox mortality came out at 16.1 per cent., whereas the actual mortality, including infants, was 16.7 per cent. Speaking generally, about one in six of those attacked had died. On Saturday last a lodger at one of the Rowton Houses applied at the Royal Free Hospital, and was found to be suffering from small-pox.

The Medical Aid Question.

DR. RENDALL, of Great Yarmouth, has withdrawn from an untenable position and has promised the Council not to contract "entangling alliances" in future with societies addicted to canvassing for patients. This prudent conduct on Dr. Rendall's part virtually concludes a campaign which is fraught

with important consequences to the profession. Its significance may be gauged by the fact that no similar charge came before the Council during the recent session, showing that practitioners are alive to the risks which violation of the Council's resolution must entail. The medical profession has given, and is clearly giving, too many practical proofs of its willingness to provide skilled attention to the poor, with or without remuneration, for it to be possible to construe the Council's attitude as a manifestation of "trades unionism," in spite of the petulant utterances of Mr. Chamberlain and others.

PROFESSOR D. J. CUNNINGHAM, M.D., F.R.S., has been appointed an examiner in surgical anatomy and physiology for the Indian Medical Service.

SURGEON-GENERAL PRESTON has resigned his post of P.M.O. of the 3rd Army Corps in Ireland, and has been formally retired under the age limit.

DR. D. C. REES, Senior Government Plague Medical Officer, Cape Colony, has been appointed Medical Inspector on the staff of the Medical Officer of Health for Cape Colony.

MR. HOWARD MARSH is a candidate for re-election on the Council of the Royal College of Surgeons of England; among the other candidates are Mr. Bland Sutton and Mr. J. W. Morgan.

DR. JAMES CRAIG, F.R.C.P.I., has been appointed by the War Office an Examiner in Medicine, and Sir Wm. Thompson, C.B., F.R.C.S., an Examiner in Surgery, on the recommendation of the Advisory Board for Army Medical Services.

MR. ALBAN DORAN, F.R.C.S., has been appointed to deliver the Harveian Lectures for the Harveian Society next November, and has chosen for his subject "Uterine Fibroids Considered from a Clinical and Surgical Standpoint."

THE GENERAL MEDICAL COUNCIL OF EDUCATION AND REGISTRATION.

SUMMER SESSION, 1902.

SIR WM. TURNER, F.R.S., PRESIDENT, IN THE CHAIR.

FIRST DAY.—TUESDAY, MAY 27TH.

THE seventy-fourth session of the Council was opened on Tuesday, May 27th, by the usual Presidential Address.

THE PRESIDENT referred to the progress made with the Midwives Bill and to the fact that, notwithstanding the amendments prepared in consultation with the Midwives Bill Committee of the Council which were moved by Sir John Tuke, the Bill had passed the Grand Committee on Law with but very little change from the form in which it was introduced into the House. No progress, he observed, had been made in Parliament with the Penal and Disciplinary Bill prepared by the Council some time ago, and read for a first time during two Sessions. The Financial Relations Committee, he stated, would during the Session make suggestions to provide for an increase in the income of the Council. The Public Health Committee would again report on the question of the amount of outdoor or practical sanitary work to be done, and on the distribution of the time to be given by candidates for a registrable diploma in Public Health. He regretted to say that the business

of a penal and disciplinary character demanding the attention of the Council was more than usually heavy, chiefly on account of the convictions in the criminal Courts of registered medical practitioners which had been reported to them. Two new cases, in which serious breaches of professional conduct were alleged to have been committed, would also require to be investigated. It was gratifying to find that no registered practitioner was to be charged with the offence of covering, and no new case of a practitioner's associating himself with medical-aid societies which systematically canvassed for patients would have to be considered. A special Indian edition of the Addendum to the British Pharmacopoeia had been prepared and published, and the Government of India had purchased the greater part of the first issue of 4,000 copies. They had been requested by the Privy Council to send a delegate to an International Congress to be held in Brussels on the subject of a proposed International Pharmacopoeia limited to drugs of a drastic nature, and the chairman of the Pharmacopoeia Committee had, at his request, consented to represent the Council. As a result of the extension of Part 2 of the Medical Act (1886) to Italy, a list of foreign practitioners appeared for the first time in the *Medical Register*.

On the motion of Dr. MACALISTER, seconded by Mr. BRYANT, a vote of thanks was passed to the President for his address, and it was ordered that it be entered on the Minutes.

THE BRITISH MEDICAL ASSOCIATION AND PRELIMINARY EDUCATION.

The British Medical Association having expressed the desire to send a deputation to bring before the Council certain suggestions in respect of the standard of preliminary general education, Sir JOHN TUXE brought up a report by the Executive Committee on the subject. The principal points to which it is desired to direct the attention of the Council are (1) the desirability of making seventeen the earliest age for registration as a medical student, (2) the raising of the standard to a point not lower than that of the senior Oxford and Cambridge local examinations, (3) the introduction of an honours division in which Greek would be a compulsory subject, and (4) the unification of the examination by the appointment of a single examining board.

Mr. G. BROWN having seconded the motion to receive the report, Mr. HORSLEY moved that the deputation be received by the Education Committee on behalf of the Council.

Sir JOHN TUXE urged that if the Council raised the standard the result would be to deplete the profession to the serious detriment of the public, and advocated waiting until they could consider the results of the scheme of secondary education now under discussion.

Mr. HORSLEY's amendment was agreed to, and the Council adjourned early in order that the various committees might meet.

SECOND DAY.—WEDNESDAY, MAY 28TH.

The first business on the agenda was the penal case of Dr. MARCUS ROBERT PHIPPS DORMAN,

who was charged with infamous conduct in a professional respect when attending a married dipsomaniac lady. Under the circumstances, in order to spare the feelings of third parties, the case was heard *in camera*, and on the readmission of strangers the President announced to Dr. Dorman that the Council had found him guilty of the charge, and had directed his name to be erased from the *Register*. The Council then proceeded to the consideration of the case of

JOHN FLANAGAN, L.E.C.P., L.E.C.S. ED.,

of Castlereagh, co. Roscommon, who had been sentenced to a term of imprisonment for having thrown a corrosive fluid on a certain person with intent to inflict grievous bodily injury. An application was read from the solicitor who had defended him at the trial, asking that the consideration of the case might be postponed, an

extensively signed memorial having been sent in on his behalf to the authorities. The Council, however, adopted the usual course of ordering the name to be erased from the *Register*. The next penal case was that of

EDWARD THOMAS FRENCH, F.R.C.S.I.,

who is undergoing a sentence of penal servitude for life for manslaughter. Obviously the defendant was not there to defend himself, and his name was ordered to be removed from the *Register*.

The name of a dentist who had been convicted of bigamy was also ordered to be removed from the *Dentists' Register*, the name of the delinquent being Samuel Marston, of Leicester.

RESULTS OF PROFESSIONAL EXAMINATIONS.

Dr. BALL brought forward a motion to the effect that the Education Committee should be instructed to report as to the desirability of obtaining the following additional information from the various licensing bodies

1. That where credit is allowed for a single subject or groups of subjects only at any examination, the number of students who pass or are rejected in such portion of the examination should be furnished separately from the list of those who pass or are rejected for the entire examination.

2. That in addition to giving a return of the candidates rejected at any examination, the number of such candidates who have been previously rejected upon one or more occasions for the same examination be indicated with the number of such previous rejections in each case.

He pointed out that candidates who were given credit for one part of an examination but were rejected in others appeared as having been both passed and rejected for the same examination. Then, too, the very large proportion of rejections from the Conjoint Boards of Scotland and Ireland (over 50 per cent.) comprised the names of a great number of candidates who had been repeatedly rejected, so that it was difficult to form an estimate from the tables of the proportion of the candidates who had passed the examination on the first trial. With the object of stopping the "chronics" at an early period of their student career he suggested that it might be possible to elaborate a scheme providing that a man rejected at the first trial should be rejected for six months, on a second occasion for twelve months, and on a third unsuccessful trial at the same examination for an even longer period. He thought that this would constitute a great step.

Mr. HORSLEY suggested that the motion should read "That the Registrar be directed to obtain, &c." to which Dr. BALL assented. Mr. HORSLEY added that the matter of the chronic student was one of very great importance to the public, and accordingly he seconded the motion. In the course of the discussion Dr. MACALISTER declared that he was unable to follow the question, and Dr. ATTHILL urged that no candidate's name should be included in the tables unless he had passed the whole examination. Sir CHRISTOPHER NIXON called attention to the importance of securing uniformity among licensing bodies in conducting examinations in regard to groups of subjects.

After further discussion with regard to the wording of Part 2 of the motion, Parts 1 and 2 of the motion were agreed to as they stood originally.

The Council then adjourned.

THIRD DAY.—THURSDAY, MAY 29TH.

PENAL CASE.

The case which first came before the Council was that of an elderly practitioner residing in the suburbs of London who had been convicted of indecent assault at the Central Criminal Court, and had been sentenced to a short term of imprisonment. The case was a very painful one, because the practitioner was a man of high standing and greatly esteemed. It was shown at the trial that he had been suffering from prostatic disease entailing considerable irritation of the genito-urinary

tract, and, as may be inferred from the sentence, the judge took a merciful view in accordance with the medical evidence.

The defendant was present to answer the charge, accompanied by his solicitor. A large number of witnesses to character appeared to give evidence in extenuation, of course not of the offence, but of the conditions under which the offence was committed, including the Member of Parliament for the division, the Vicar of the parish and several eminent physicians who were personally acquainted with the defendant. Evidence was also tendered to the Council bearing on the defendant's state of health. The Council deliberated for a long time *in camera* and on the re-admission of strangers the PRESIDENT announced that in view of the evidence bearing on the physical and mental health of the defendant the Council did not see fit to remove the name from the Register.

The next case was one which has given rise to much discussion in the lay press in respect of the association of registered practitioners with medical aid and similar societies which systematically tout for patients.

DR. ROBERT RENDALL, of YARMOUTH,

the defendant, appeared before the Council in respect of the charge of which he was adjudged guilty last session, viz., "that he had accepted and continued to hold the appointment of medical officer to the Liverpool Victoria Legal Friendly Society at Great Yarmouth, a society which systematically practised canvassing for the purpose of procuring patients, and that he had approved or acquiesced in such canvassing."

At the conclusion of the hearing on the last occasion, Dr. Rendall was directed to appear at the present session in order that he might satisfy the Council as to his conduct in the interval. In the meantime a letter had been received from Dr. Rendall stating that he had sent in his resignation as medical officer, and had entirely severed his connection with the society in question, together with a letter from the secretary of the society acknowledging receipt of the resignation.

Dr. Rendall, in reply to questions, stated that he had no intention of associating himself with any similar society in future.

After deliberation the PRESIDENT announced to him that under the circumstances the Council had resolved to take no further action in the matter.

REGISTERED AFTER MANY DAYS.

The Council, on the recommendation of the English Branch Council, authorised the admission to the Register of the name of Mr. Abiathar Wall, L.S.A. Lond., L.R.C.P.S. Ed., M.R.C.S.E. 1872, who had neglected to effect his registration before the appointed day (June 30th, 1887).

Another penal case then came up, the defendant being

MR. WILLIAM PARK, M.B., M.S. GLASG.,

of Gartlea House, Airdrie, who was charged with having seduced and eloped with a married woman under his care at a hydropathic establishment at Limpley Stoke, near Bath. The husband attended in support of his complaint with counsel and solicitor.

The defendant did not appear, but was represented by counsel, who applied for a postponement of the hearing on the ground that his client was absent in virtue of his engagement as medical officer to a steamship company. Mr. Park's solicitor admitted having received an intimation from the Council's solicitor that if Mr. Park did not attend the inquiry it would be at his own risk. The postponement was opposed on behalf of the complainant, and the Council proceeded with the case, which was heard *in camera*. Ultimately Mr. Park was adjudged guilty of "infamous conduct in a professional respect," and his name was directed to be removed from the Register.

FOURTH DAY.—FRIDAY, MAY 30TH.

The various committees having been re-elected, the Council proceeded to discuss the

REPORT OF THE FINANCIAL RELATIONS COMMITTEE.

In this report the unsatisfactory financial situation

of the Council is set forth in plain figures, the annual deficit being £1,200, and the Committee express the opinion that the deficiency cannot be met by such economies as have been proposed by various Finance Committees in the past. It states that to readjust permanently the relations between the Council and the Branch Councils will entail certain amendments of the Medical Acts 1858 and 1886. Going into the financial history of the Council, the report states that upwards of £35,000 was received from the original £2 registration fees, and the assets of the Council at one time with interest amounted to £75,485, but have since fallen to £41,500. It follows that the current £5 registration fees have failed to meet the expenditure and the Branch Councils have only the accumulations of past fees to fall back upon, that of the Irish Branch Council being long since exhausted. The problems before the Council are (1) to provide sufficient revenue for the execution of its duties, and (2) to constitute a central financial administration.

Revenue.—There are three courses open to the Council:—To raise the initial registration fee; to substitute a small annual registration fee for the initial payment; or to institute a students' registration fee. The Committee favour the idea of imposing a £1 students' registration fee and are not averse to raising the initial registration fee for practitioners to £7 instead of £5. Among the amendments to the Medical Acts suggested with financial equilibrium in view are the virtual abolition of the Branch Councils with their registrars and officers, the payment of all fees, &c., into a central treasury, an increase of the initial registration fee to £7, and the payment of the expenses of direct representatives as part of the expenses of the General Council instead of by the particular Branch Council. Mr. HORSLEY appends a note to the effect that in his opinion the difficulties can only be overcome by the institution of a small annual payment, and by extensive reform of the Medical Acts, while Dr. HERON WATSON urges curtailment of expenditure on the ground that the imposition of an annual charge would render the Council unpopular with the profession, and, finally, a lengthening of the hours of work with a reduction in the length of speeches, and, if necessary, the withdrawal of the allowances at present made in respect of travelling and hotel expenses. He anticipates strenuous resistance in Parliament to any proposal to impose such a charge. In these views Dr. BRUCE concurred.

Taking the recommendations *seriatim*, Dr. ATTHILL moved that the Council approve the principle of a registration tax of £1 on students. An amendment by Dr. WATSON inviting the Council to postpone committing itself until the committee had inquired what could be done in the direction of the curtailment of expenses was negatived, the names being taken down so that the profession might see how the cat jumps. An amendment was moved by Dr. NORMAN MOORE on the same lines. He argued that since the Council has no power to compel students to register, a registration fee would necessarily prove an uncertain source of income. Before imposing a registration fee on students they ought to be able to point to some advantage in exchange therefor, either to the student or to the public, and in neither respect was he able to see any advantage. He urged that it was a most undesirable thing to turn a voluntary into a compulsory registration as a means of increasing the Council's income. He saw, however, no difficulty in the way of increasing the registration fee for practitioners, but before they went to Parliament they must make it clear that they were going to do more useful work, and that they were as economical as possible. He suggested that the proposal would lead to criticism of their usefulness, and would give rise to the question whether it was "worth while to pay for more of this sort of thing."

Dr. ATTHILL then proposed the increase of the initial registration fee to £7, to which Mr. JACKSON, seconded by Mr. HORSLEY, moved as an amendment that an annual fee of ten shillings be substituted for the initial registration fee of £5, such annual fee to be paid for ten years by those who had already paid the £5 registration fee. This was negatived and again the names were taken down. They were as follows:

Against, 22.—Dr. MacAlister, Mr. Bryant, Dr. Norman Moore, Dr. Payne, Mr. Tomes, Dr. Pye-Smith, Dr. Atthill, Dr. McVail, Dr. Heron Watson, Mr. Ball, Dr. Mackay, Dr. Finlay, Sir John Williams, Sir C. Nixon, Dr. Bennett, Sir G. Philipson, Dr. Windle, Sir Hector Cameron, Sir William Thomson, Dr. Bruce, Dr. Little, Sir Hugh Beevor.

For (3).—Mr. Brown, Mr. Jackson, Mr. Horsley.

Did Not Vote (3).—The President, Sir William Gairdner, Mr. Tichborne.

Absent.—Mr. Power and Sir John Tuke.

Sir WILLIAM THOMSON, seconded by Dr. WINDLE, then moved an amendment that the registration fee be raised "from £5 to a sum not exceeding £10," and this was carried and subsequently confirmed as a substantive motion.

The adoption of the paragraph advising that the financial administration of the funds should be remodelled so far as the mutual relations of the Council and its Branch Councils are concerned was agreed to on the motion of Mr. HORSLEY. It was then proposed by Mr. HORSLEY that the Financial Relations Committee should be reappointed with instructions to draft a Medical Acts' Amendment Bill carrying out the principles of financial reform approved by the Council, but the hour for adjournment having been reached, the decision was postponed.

FIFTH DAY.—SATURDAY, MAY 31ST.

Resuming the discussion on the proposed reappointment of the Financial Relations Committee, Dr. LITTLE moved an amendment leaving it to the President to make provisional arrangements for carrying on the business of the Council with a view to economy and dispensing with any Standing Orders to the contrary. This unbusinesslike proposal was promptly negatived. At the suggestion of Dr. MACKAY a paragraph was added—by consent of the mover and seconder—to the original motion, instructing the committee to consider what economies in the expenditure of the Council it might be possible to effect.

A long discussion followed, each speaker having his special views as to the direction in which economies might, and therefore should, be effected. To Dr. PYE-SMITH belongs the credit of having put his finger on the philosopher's stone of Council finance, viz., a reduction in the number of members of the Council. Such reduction in addition to reducing the expenditure in fees by, shall we say, one-half or three-quarters, according to the thoroughness of the reform, would add materially to the efficiency of the Council as an administrative machine. Ultimately it became necessary to put a term to the eloquence of members, so on the motion of Dr. ATTHILL, the closure was applied, and the original motion as modified was passed by 20 votes to 4; six members not voting, an abstention from duty which ought to be punished by a standing order. The Financial Relations Committee is therefore entrusted with the task of preparing a draft Medical Acts' Amendment Bill, and of deciding what economies are practicable in the expenditure of the Council, the report to be presented at the next meeting of the Council.

REPORT OF FINANCE COMMITTEE.

The report of the Finance Committee on income and expenditure for 1901 was received. According to this report the income of the General and Branch Councils for the twelve months ending December 31st last was £8,557, while the expenditure for the same period was £10,065, leaving a deficit on the year's working of £1,508.

Obviously something requires to be done at once in order to check the annually increasing deficit, and accordingly Mr. TOMES, seconded by Dr. ATTHILL, moved that the payments to the sinking-fund be discontinued. Dr. ATTHILL argued that it was the best way of economising, and added that the necessary steps should be taken to obtain the refund of the sums already paid, which amounted to £215 per annum.—Mr. BRYANT deprecated taking such a step as this, thus undoing what was done two years ago.—Sir WILLIAM THOMSON

agreed with Mr. Bryant, inasmuch as the Sinking Fund was established on expert advice, but since then expert advice had condemned it. He asked why the fund should be continued for the benefit of future generations. By discontinuing the payment, according to Dr. MACALISTER, they assumed they were at liberty to take the funds of any branch council, because the fund was started in the first place to enable the Council to pay back the debt to the English Branch Council. The motion that the payment of the Sinking Fund be discontinued, and that the necessary steps be taken in accordance with the alliance of the Assurance Company for the refunding of the sums paid, was put to the vote and carried.

PAYMENT OF VISITORS.

It was agreed that, subject to the approval of the Privy Council, the remuneration of the visitors of the primary examination of the Examining Board of the Royal Colleges in England be at the rate of £5 5s. a day, with travelling and hotel expenses. One of the two persons appointed to visit is to be a member of the Council, the other an expert.

REPORT OF PERSONATION COMMITTEE.

The Council then resumed the discussion on the report of the Personation Committee left over from last session, and after adopting several of the recommendations adjourned until Monday.

SIXTH DAY.—MONDAY, JUNE 2ND.

The PRESIDENT recalled to the Council when they met on Monday that the last meeting terminated in the middle of the consideration of the report of the Committee on the Prevention of Personation. There were other matters on the programme of more material importance, however, which he thought should be taken first, while the members were fresh, and he called on Mr. BRYANT to bring forward the reports of the Examination Committee on the inspection of the final examinations of the Scottish Conjoint Board, and of the Irish University. With regard to the former Mr. HORSLEY took exception to the use by the visitor of the "well-known word 'sufficient,'" which, he said, the Council only were entitled to use, and wanted to know precisely what was in Dr. Payne's mind when he used it. It was explained that "sufficient" was a Parliamentary term indicated by the Medical Act of 1836. Sir WM. THOMPSON thought that a much more important matter was the absence referred to in the report of an examination in operative surgery. He greatly regretted that such was the case, and though he knew that in some countries and in former times people were very sensitive about handing over their dead for anatomical study, he thought that in these days it was really expense rather than sentiment which stood in the way. The PRESIDENT, however, speaking with authority, said that that was not so. Both reports were received, entered, and adopted without opposition.

The report of the Students' Registration Committee was soon adopted, but had it come up earlier it is possible that well-worn dissensions would have revived, as controversial matter was touched upon. An application, to be registered and antedated, under exceptional circumstances, had come on behalf of T. T. O'Farrell, who had passed the Preliminary Examination of the Irish Conjoint Board, and had begun medical study at Stonyhurst College in September, 1901, requesting that he might be allowed to register and antedate to the time of commencement of medical study. The Committee resolved:—"That Mr. O'Farrell be informed that Stonyhurst College has not been approved by the Council as a place for the commencement of medical study."

Dr. NORMAN MOORE was up in arms, protesting that the Council would put itself in a false position if it did not at any rate inquire into and investigate the training given at Stonyhurst. Stonyhurst was not a grammar school; it was on quite a different footing. He proposed, and Sir C. NIXON seconded, that the resolution of the Committee be amended as follows:—"That Mr. O'Farrell be informed that the Council will make inquiries, and if it should find that Stonyhurst provides

laboratories, appliances, and teachers necessary for the efficient commencement of medical study, his application will be acceded to." Sir HUGH BEEVOY said that Stonyhurst was a famous school, but not a scientific institution. Dr. WINDLE, speaking as one familiar with Stonyhurst, said that the laboratories were excellent for a school, but with every respect for the school, he should vote against the amendment on the ground that it was an attempt by a side wind to get the Council to rescind a resolution previously arrived at, and the issue of which must be faced squarely and plainly. The amendment was lost and the report was adopted.

A long discussion on the report of the Public Health Committee occupied rather more than the remainder of the afternoon—the Council not rising till a quarter of an hour after closing time. The chief dissension arose over a point which was settled two years ago, but which some of the members had not ceased regretting. The candidate for Public Health Diploma can now qualify after a nine months' course, and Sir J. TUCKER lamented that year by year the requirements were whittled down. Dr. McVAIL persisted that a nine months' course had been allowed only for army men, and that only because of the difficulty in getting leave of absence. The feeling was so strong that the Council thought if the concession was not made the Government would set aside the Council's qualification and set up one of their own. It was shown, however, that the nine months' curriculum had been adopted, and the question that afternoon was how the time should be disposed of to the most advantage. An addition to the regulations was finally made as follows, the wording being carefully edited so that there would be no possibility of the candidate telescoping, as Dr. MACALISTER pointed out, his nine months into six months, which shall be distinct and separate from the laboratory instruction required in Rule 3:—

The period may be reduced to three months in the case of any candidate who produces evidence that, after obtaining a registrable qualification, he has during three months attended a course or courses of instruction in sanitary law, sanitary engineering, vital statistics, or other subjects bearing on Public Health administration, given by a teacher in the Department of Public Health of a recognised medical school.

The exemption proposed in the case of a practitioner who had acted for six months as a medical officer of health, or who belonged to H.M. service in the Navy or Army or the Colonies, was withdrawn at the instigation of Dr. McVAIL. The regulation that candidates after obtaining a registrable qualification must attend the practice of a hospital for infectious diseases, at which opportunities were afforded for the study of methods of administration, produced considerable antagonism. Dr. BENNETT said that in Ireland such a course would be impossible, and moved that the paragraph end at "diseases," and Dr. NORMAN MOORE said that in London it would be extremely difficult and practically unworkable. Dr. MACALISTER asked what would be the use of sending a qualified man back to study infectious diseases; the whole point lay in the conclusion of the sentence, which had been put in after great consideration. Why should they lower the standard because of a temporary difficulty? An officer of public health must have practical administrative experience. Dr. BRUCE appreciated the difficulty, and was willing to withdraw the line, but Dr. McVAIL declared that that was a point on which the late Sir E. Thorne insisted strongly, that a medical officer without administrative knowledge was perfectly useless, and no diploma should be granted which did not imply that knowledge. If a student could not get it in London he must get it elsewhere. Mr. BROWN also urged the Council strongly not to tamper with the clause. In the end, therefore, it remained.

Then, after the termination of the usual formal business, the session was brought to an end.

The Oxygen Cylinder Again.

THE medical officer to the ss. *Ville d'Alger*, while engaged in administering oxygen inhalations to sea-sick passengers one day last week, was injured by the bursting of the brass (?) cylinder, and died a few hours later.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

REPORTING ON PATHOLOGICAL PRODUCTS IN EDINBURGH.

IN view of the decision of the Town Council to transfer this work from the laboratory of the Royal College of Physicians to the Usher Institute of Public Health, the College has intimated to the medical men of the city that it will revert to the old system of reporting on specimens sent to it. This means that in future the laboratory will accept specimens directly, instead of through the Public Health Department, and will examine them gratuitously for members of the profession.

THE NEW CHAIR OF PUBLIC HEALTH IN EDINBURGH UNIVERSITY.

IN his inaugural address in connection with this new chair, which was founded by Sir John Usher and the late Mr. A. L. Bruce, Professor Hunter Stewart gave a brief sketch of the development of preventive medicine, and showed what part the Edinburgh School has played therein. Two hundred years ago medical science was directed entirely to the cure of disease. It had shared in the great revival consequent on the appearance of the *Novum Organum*, so soon to be followed by the works of Harvey, of Boyle, and of Sydenham, but the great impulse which the study of medicine had received from Sydenham was entirely on its curative side. It appeared that the prevention of epidemics was excluded by Sydenham's views, since the disease would continue so long as the constitution of the atmosphere remained unchanged, and the latter was beyond human control. The next great agency in preparing the way for preventive medicine was the teaching of Boerhaave, which exerted a great influence during the first half of the eighteenth century and beyond it. Boerhaave was a pupil of Pitcairn, one of the first professors of medicine in Edinburgh, when that distinguished man was a professor in Leyden. Like Boyle, Boerhaave restricted the term fermentation to a specific process, and defined it as a change which could be set up on some vegetable substances and resulted in the formation of what is now known as carbonic acid, and wine or vinegar. Richard Mead, another pupil of Pitcairn, in his essay on poisons distinguished between such poisons as carbonic acid and laurel water, whose action is immediate, and those like hydrophobia, whose action is latent or delayed. The existence of a latent period in certain diseases was further demonstrated, when inoculation for small-pox was introduced in 1722, as the time that elapsed between the inoculation and the appearance of the constitutional symptoms could be noted. Mead pointed out that the Chinese inoculated on the inside of the nostrils, and that this was followed by a severe attack of the disease. This point he verified in the case of a condemned criminal, who volunteered for the purpose, and noted that not only was the disease more severe, but also appeared earlier than in others whom he inoculated on a skin surface. At the present day inoculation of the bacillus of plague inside the nostril of an animal was a means of exalting the virulence of the organism. Briefly stated, at the middle of the eighteenth century Sydenham's doctrine of epidemic constitution continued to oppose preventive measures. The conception of contagion was still vague—by some it was considered as self-propagative, having the properties of yeast, while the greater number looked upon it as a volatile body, the result of putrefaction. The nineteenth century opened with the introduction of vaccination, and in the latter half of which, especially, new lines of research were opened up and a great advance in preventive medicine ensued, but it was fitting to recall the great work done in the eighteenth century by those who laid the foundation of this branch of medical science.

THE NEW USHER INSTITUTE OF PUBLIC HEALTH

will be formally declared open within a few days, though it is doubtful whether Mr. A. J. Balfour, the Chancellor of the University, will, as was expected, be able to attend in person. The origin of the Usher Institute has been

already referred to, the stipulation made by the donor after whom the building is named being that the University should find a site. As the space available near the present medical buildings would have so cramped the building that a proper light could not have been obtained, a site further afield had to be sought, and was found about half a mile from the University, in the heart of the students' quarter. In external appearance the building somewhat resembles the new University buildings, and it consists of three storeys. On the ground floor there is to the east of the entrance hall a lofty museum, in which educational specimens are to be shown, including tubes of cultures, specimens illustrating diseases of animals communicable to man, models of filter-beds, examples of the means adopted for the protection of workmen engaged in noxious trades, disinfecting apparatus, &c. Adjoining the museum is a research room fitted up in the most modern fashion; at the table upon which research work is to be done there is a ventilating shaft with continuous down draught, and a similar system is applied to all tables in the laboratories and other research rooms, in addition to the usual fume chambers. On this floor there is also a gas analysis room and a photographic room. In the west wing, upon the ground floor, are the three rooms which are to be devoted to the city bacteriological work, one being an office, and the other two laboratories. On the first floor, in the east wing, above the museum, is the chemical room, accommodating eighteen workers, each of whom has a fully equipped table supplied with ordinary water, pressure water, pressure air, steam, gas, electricity, and special ventilating shaft. Steady pressure of water is automatically secured, and great care has been taken to avoid undue waste. The lecture theatre will accommodate 274 students, and is lighted both from the sides and top. The room can be darkened from the lecturer's desk, when lantern demonstrations are to be given. There are many other novel provisions and accessories which will render this institute the most perfect of its class, and cause it to be followed as a model for some time to come.

PUBLIC HEALTH DEGREES.

The Glasgow University has instituted two degrees in Public Health, viz., B.Sc. (Public Health) and D.Sc. (Public Health), an example which is certain to be followed by many other degree-conferring bodies. These, not being qualifying diplomas, do not come within the purview of the General Medical Council, so that the standard of knowledge exacted of postulants will be determined solely by the University authorities.

Belfast.

[FROM OUR OWN CORRESPONDENT.]

[We are not responsible for opinions expressed by our local correspondents.]

SWORN INQUIRY INTO THE EXCESSIVE EXPENDITURE ON MEDICINES AND APPLIANCES.

THE sworn inquiry at the Belfast Union Workhouse into the expenditure on medicines and medical and surgical appliances, to which reference was made in this column last week, has been proceeding daily since, and has been the means of bringing to light some very curious facts. The apothecary, in examination, admitted that the use of fifty-three reams of paper, at a gross cost of £22 18s. during the six months was a pretty big item. The nurses got the paper for various purposes, and he drew their attention to the extravagant use of it. The use of 86 cwt. of linseed meal in six months at 24s. a cwt. was also large; no check was kept on its consumption. He did not use more than two shillings' worth of sacchara purificata in the twelve months; he had no reason to dispute the item that 26 cwt. of this sugar had been consumed in the infirmary, and 4 cwt. in the hospital in six months, at a gross cost of over £50. He accepted the figures relating to safety pins—that 178 gross had been used in six months at a cost of over £45; 157 pairs of scissors and 21 dozen of thermometers.

Dr. John M'Leish, visiting medical officer, was examined regarding the use of various drugs. He said he was largely responsible for the use of sulphate of potash, which he used in the proportion of $\frac{1}{2}$ lb. to 30 gallons of water for cases of itch, but each bath so made would suffice for five patients. Questioned as to the use of kali water, he said it did not strike him as a luxurious drink, and he did not know of any cheap substitute. He shared with Drs. Hall and Lyness the responsibility of ordering lemons, of which twenty-two cases at a gross cost of 10s. per case were used in the infirmary; he thought this amount could well be reduced.

Benjamin Clarke, of the contracting firm of druggists, admitted having altered without authority the order for rubber air cushions; he supplied the red rubber because the winsey had been returned on several occasions. He had supplied 243 dozen syphons of kali water at six shillings per dozen, making £74 8s. That was the price he contracted for; he did not know the retail price. The fact that the Master had obtained a quotation from a Belfast firm, at the Inspector's request, for refilling syphons of kali at 3s. 8d. per dozen did not concern him in the least. He had nothing in writing to show to justify him in overriding the contract for a number of spittoons at 3s. 6d. per dozen, and not 18s. per dozen as supplied.

Dr. William Burns, senior resident medical officer, said he had held that post for ten months, and had previously held a junior post for six years. He said there was no individual exercising authoritative control over the expenditure in the Infirmary; he thought there was no satisfactory check on waste at the present time. Lint and cotton wool were most affected by the waste. He thought the item for lint, 2,032 lbs., was excessive.

Dr. Nicholas M'Donnell (chairman of the Infirmary Committee) considered that there were several articles on the official list priced far too high, and that if the guardians were free to contract for these they would get them at a lower price than the Local Government Board fixed.

Miss M. A. Carlile, workhouse nurse and superintendent of the infirmary, stated that she had eighty-six nurses under her charge, including probationers. Speaking generally, she could not say that there was any wilful waste, but she would not say to the contrary.

Mr. J. C. Neeson, Clerk to the Board of Guardians, explained various matters concerning the contract for medicines, &c., and how they were made. He said that carbolicene was tendered for at 6s. per gallon, and it could be obtained (according to evidence admitted at that inquiry) at 2s. 6d. per gallon in the quantities used, so that on 526 gallons used the Guardians lost £92 1s. Phenyl was tendered for at 5s. per quart, and could be obtained at 3s. 9d. per gallon, so that the Guardians lost on that item £28 8s. 9d. Similarly on the kali water they lost £3 18s. 8d., or a total of £129 8s. 5d. on these three items alone, in six months.

Dr. Robb, visiting medical officer to the Fever Hospital, gave some particulars as to drugs used. He explained that medicines ordered in small doses, such as opium, were given in tabloid form, and that if they were ordered as powders, one apothecary could not do the work of the establishment.

The inquiry is now closed, and the decision rests with the Local Government Board.

Measles in Plymouth.

A WIDESPREAD epidemic of measles is raging at Plymouth, the number of cases under treatment being upwards of a thousand.

Muzzling Orders.

THE Board of Agriculture has issued an order applying the muzzling regulations to certain parts of Devonshire and Cornwall.

Tuberculin Test for Cattle.

THE Canadian Government have sent Mr. A. G. Hopkins, Veterinary Quarantine Officer for Canada, to this country to apply the tuberculin test to all cattle over six months old intended for export, for breeding purposes, from the United Kingdom to Canada.

ROYAL COLLEGE OF SURGEONS, IRELAND.

At a meeting of the Fellows held on Monday, June 2nd, for the election of president, vice-president, honorary secretary, and council for the ensuing year, the following were elected:—President: Lambert H. Ormsby. Vice-President: Arthur Chance. Honorary Secretary: Sir Charles Cameron. Council: Sir Philip Smyly, H. R. Swanzy, E. H. Bennett, Sir Charles Cameron, Austin Maldon, J. B. Story, Sir W. Thomson, C. B. Ball, T. Myles, J. Lentaigue, R. D. Purefoy, H. G. Sherlock, R. B. McCarsland, R. H. Woods, T. Donnelly, F. T. P. Newell, J. D. McFeely, W. Taylor, and H. W. Oulton.

DR. WALDO, Coroner for the City of London, proved too rapid in his movements for a burglar who entered his house on Sunday last. The prisoner will not again have the opportunity of running a race with the Coroner for some time to come.

On Monday last his Majesty the King invested Lieut.-Colonel Arthur P. O'Connor, of the Royal Army Medical Corps, with the order of the Bath (C.B.), and Surgeon-Captain A. Martin Leake with the Victoria Cross, for distinguished services in South Africa.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

THE DESTRUCTION OF PLAGUE-INFECTED RATS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I note in your issue of the 21st inst. reference made to the experiments carried on by Mr. Langlois and myself with the object of ascertaining the best methods of disinfecting the holds of ships in cases of suspected plague infection.

There are one or two slight inaccuracies in your notice, which I should feel obliged by your correcting. We found that rats succumbed to a prolonged exposure in an atmosphere of CO_2 , although they revived in many cases when restored to the fresh air, but that fleas showed little symptoms of being affected by CO_2 , and that this gas cannot be looked upon as trustworthy for destroying insect life. We do not believe that by burning sulphur in the holds of vessels an efficient disinfection by sulphurous acid gas can be obtained, and we think that the only certain way is to produce this gas outside the compartments to be treated, into which it is to be introduced under sufficient pressure to ensure its thorough diffusion.

In this connection I would refer you to an article by Mr. Langlois and myself published in the *Revue d'Hygiène* of the 20th inst., in which the whole subject is more fully treated than in the publication that you refer to. As far as we know, Mr. Chantemesse never carried on any experiments on this subject in New Orleans, but the results you state as to the effect of a 17 per cent. SO_2 gas were obtained in repeated experiments here in Paris.

I am, Sir, yours truly,

A. LOIS, M.D.

45, Rue des Acacias, Paris, May 28th, 1902.

Failure to Notify.

DR. DAVID GWEN KENNEDY, of Jamaica Road, Bermondsey, was fined £2 with £5 ss. costs for having failed to notify a case of chicken-pox. It appears to have been merely an oversight, and this being the case the penalty was needlessly heavy.

An Epidemic at Lincoln.

A MYSTERIOUS epidemic of a septic character has broken out at Lincoln. It has been traced to the milk from a particular dairy, but its nature remains obscure. There have been some eighty cases, with several deaths.

Literature.

ST. BARTHOLOMEW'S HOSPITAL REPORTS. (a)

THE special feature of this number of the Reports is the table of X-ray photographs taken during the year 1900; they number 184, of which thirty-eight were taken of the leg and foot. Of nine photographs of the kidney for calculi not one was successful. From the statistics of anaesthetics we learn that chloroform alone was administered 2,561 times, ether alone 43 times, and the A.C.E. mixture but once. Of the contributions the most interesting was Mr. H. J. Butlin's, "On the Results of Operation for Primary Cancer of the Breast," and "Surgical Emergencies." Sir D. Duckworth's "The Pathology of Chorea" is a masterly, but not altogether successful attempt to solve a difficult problem.

ANATOMIE GENERALE. (b)

THE second part of this physiological and medical anatomy completes the work. The whole work may be regarded not only as a book on anatomy from a physiological and medical point of view, but also as a deep philosophical treatise. The second part deals with systems special to certain apparatus. The reader is taken through the osseous, the medullary, the cartilaginous, the fibrous, the fibro-cartilaginous, the muscular, the mucous, the serous, the synovial, the glandular, the dermoid, the epidermoid, and the fibrous systems, all being severally considered from the mechanical, the physiological, the physical, the vital, the organic, the inorganic, the developmental, and the functional points of view; the whole being an interesting study for the philosophical mind of any philosophical medical man or student of physiology, who will be well repaid for the perusal of the scholarly text.

Obituary.

DR. WM. JEPHSON WEEDON.

It is with sincere regret that we announce the death of Dr. W. J. Weedon, of Merrion Gorey, co. Wexford, at the comparatively early age of 57 years, which took place in Stevens' Hospital, Dublin. Some nine or ten months ago Dr. Weedon noticed the onset of jaundice, which did not yield to the ordinary remedies, and as it continued to increase in severity he came to Dublin, placing himself in the hands of his friend, Mr. Swane. Dr. Weedon was the youngest son of the late Canon Percival Banks Weedon, M.A., Rector of Fethard, and a Canon of Ferns Cathedral. He qualified in 1868, and soon afterwards practised in England, and subsequently at Bathville, co. Carlow. On the death of his brother he was appointed Medical Officer of the Gorey Dispensary District, an appointment which he vacated seven years since, on being appointed Medical Officer to the Workhouse, Gorey. His death is mourned throughout the district, where for many years his skill, patience, and friendship had been often tested, and ever bore the trial and confirmed the faith and devotion of his large circle of friends.

Medical News.

The Vacant Coronerships.

THE death of Mr. Braxton Hicks, Coroner for the South Western District of the County of London, and for the Kingston Division of the County of Surrey, will probably open the way to a re-arrangement of districts. It is stated that the plan most in favour is to divide the south-western district, apportioning each division to that of an existing coroner. In such case, of course, no vacancy will be declared, but in the meantime, various candidates are already in the field, among whom are Dr. Ambrose (Coroner for Essex), Dr. Bateman (Deputy-Coroner for St. Albans District), Dr. Beardmore,

(a) "Saint Bartholomew's Hospital Reports." Edited by Norman Moore, M.D., and Henry Power, F.R.C.S. Vol. xxvii. London: Smith, Elder and Co. 1902.

(b) "Anatomie Générale Appliquée de la Physiologie et de la Médecine." Par Xavier Bichat. Deuxième partie. Pp. 573. Paris: G. Steinheil.

Dr. Bryce, Dr. Freyberger, Dr. Major Greenwood, Dr. Guthrie, Dr. Houchin (Deputy-Coroner for East London), Dr. Bernard O'Connor, Dr. Oddie, Dr. Oswald (Deputy-Coroner West London and the Kingston District of Surrey), Dr. W. R. Smith (late Medical Officer of the London School Board), and Dr. M. H. Taylor (Deputy-Coroner for the South-Western District). Mr. Hodgkinson, solicitor, and now Coroner for the Eastern District of Middlesex, and Mr. Troutbeck, Coroner for Westminster, are also candidates.

Medico-Psychological Association.

At a meeting of the Medico-Psychological Association of Great Britain and Ireland, held on Friday, May 23rd, in the Royal College of Physicians, Dublin, Dr. Dawson, Farnham House, Finglas, Co. Dublin, was unanimously elected hon. secretary of the division for Ireland, vice Dr. Arthur Finegan, R.M.S., resigned. Dr. Finegan was, at the same meeting, unanimously elected to represent Ireland on the Council of the Association.

A Nurse's Action for Damages.

A CLAIM for damages brought against the *Sun* newspaper by the superintendent nurse of the Lambeth Workhouse was tried in the High Court last week, and the plaintiff was awarded £600. The circumstances were somewhat peculiar. It seems that certain allegations had been made against the plaintiff by a patient, and these were brought before the Guardians. The alleged libel lay in the fact that the report published by the *Sun*, under sensational headlines, only comprised the details of the charges, and omitted to add that the Guardians virtually dismissed the matter, thereby allowing it to be understood that the plaintiff had not made any answer to the charges. Perhaps this sharp lesson will render certain editors a trifle more careful before they attempt to obtain a *succès de scandale* at the expense of officers of hospitals and similar institutions.

Pathological Frivolities.

THE President of the Pathological and Harveian Societies (Mr. Watson Cheyne) and Mrs. Watson Cheyne held a reception on Tuesday of last week at the Royal Botanical Gardens, Regent's Park, which was attended by nearly 2,000 medical and other guests. The gardens were tastefully and lavishly illuminated, and in spite of the rather unsettled weather, the guests were enabled to enjoy an *al fresco* entertainment, enlivened by the strains of the London Heavy Cavalry Band (under the conductorship of Mr. A. E. Davies), who played a choice and varied selection throughout the evening. The more energetic were afforded facilities for exercising the "light fantastic toe," of which they availed themselves to the utmost within the limits assigned by space to their gyrations. It is to be hoped that the sick and the ailing did not suffer unduly in consequence of the absence from duty of a very large proportion of the consultants and practitioners of the metropolis. "Our hosts" may be congratulated on having provided a very charming evening.

St. Thomas's Hospital.—House Appointments.

THE following gentlemen have been selected as House Officers from yesterday (June 3rd, 1902):—

House Physicians.—T. B. Henderson, M.A., M.B., B.Ch., Oxon (Extension); H. S. Stannus, L.R.C.P., M.R.C.S. (Extension); H. W. Sinclair, M.B.Lond., L.R.C.P., M.R.C.S.; K. E. Crompton, B.A., M.B., B.C. Cantab.

Assistant House Physicians.—A. D. Hamilton, M.B. Lond., L.R.C.P., M.R.C.S.; C. H. Sedgwick, B.A., B.C. Cantab.

House Surgeons.—G. A. C. Shipman, M.A., M.B., B.C. Cantab., L.R.C.P., M.R.C.S.; B. S. Jones, L.R.C.P., M.R.C.S.; T. W. H. Downes, L.R.C.P., M.R.C.S.; F. J. Child, M.A., M.B., B.C. Cantab., L.R.C.P., M.R.C.S. (Extension).

Assistant House Surgeons.—J. Coates, L.R.C.P.,

M.R.C.S., A. C. Hudson, M.A., M.B., B.C. Cantab.; H. Spurrier, B.A. Cantab., L.R.C.P., M.R.C.S. (Extension).

Obstetric House Physicians.—(Senior) T. D. Miller, L.R.C.P., M.R.C.S.; (Junior) E. E. Roberts, M.B., B.Sc. Lond.

Clinical Assistants in the Special Department for Diseases of the Throat.—Z. Mennell, M.B.Lond., L.R.C.P., M.R.C.S. (Extension); B. E. Sansom, L.R.C.P., M.R.C.S., L.S.A. (Extension). Skin: H. A. Easton, L.R.C.P., M.R.C.S. (Extension). Ear: H. S. D. Browne, B.A. Cantab., L.R.C.P., M.R.C.S. (Extension).

Death from Hydrophobia.

MR. THOMAS BOWEN, residing at Garnent, Llanelly, died last week from hydrophobia. He was bitten in the hand by a fox terrier in August, 1900, and underwent treatment at the Pasteur Institute, at Paris. A lad who was bitten at the same time, and also underwent the treatment, remains in good health.

Society for the Study of Disease in Children.

WE are asked to announce that the provincial meeting of the Society for the Study of Disease in Children will be held at the Pendlebury Children's Hospital, Manchester, this year on Friday, June 20th, at 4 p.m., and so far the following communications have been promised:—"Some Remarks on Heart Disease in Children," by Dr. A. E. Sansom; "On Tendon Grafting, with Cases," by Mr. W. P. Montgomery; "On Splenic Enlargements, with Some Observations on the Blood," by Dr. Henry Ashby and Dr. George Carpenter; "Atresia of the Cornis Pulmonalis with Patent Septum Ventriculorum," by Dr. E. Cautley; "The Surgical Treatment of a Case of Infantile Paralysis of the Lower Extremity," by Mr. C. M. Gwynne (Sheffield); "Fleeting Amaurosis in Children Presenting Symptoms of Meningitis," by Mr. Sydney Stephenson. At the conclusion of the meeting the members and their friends will dine at the Queen's Hotel. The following day an excursion into Derbyshire has been so arranged that members will be able to return to town the same night, and those who intend to be present are requested to communicate with Dr. George Carpenter, Welbeck Street, W., as soon as possible. The annual general meeting of the Society will be held at the Hotel Cecil, July 16th, at 6.45 p.m., and will be followed by dinner at 7.30 p.m.

Pass Lists.

University of London.

THE following candidates passed the M.B. Examination during May; names arranged in alphabetical order:—

FIRST DIVISION.

Fedden, Walter Fedde | Harvey, Percival George

SECOND DIVISION.

Addison, Oswald Lacy	Haslam, Arthur Charles
Atkinson, Fred. Cecil E.	Hodgson, Stanley
Aubrey, Thomas	Houghton, Norris N. A.
Bain, Edward Walter	Howell, Francis Musgrave
Barber, Hugh	Jones, William Henry
Cambridge, Percy John	Longmead, Fred. Samuel
Chennells, Ernest Philip	Page, William Sydney
Clarke, Edward Murray	Phillips, Rees
Colwell, Hector Alfred	Pollard, Herbert Dean
Dunnett, Agnes Emma	Price, David Thomas
Evans, Erie	Rees, Morgan James
Evans, John	Savill, Philip
Fisher, Edward Fow	Stuart, Emily Gertrude
Forayth, David	Taylor, George Orissa
French, John Gay	Ward, Vere Godsalve
Gibson, Fred. Goulburn	Wellburn, Lucy
Hamilton, Arch. Douglas	

Notices to Correspondents, Short Letters, &c.

CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on *one side of the paper only*, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate, providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning corrected proofs.

DIABETIC COOKERY.

A CORRESPONDENT writes in reply to the query of "Anchettill," in our last impression, that Messrs. G. van Abbott & Sons (Baden Place, Borough, London, S.E.) give away to members of the medical profession, on application, a little book on diabetic cookery, dietary tables, composition of cereals, fruits, &c., for diabetic patients, which will probably answer "Anchettill's" requirements.

STATISTICIAN.—There is considerable doubt whether the seasonable flooding of low-lying districts, near rivers, &c., as alleged, directly concerned with a high cancer mortality. In many districts in England a high death-rate from cancer prevails where no such condition is present. Moreover, it is doubtful whether cancer—presumably a parasitic disease—depends in any way upon the geological formation of our country.

A COMMON OCCURRENCE.

WHEN a patient calls to see you,
Very anxious to be cured,
And he quite forgets to fee you,
Say, now, can this be endured?
Take a lesson from the lawyer,
He's not one to trust to fate;
No advice, nor pen to paper,
Till he's sure of "Six-and-eight!"
Doctors still are far too willing—
Give advice they can't afford;
Public even grudge a shilling—
"Virtue is her own reward!"

A. D.

PENETRATOR.—The incidents described in the novel are improbable from a medical point of view.

TUMBLERS v. TANKARDS.

THE glass tumbler is quietly but quickly displacing the metal tankard. This is clearly shown by recent statistical returns. In 1891-2, among all the numerous drinking-vessels used in public-houses, the number of glasses stamped and verified by the officers of the London County Council only amounted to 290,240. Last year, however, the number had increased to 2,024,154. The reign of stout flagons, pewter tankards, and earthenware drinking-cups is giving way to the dominion of glass tumblers. And this, in spite of any lachrymation from the poets and sentimental chroniclers, is not without its hygienic advantages. The popular form of drinking-vessel is readily cleansed, dirt is more readily detected, and, moreover, allows of a freer and clearer inspection of its contents. All these are advantages to personal comfort and public health.

THE initials of a majority of London doctors start with "B" and "S." As might be expected, "Z" is by no means a popular initial, and has nearly disappeared from the "Medical Directory." In Scotland and Ireland the prevailing initial is "M," while in Wales it is "J," for which, of course, the Macs, the Murphys, and the Joneses are responsible.

A BOGUS M.R.C.S.

A MAN called Richard Hingston has been recently fined £50 and costs for falsely holding himself out to be a member of the Royal College of Surgeons of England. The defendant maintained his right to the title, alleging that he had lost the diploma, which could not be replaced except on personal application and identification. The magistrate, however, disbelieved his statement, and fined him accordingly. It may be found useful to make a note of the name!

Meetings of the Societies, &c.

LONDON.

WEDNESDAY, JUNE 4TH.

OBSTETRICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8 p.m. Specimens will be shown by Dr. Lewers, Dr. A. Lea, and Dr. Williamson. Mr. M. Robson: Notes of a Case of Primary Ovarian Gestation (showing the specimen). Paper:—Mr. A. Doran: Pregnancy after Removal of both Ovaries for Cystic Tumour.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. Jackson Clarke: Clinique. (Surgical.)

THURSDAY, JUNE 5TH.

ROYAL SOCIETY (20, Hanover Square, W.).—8.30 p.m. Paper:—The President: The Sources of Phosphorescence.

NORTH-EAST LONDON CLINICAL SOCIETY (Tottenham Hospital).—4 p.m. Clinical Cases will be shown.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.)

FRIDAY, JUNE 6TH.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY (Society's Rooms West London Hospital).—9 p.m. Cases:—Dr. S. Taylor: A Case of Symmetrical Oedema of the Legs in a Man.—Dr. A. Saunders: Rheumatic Endocarditis in a Case of Transposed Viscera.—Dr. Beddard: Pulmonary Stenosis.—Dr. A. Saunders: Pulmonary Stenosis.—Dr. G. P. Shuter: A Case of Acromegaly.—Mr. J. E. Lunn: (1) A Case of Doubtful Congenital Dislocation of Hip in a Girl, with Skiagram; (2) A Case of Arteritis of the large Vessels with no Pulses at the Wrists in a Man; (3) Epithelioma of the Finger of a Man, with Sections for Microscope.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street, W.C.).—4 p.m. Dr. Jobson Horne: Clinique. (Throat.)

Vacancies.

Ayr District Lunacy Board.—Medical Superintendent. Salary £500, free house, coal, gas, vegetables, and washing. Applications immediately to Mr. J. E. Shaw, County Buildings, Ayr.

Bethlem Royal Hospital for the Insane.—Two Resident House Physicians for six months; board, residence, and washing provided, with an honorarium of £25. For fuller particulars, see Advt.

Bristol City Lunatic Asylum.—Medical Assistant, salary £140 per annum, with furnished apartments, board, and washing. Application to Edmund J. Taylor, The Council House, Bristol.

Cork Street Fever Hospital and House of Recovery, Dublin.—Assistant Registrar and Resident Medical Officer. Salary £60 per annum, with furnished apartments, board, and attendance. Immediate applications, to be addressed to the Chairman (see Advt.).

County Asylum, Whittingham, Lancashire.—Junior Assistant Medical Officer. Salary £150, with furnished apartments, board, washing, and attendance. Applications to the Medical Superintendent.

Fisherton Asylum.—Assistant Medical Officer. Salary £150 per annum, with board, lodging, and washing. Apply to Dr. Finch, Salisbury.

School Board for London.—Assistant Medical Officer, to give six half-days weekly to medical examinations. Salary £250 per annum. Immediate application (see Advt.).

Somerset and Bath Asylum, Cotford, Taunton.—Assistant Medical Officer. Salary £150 per annum, with furnished apartments, board, fuel, lighting, and washing. Applications immediately to the Medical Superintendent.

Staffordshire County Asylum at Stafford.—Junior Assistant Medical Officer, salary commencing at £150 with furnished apartments, board, &c. Applications to the Medical Superintendent.

Staffordshire General Infirmary.—House Surgeon. Salary £120 per annum, with board, lodging, and washing. Applications immediately to the Secretary, Meyrick Road, Stafford.

Wilts County Asylum, Devizes.—Assistant Medical Officer. Salary £160, with board, residence, attendance, and washing. Applications immediately to the Medical Superintendent.

Appointments.

ALLBUTT, CLIFFORD, M.D., F.R.S., Examiner in Medicine and Therapeutics for the Indian Medical Service.

BOGER, WILLIAM HENRY, L.R.C.P. Edin., M.R.C.S., Medical Officer for No. 4 District of the Liskeard (Cornwall) Union.

BROWN, Major E. HAROLD, I.M.S., M.D., Clinical Assistant to the Chelsea Hospital for Women.

COWDEN, W. J., M.D., B.U.L., Certifying Surgeon under the Factory Act to the Dromore District of the County of Down.

HAMMOND, WILLIAM, L.R.C.P., L.M. Edin., M.R.C.S., Medical Officer for No. 6 District of the Liskeard (Cornwall) Union.

HARDING, NORMAN E., M.B., Ch.B. Edin., Locum Assistant Medical Officer to the Durham County Asylum.

LEITE, B. CALDER, M.A., L.R.C.P. Edin., F.R.S. Edin., Examiner in Pathology and Bacteriology for the Indian Medical Service.

LOW, V. WARREN, M.D., B.S., F.R.C.S., Surgeon to the Out-patient Department of St. Mary's Hospital, Paddington.

MACCARTHY, BRENDAN, M.D., B.Ch., B.A.O. Dub., Permanent Medical Inspector on the staff of the Local Government Board at Londonderry.

MARSH, HOWARD, F.R.C.S., Examiner in Surgery and Diseases of the Eye for the Indian Medical Service.

MURRAY, B. MILNE, M.A., F.R.C.P. Edin., F.R.S. Edin., Examiner in Midwifery and Diseases of Women and Children for the Indian Medical Service.

POWELL, J. F., M.R.C.S., L.R.C.P. Lond., House Surgeon to the Victoria Hospital, Folkestone.

Deaths.

COTMAN.—On May 27th, suddenly, Dr. John Sell Edmund Cotman, of 141, Minories, London, E.C.

DOWN.—On May 29th, at his residence at Streatham, Geo. Down, M.D., late of Kensington and Kensington, age 83.

HUNTER.—On May 25th, at 28, Tedworth Square, Chelsea, suddenly, from bronchitis and weakness of heart, Eliza Hunter, elder twin daughter of the late John Charles Hunter, M.R.C.S., L.R.C.P., aged 65.

LOCKHART-GILLESPIE.—At Walker Street, Edinburgh, on May 29th, 1902, Marjorie Edith, aged nine months, daughter of A. Lockhart-Gillespie, M.D., F.R.C.P.E.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXIV.

WEDNESDAY, JUNE 11, 1902.

No. 24.

Original Communications.

OPTIC NEURITIS

WITH

PARALYSIS OF BOTH EXTERNAL RECTI

FOLLOWING

MIDDLE EAR DISEASE:

OPERATION, RECOVERY.

By MAYO COLLIER, M.S.LOND., F.R.C.S.Eng.,
Senior Surgeon to the North-West London Hospital.

ROSE H., *et.* 18, was admitted into the North-West London Hospital on June 10th last, with symptoms of acute suppuration in the right tympanic cavity following the removal of a small polypus from the ear. As an in-patient, four years ago, a polypus had been removed from the same ear with considerable benefit to an obstinate cough that had been unrelieved for a period of eight months. A discharge from this same ear was said to have existed since childhood.

This discharge apparently had existed off and on for fourteen or fifteen years, following an attack of measles. The hearing was defective, the watch being heard only at eight inches. There was no tinnitus. The left tympanum was normal, and the hearing good. The nose, naso-pharynx, and throat were healthy. The lungs, heart and abdominal organs were apparently free from disease.

On admission it was stated that ten days ago a polypus had been removed from the right ear by my colleague Mr. McGavin. Previous to this the patient had felt ill, had vomited occasionally, and complained of pain in the same ear and side of the face for the last three weeks. For the last three days severe frontal pain had set in, and with this double vision. The patient looked very pale and ill. The temperature on admission was 97.4°.

The pupils reacted well to light, and there was also slight internal strabismus on left side. Pulse was 60, regular, and of fair tension. The optic discs were swollen.

On June 12th the report by Mr. Pritchett, the house surgeon, was that the internal strabismus seemed more marked yesterday and to-day.

There was no pain or tenderness behind the ear. A yellowish-white offensive discharge was passing from the ear. The patient had only vomited once since admission, and this was after taking medicine.

13th.—The report was that the patient had only vomited once since last note; the frontal headache was not so severe. The pulse was 72, the temperature subnormal, no pain in ear, mental condition good, discharge not so offensive.

14th.—Had vomited twice yesterday; had complained of nausea all day. Paralysis of R. external rectus noted at 5 p.m. previous day.

15th.—Headache increased after the eye had been examined with the ophthalmoscope. Patient had vomited once, had slept well, and condition in other respects same.

17th.—Vomited twice, no headache, bowels very difficult to move.

18th.—About the same.

19th.—Dr. Collins, the ophthalmic surgeon to the hospital, reported: "Paralysis of both external recti, iridoplegia, with early neuro-retinitis in both eyes." There had been no vomiting or headache since last report, but the patient was drowsy, disinclined to take food, and was evidently losing ground.

After a further consultation with my colleagues, Dr. Harry Campbell and Mr. Jackson Clarke, I decided to take the less severe course of opening the mastoid and tympanum and clearing out the offensive contents. The patient was put under gas and ether, and a curved incision made behind the ear, and deepened till bone was exposed. The trephine was applied over the mastoid antrum, and on the button of bone being removed, offensive pus welled up from the opening. This was enlarged, and the antrum was found full of granulations, stinking, steatomatous concretions, and offensive pus.

The tympanum and epitympanic space were cleared of their contents, well cleansed, and disinfected.

No opening could be found leading into the cerebral cavity. The posterior wall of the auditory canal was removed, and the mastoid tympanum and epitympanic space made one cavity.

The wound in the skin and periosteum was closely adjusted, and the cavity drained by a large opening in the floor of the concha. The note on the day after the operation says: The patient vomited twice during the night. Did not sleep. Is now quite conscious. The ocular paralysis is the same as before operation. There is tenderness and pain behind the ear. The temperature is 97.4°; pulse, 80, regular, and fairly strong.

22nd.—The pain and tenderness behind the ear had subsided, there was no vomiting or headache, and the wound had healed. The discharge from the drain was small in amount, and quite sweet. Towards evening the patient vomited continuously, the vomit apparently coming up without any effort. The temperature was 99.4°.

On June 24th everything seemed satisfactory. Temperature was normal, and there was no headache, pain, or vomiting. Both eyes were in the same condition. The patient looks and feels better. On the 25th there was redness, swelling, and tenderness over the mastoid, just below the incision, and tenderness on the right side of the neck.

On the 26th a quantity of pus was evacuated from an opening behind and below the ear.

On July 1st, the report says: No change in ocular symptoms, no pain in head, and no vomiting. Temperature subnormal. Bowels moved naturally

once yesterday. Sleeps well, and takes all her food. On July 12th there was slight movement in both external recti, first noticed yesterday.

July 15th.—Both external recti were acting perceptibly.

27th.—Patient left the hospital. The ear was practically healed and free from discharge, and both external recti were moving nearly to their normal extent. There was still double vision and slight internal squint. General condition was good.

The optic neuritis was subsiding, and the vision had improved.

Being quite in the dark as to the pathology of the neuritis and rectus paralysis, I took the earliest opportunity of bringing the notes and facts before the British Laryngological Association, with the object of obtaining the opinions of the Fellows on the probable reading of the case.

Dr. Lodge said he had seen a similar case in a boy, *æt.* 10, with chronic mastoid disease. For several months afterwards, there was very marked double optic neuritis with paresis of both external recti. I presume this case recovered. My colleague, Dr. Hawthorne, made a most valuable contribution to the debate, and whatever light was thrown upon the pathology was due to him. He suggested a thrombosis of the cerebral sinuses or veins, or both, similar to what was very occasionally observed in cases of chlorosis, and in support of his suggestion related the following case:—

A girl, *æt.* 17, distinctly though not markedly anemic, and admitting some measure of menstrual irregularity. She was free from all evidence of disease in the thoracic and abdominal viscera, and ultimately made a complete recovery.

In short, with the exception of two facts, yet to be related, there was nothing to separate the case from the numerous examples of chlorosis seen by every practitioner. These two facts were diplopia and double optic neuritis.

The double vision was of sudden and recent origin (fourteen days), and was found to depend on a paralysis of the external rectus muscle of the right eyeball. Visual acuity was normal.

There was a slight degree of hypermetropia, and the ophthalmoscope revealed considerable optic neuritis in each fundus. Still later there were retinal changes in the macular region, with depreciation of visual power. After a few weeks' treatment, with rest and the administration of iron, normal vision was regained, the optic neuritis subsided, and the ocular paralysis entirely disappeared.

The lesson to be learnt from this case is a valuable one. Nausea, vomiting, pain in the head, and abnormal temperature may certainly be symptoms pointing to cerebral complications. Optic neuritis with implication of cranial nerves would undoubtedly be so. These, in conjunction with a chronic and stinking discharge from the ear, would naturally point to cerebral infection. Yet apparently this was not so, or if so, to such a limited extent as not to warrant interference with the cerebral contents.

Suicide of a Medical Resident.

An inquest was held at Guy's Hospital last week on the body of Edwin Stott, M.R.C.S., L.R.C.P., resident obstetric assistant at the hospital, who had committed suicide by cutting his throat with a penknife. A verdict of suicide when temporarily insane was returned, and the jury expressed their sympathy with the relatives.

Threepence a Case!

DR. JOSEPH DAVIES, one of the medical officers to the Swansea Board of Guardians, has just resigned his position, on the ground that his salary of £100 a year worked out at about threepence a case, his salary last winter having been entirely absorbed by cab fares.

NOTES ON A CASE OF BRAIN ABSCESS FOLLOWING MIDDLE EAR DISEASE. (a)

By R. H. WOODS, M.B., B.Ch., F.R.C.S.,
Laryngologist to the Richmond Hospital.

A PATIENT, *æt.* 28, a railway guard, was admitted to the Richmond Hospital. For a fortnight before his admission there was a discharge of fetid pus that ceased just before his admission to hospital, when he was attacked with a violent and sharp headache. He was then admitted to hospital under the impression that probably he was suffering from typhoid fever. His condition was as follows:—He looked very dazed, his pupils, especially the right, were dilated, but reacted slowly to accommodation and to light. The tongue was covered with a thick fur, brown in the middle and white towards the tip and edges. He was perspiring freely, and the body was covered with a sudaminous rash; he complained of great pain in the abdomen, especially in the right iliac region; a loud systolic murmur was to be heard in the mitral area, and could be followed into the axilla; the upper angle of the left posterior triangle of the neck, just at the base of the skull, was very tender, especially on firm pressure. He had no paralysis, motor or sensory. At Dr. O'Carroll's request I examined him on September 30th, when the body was almost bathed in sweat. His breath had a very disagreeable odour, and the teeth were covered with sordes. He frequently lost consciousness, was unable to recognise his relatives, and was very restless, getting out of bed and tossing the clothes about. Cerebration was slow; even in his more lucid moments it was difficult to get him to answer questions coherently. When asked his address he gave a former one, and he was unable to recognise familiar objects, though he understood and could tell their functions. Thus when shown a bunch of keys he could not by any effort think of their name, though when asked what they were for he had no hesitation in replying that they were for opening locks of doors. Similarly, when shown a pocket-knife, without being able to say what it was, he could tell that it was useful for cutting tobacco, but, if in the same moment he was shown tobacco, he had the same difficulty in naming it as if he had not used the term at all. Or, if one persisted in the question, he might call it an overcoat or a walking stick, or something equally absurd, though he was quite aware it was used for smoking or chewing. His pulse was feeble, but not frequent. He was emaciating rapidly in spite of the fact that he took fluid nourishment fairly well. He complained of thirst, a bad taste in the mouth, and of frontal and occipital headache. He was on one occasion observed to have a slight degree of opisthotonos during a rigor. Ophthalmoscopic examination showed that he had double optic neuritis. The urine (*sp. gr.* 1037) was acid, and there was a precipitate of urates and a trace of albumin, but no sugar. His temperature was now taken every four hours, and the difference between the curve on the ordinary clinical chart and that of the four-hourly chart was most marked and most instructive. The ordinary chart, which, for curiosity's sake was marked at the same time, showed a curve varying two or three degrees from day to day without any regularity, and so devoid of character that absolutely nothing could be learnt from its inspection or, worse still, whatever was learnt was wrong. Some idea of its deception may be formed from the fact that on October 3rd, when the patient was at his worst—as shown by the four-hourly

(a) The subject of a communication to the Otological Society at its meeting in Dublin, May 31st, 1902.

chart—his maximum and minimum temperatures for the day differing by 8.5° F.—the ordinary chart told nothing more than at a certain hour in the morning his temperature had been 98° F., and in the evening 99° F., a not very serious condition, if the chart was the only guide to one's opinion. This is as good an illustration as one can have of the danger of using ordinary charts where intracranial pyogenic trouble is suspected. On examining the four-hourly chart it will be seen that on the days immediately preceding the first operation there was the most marked similarity between the sequence of events. On each day the morning temperature was subnormal by a degree or even two, in the middle of the day a rise coincident with rigor occurred, the temperature passing 104° F. followed by a fall to subnormal again as night approached. After we had thus observed him for a few days, there seemed to be no doubt that whether he had typhoid fever or not he was suffering from intracranial mischief, the result of the suppurative ear disease, and from the character of the temperature chart, the tenderness in the posterior triangle of the neck, and other symptoms a diagnosis was made of sigmoid sinus thrombosis.

On October 5th, 1895, the patient being too ill for removal to the surgical hospital, he was chloroformed in bed. A vertical incision was made immediately behind the left ear, and the bone being removed from Birmingham's triangle with mallet and gouge, the mastoid antrum was exposed. From this cavity a quantity of foetid cholesteatomatous debris and granulation tissue was removed and exit given to a few drops of greenish pus. The antral walls were inspected but no matter could be seen escaping. The bony opening was then enlarged backwards until the groove for the sigmoid sinus was opened up. The sinus was split open and the clot removed. The dura mater was then lifted gently away from the bone in various directions. An abscess was found on the cerebellar aspect of the petrous bone and about two drachms of foetid pus evacuated. The cavity was syringed out with carbolic lotion, a drainage-tube inserted, and the outer portion dressed with iodoform gauze. The patient was much benefited by the operation, but not, however, as much as was expected. His mental condition remained blurred. It was concluded that there was yet another lesion, probably brain abscess, unrelieved. The symptoms pointed rather to the cerebrum than the cerebellum as the seat of the trouble, but the fact that I had already found pus in cerebellar fossa made me believe the cerebellum to be the more likely place. I, however, decided to place the exploratory wound so as to have access both to cerebrum and cerebellum. The second operation was performed on October 7th. A trephine hole was made behind and above the mastoid process opening, directly over the lateral sinus, so that access could be had both above and below the tentorium. Great care was taken to prevent contamination from the mastoid wound which was now discharging foetid pus. A hollow needle was passed into the cerebellum three times with negative results, and consequently it was decided to try above the tentorium. The punctures in the dura mater were therefore sealed by being liberally sponged with compound tincture of benzoin to ensure against contamination from the neighbouring pus. In order to get quite clear of the lateral sinus, it was found necessary to enlarge the trephine hole slightly upwards by taking a half-moon out of its upper edge; this having been done the temporo-sphenoidal lobe was tried, and at the third insertion of the needle we were rewarded by the appearance of pus. A crucial incision was made in the dura mater, and a pair of catch forceps entered along the track of the needle and redrawn with the

blades open. Exit was thus given to over four drachms of horribly foetid pus, together with numerous brain sloughs. The cavity was washed out with a weak carbolic lotion, and a drainage-tube inserted. Notwithstanding the fact that he had a mitral murmur, we felt bound to give him chloroform rather than ether at both operations on account of the unsuitability of the latter in such cases, and it is worth noting that he took the anæsthetic perfectly. The patient made steady if somewhat slow progress to complete recovery. He remembered nothing of the two operations, nor the fact that he had consented to their performance. The only permanent effect left behind is that though his mental condition is perfectly clear he is inclined to be what I would call "huffy." On the slightest provocation he is inclined to consider himself injured. He was discharged from hospital on December 14th, 1896, and returned to his work a couple of weeks afterwards. About twelve months ago he was transferred from one station to another, and came to the conclusion that the transference was brought about by some enemies of his, although, as a matter of fact, he was getting lighter duty than what he had been doing. Sooner than submit to it he resigned, but was very sorry for it afterwards. At present he is in full possession of all his faculties.

The Ingleby Lectures

ON

CHRONIC HYPERTROPHY

OF THE

FAUCIAL AND PHARYNGEAL LYMPHOID OR ADENOID TISSUES.

Delivered at the University, Birmingham, May 27th.

By F. MARSH, F.R.C.S.Eng.,

Surgeon to the Queen's Hospital and to the Ear and Throat Hospital, Birmingham.

ABSTRACT OF LECTURE I.

AFTER due mention of the life and labours of Dr. Ingleby, the lecturer proceeded, in accordance with the wishes of the founder, to speak of conditions peculiar, at all events to a great extent, to childhood, viz., Hypertrophy of the Faucial and Pharyngeal Lymphoid or Adenoid Tissues:—

I have selected this subject as being one of great interest to those engaged in the general work of our profession and as one upon which I am able to speak with some authority. The structure of these lymphoid tissues consists of a network of loose connective tissue in the meshwork of which are lymphatic follicles and also, according to Sajous, some conglomerate glands. They are covered with cylindrical epithelium and are richly supplied with blood vessels. They occur as distinct and well-defined, rounded masses between the anterior and posterior pillars of the pharynx—the faucial tonsils—as an irregular layer across the upper part of the posterior wall and vault of the naso-pharynx—Luschka's tonsil—and as scattered patches over the posterior and lateral walls of the pharynx, sometimes in the latter situation extending downwards as distinct bands from Luschka's tonsil, behind the posterior pillars of the pharynx. There are also two patches at the base of the tongue in the glosso-epiglottidean fossæ known as the lingual tonsils, but which are outside the scope of these lectures. These tissues during inflammatory catarrhal attacks increase in size, and are also very prone under certain conditions to overgrowth or hypertrophy—and it is this latter

condition alone as distinct from the former that I purpose to speak about.

The faucial tonsils when hypertrophied are generally spoken of as "enlarged tonsils." Hypertrophy of Luschka's tonsil has gone by many names: "adenoid vegetations in the naso-pharynx," "adenoid growths," "post-nasal growths" (or "growths" for short), "post-nasal adenoids," and now "adenoids." This last is a short and convenient name, and so long as the true nature of the condition is kept in mind there can be no valid objection to its general use. "Enlarged tonsils and adenoids" is now a common way of denoting this hypertrophy of the two groups of tonsils. Hypertrophy of the scattered patches and lateral bands in the pharynx is usually termed "chronic follicular or granular pharyngitis." It may be said that there is practical agreement that "enlarged tonsils and adenoids" are usually associated, that they occur essentially in childhood and adolescence, and that they are almost equally prevalent in the two sexes. Considerable diversity of opinion, however, exists as to the influence or importance of most of the assigned causes—viz., heredity, scrofula, lymphatic temperament, climate, anterior nasal stenosis, cleft palate, vaginal secretions at birth, the acute exanthemata, whooping-cough, and nasal and naso-pharyngeal catarrh. Heredity (including both the transmission of a special tendency to this hypertrophy, of which some well-marked instances have come under my notice, and the liability of children with a tuberculous family history to lymphatic affections) is certainly a cause, and that it may be the only one is shown by the occasional manifestation of the symptoms from the time of birth. Climate is undoubtedly a most important factor. The atmosphere in large cities and for miles around is laden, more or less, with irritating ingredients—particles of carbon, acid fumes, &c.—and the constant passage of these impurities over these tissues, so sensitive to stimulation, is sufficient in itself to produce over-growth. Add to this a winter climate—though the word "winter" might almost be omitted—of rapid alternations of temperature, periods of cold winds, wet, fog, and gloom, with only occasional intervals of dryness and sunshine, and you have ideal conditions for the production of acute catarrhal inflammations—rhinitis, adenoiditis, and tonsillitis. Let only these attacks be repeated, or, above all, neglected, as is so often the case with the masses, and you soon have a chronic tonsillitis and adenoiditis with the inevitable hypertrophy as a sequel. A cold, moist climate, clay sub-soil, &c., is a sufficiently exciting cause altogether apart from the effect of the vitiated air of large towns. Measles, scarlet fever, whooping-cough, and influenza are active exciting causes, the first symptoms often dating from one of these illnesses. Anterior nasal stenosis is considered by some authorities to be a predisposing and even an exciting cause of adenoids, but a careful examination of a very large number of children with adenoids sufficient to cause almost complete nasal stenosis has shown the nasal fossæ to be generally patent, and only stenosed anteriorly in cases where catarrh has been present as well. In fact, my observations have led me to the conclusion that anterior stenosis from turbinate congestion, &c., is either concurrent with an adenoiditis or a result rather than a cause of the hypertrophy. Deflections of the septum sufficient to cause anything like complete stenosis are very rare in children. To sum up, heredity, bad climate, bad hygiene, bad feeding, and neglected colds will account for the majority of cases.

The age at which the hypertrophy takes place, or rather causes symptoms requiring treatment, is shown by the following table of 1,000 cases operated upon by me at the Birmingham Ear and Throat

Hospital from January 1st, 1899, to January 15th, 1902—a little over three years. Of the 1,000 cases 556 of the patients were females and 444 were males, and 816 were under and 184 were over 16 years of age. The youngest patient was 14 weeks old and the oldest was 36 years old.

Table of 1,000 Cases of Hypertrophy Operated upon at the Birmingham Ear and Throat Hospital between January 1st, 1899, and January 15th, 1902.

Age.	Number.	Age.	Number.
In the first year ...	9	In the twelfth year ...	57
" second year ...	17	" thirteenth year ...	49
" third year ...	48	" fourteenth year ...	41
" fourth year ...	74	" fifteenth year ...	34
" fifth year ...	105	" sixteenth year ...	39
" sixth year ...	76		
" seventh year ...	71		816
" eighth year ...	55	Over 16 years of age ...	184
" ninth year ...	51		
" tenth year ...	53		1,000
" eleventh year ...	37		

An analysis of the 816 cases among patients under 16 years of age shows that the greatest number were in their fifth year, those in their sixth, fourth, and seventh years ranking next. Considerably over one-third, therefore, of the 816 cases occurred in these four years.

Although in children enlarged tonsils are nearly always associated with adenoids it will be most convenient to consider the special characteristics, symptoms, and treatment of each separately.

The clinical importance of enlarged tonsils has been recognised for a great number of years, but symptoms were assigned to them which were in reality due to adenoids—then unknown. Consequently, tonsillotomy often failed to give more than partial relief and became to some extent discredited. Disappointed parents attributed to the operation the poor development of the thorax, the sexual organs, and mammae in girls, and the tradition still lingers. An occasional protest against removal of the tonsils is still made on these grounds.

In size, shape, and consistence enlarged tonsils vary much, but they may be arranged in three groups: (1) where the hypertrophy is chiefly in the horizontal diameter—the projecting tonsil; (2) where the hypertrophy is chiefly in the vertical diameter—the elongated tonsil; and (3) where the hypertrophy is chiefly in the antero-posterior diameter—the broad, sessile, or flat tonsil. These types may, and often do, approach each other and are found in combination with one another, the most frequent being the elongated with the projecting. This occasionally has in exaggerated forms the appearance of a double tonsil. This is probably due to the persistence of the lower of the two furrows which, according to Killian (a) are present at birth. Persistence of the upper furrow is more common, and without careful examination its circular edge might be mistaken for the edge of an excavated ulcer. (b) The surface of the tonsils may be even and of a fairly normal aspect or ragged with large and irregular openings into the crypts. Very rarely it is papillated, as in these two tonsils removed from a girl, æt. 5, where the surface is covered with projecting papilli, some half an inch long, and an appearance that might be mistaken for multiple papillomata. The consistence may be normal, dense and fibrous, or soft and mushy, according to the predominance of the fibrous or lymphoid tissues. The older the patient the more fibrous the tissues, as a rule, but much depends on the occurrence and length of chronic inflammatory attacks. The secretion from the follicles may be caseating and retained in the crypts and recesses of the tonsils. The pillars of the fauces may from previous inflammatory attacks be

(a) Archiv für Laryngologie, vol. vii.
(b) Dundas Grant: Brit. Med. Jour., vol. ii., 1901

more or less adherent to, and in marked cases almost blended with, the tonsils, especially in the sessile variety.

The symptoms caused by enlarged tonsils may be classified as (1) obstructive, (2) catarrhal, and (3) reflex.

1. *Obstructive Symptoms.*—The size alone of the tonsils may cause considerable mechanical trouble. Swallowing when the projecting tonsils are in apposition is rendered difficult—a special effort has to be made by the child to get the food out of his mouth, and in extreme cases fluid only can be swallowed, and that with difficulty. Under similar conditions buccal respiration is much impeded (a serious matter if nasal stenosis from adenoids coexists) and the voice is thick and indistinct. In some cases the palate is pressed upwards to such an extent that the action of the palato-tubal muscles is impeded and deafness results from imperfect middle-ear aëration.

2. *Catarrhal Symptoms.*—The crypts and recesses, especially in those forms where lymphoid tissue predominates, are suitable places for the lodgment of the catarrh microbe—the pneumococcus and other micrococci akin to it—and form “centres” for catarrhal attacks. The microbe, probably ever present, waits only for some diminution of tissue resistance, such as an exposure to cold will produce, to exert its maleficence. The catarrh may either keep localised, causing tonsillitis and exaggerating or producing obstruction, or in those of less resisting power may extend to adenoids, if present, causing adenoiditis, and from there to the middle ear or to the nasal cavities or downwards to the organs of respiration or digestion, according to the constitutional peculiarity or tendency of the individual. Owing to absorption of toxin generated by the catarrh microbe or the passage of the microbe itself through the lymphatics, the lymphatic glands corresponding to the tonsils (the upper set of the deep cervical group) often become inflamed and enlarged. In the slighter cases the glands enlarge during catarrhal attacks and subside with the disappearance of the catarrh. In others the glands do not disappear on the subsidence of the catarrh, but remain distinctly enlarged and become larger and tender on pressure during every subsequent catarrhal attack but with little or no tendency to break down or to suppurate. In the more severe cases there is from the first a decided tendency for the glands to break down and suppurate. This variation is due to the difference in the resisting power of the individual and the intensity and amount of the toxin absorbed. Tonsillotomy prevents these attacks and if promptly done at the outset may arrest the progress towards suppuration. Glands, too, that have been enlarged for a considerable length of time often gradually diminish in size and disappear after tonsillotomy.

3. *Reflex Symptoms.*—The only reflex symptom that I have been able to attribute to enlarged tonsils is “cough.” This may be short, dry, or hacking in character and almost constant, or occurring in paroxysms and distinctly spasmodic in character. It is difficult when “adenoids” are also present to say to which group the credit of the reflex should be given, but every now and then cases occur—such as the following—which seem to point definitely to the tonsils as a cause.

The diagnosis is simple. The possibility of tonsillitis accounting for the whole or part of the symptoms must be kept in mind; the presence of febrile symptoms and the inflamed aspect of the tonsils will clear up this point. A thorough examination should in all cases be made, the surface and condition often being of more importance than the actual size. When the examination has been completed (which should in-

clude the buccal cavity, pharynx, naso-pharynx, nose, ears, and lymphatic glands) the tongue depressor should be pressed backwards until the child retches; this brings the tonsils into relief and, especially in the flat forms shows, their full extent and condition.

The treatment resolves itself into the question of operation or not. The fact that the tonsils project a little more than is usual does not render tonsillotomy either necessary or advisable. It should be undertaken solely for the relief of some definite symptom or symptoms which cannot be satisfactorily treated by other means.

I consider operative treatment necessary when the tonsils are so large that they mechanically cause some obstructive symptom, even if otherwise healthy—when they are the centres for frequent or prolonged catarrhal attacks, or acute inflammatory attacks; when they are the cause of lymphadenitis; when the crypts and recesses are filled with caseating secretion which does not yield to treatment; when they are the probable cause of a troublesome reflex cough. I consider it advisable when an adenoid operation is necessary, even if the hypertrophy is not very marked.

The operation of tonsillotomy in children is now seldom performed, except under an anæsthetic and in conjunction with an adenoid operation. The question of the anæsthetic, therefore, will be dealt with when the latter question is considered. Tonsillotomy alone may, however, be necessary in older children. Then local anæsthesia induced by applying a 10 per cent. solution of cocaine or eucaine is all that is needed, but if the child is nervous and sensitive nitrous oxide gas may be employed and will give ample time.

Various methods have been devised for the removal of the enlarged tonsils—a blunt-pointed bistoury and Volsellum forceps were used in early times and are still by some surgeons. The operator stands in front of the patient, seizes the left tonsil with the Volsellum forceps, which are held in the left hand, and draws it towards the middle line and removes as much tonsil as possible by cutting upwards with the bistoury. If the surgeon is ambidextrous the right tonsil may be removed in a similar manner, the forceps now being held in the right hand; but if not ambidextrous it will be necessary for him to stand behind the patient. For a tractable child with projecting tonsils this method may be satisfactory, but the combination is not a common one, and doubtless it was to overcome this difficulty that guillotines were invented. The earliest forms were very ingenious, and consisted of a concealed ring knife and a transfixing spear, so attached that the tonsil was levered inwards whilst the ring knife cut through it. I am under the impression that the credit of this invention should be given to a French surgeon named Matthieu. His name is still associated with the instrument, although there have been many modifications with many names attached to them—Luer, Beehag, &c. To the late Sir Morell Mackenzie we owe the introduction of the spade guillotine, and this type, though modified in many ways, and not always to the improvement of the instrument, has nearly displaced the French one. It is simple in construction, and can be used with the patient in any position, and with or without light. If properly used no difficulty will be found in removing the greater part even of the flat forms of tonsils. In my own practice I always use Mackenzie's pattern, from five to six inches in length, and with a well-balanced metal handle. The method of using it is all-important. If the patient is in a sitting posture the head must be steadied by an assistant, who must make steady pressure just beneath and behind the angle of the lower maxilla at the time of the removal of the tonsil. The operator should stand in front of the patient for the removal

of the left tonsil, to the right and slightly behind for the removal of the right tonsil, unless he is ambidextrous or has a reversible handle to the guillotine. The guillotine should be warmed by dipping it in hot water. The first step is the proper engagement of the tonsil, and here care must be taken to first encircle the lower edge. The second step is to press firmly the guillotine outwards, and the third to press sharply home the blade with the thumb. These movements, though distinct, should be performed almost as one—steadily but rapidly.

The causes of inefficient removal or failure are due generally to a non-recognition of the first two movements and to the use of too large a guillotine, or more rarely to adhesions between the tonsils and the pillars of the fauces preventing proper engagement with the guillotine. When this latter is the case it is sometimes necessary to separate the adhesions prior to tonsillotomy. After removal the severed tonsil generally adheres to the guillotine, and very seldom gives trouble by falling into the patient's pharynx, even in the lying down position. If the patient is in this latter position both tonsils can be removed by the operator standing on the right side or behind the head for the removal of the right tonsil if he prefer. If the patient is under an anæsthetic a gag must be used, and it may be necessary to change it to the other side of the mouth after the removal of the first tonsil. If, however, it is carefully placed and managed by an anæsthetist who has had experience in these cases the change is seldom required. In a combined tonsil and adenoid operation the question arises which should be first removed. This depends upon the size of the tonsils; if these are so large that they would interfere with the free exit of the curette or other instrument with the adenoids they must be operated upon first, but if not it is better first to remove the adenoids.

After the operation no portion of tonsil should be seen projecting beyond the pillars of the fauces—preferably there should be a distinct hollow. Removal of a superficial slice is not enough; the greater part of the enlarged tonsil must be removed, a small pad only being left. It has happened to me on three or four occasions to enucleate completely a tonsil with the guillotine, the blade—probably not over sharp—slipping over a convex surface not so embedded as usual. I have not known of any detriment following this, such as lodgment of particles of food in the hollow left, injury to the internal carotid by a sharp fish or other bone caught between the pillars of the fauces, or undue approximation of the pillars of the fauces. These are possible consequences, and to obviate them a small pad of tonsil tissue should be left.

Other methods of operation—viz., with tonsil scissors, the cold wire snare, the *écraseur*, the galvanocautery snare, morcellement, and crushing—may be occasionally advisable in adults, but as yet I have not found it necessary to adopt any of them in children. In a few cases in older children I have, when tonsillotomy has been much dreaded by anxious parents, employed ignipuncture with the galvanocautery. A straight point is used and inserted into the substance of the tonsils, previously well cocaineated, at a bright red heat. It is not advisable to make more than two punctures at one sitting, and usually three or four in all will suffice to achieve the desired result.

The risks of a well-performed tonsillotomy are practically *nil*. It is impossible to wound the internal carotid artery either with a guillotine or with a blunt-pointed bistoury if ordinary care be used (a sharp-pointed one should never be used). The immediate hæmorrhage is at times free, especially if the whole of the tonsil is by any chance enucleated,

but it generally ceases of itself, and I have never yet had occasion to tie a vessel or ever had any anxiety about it. Recurrent hæmorrhage—that is to say, hæmorrhage occurring within the first twenty-four hours after operation—is more serious; a large quantity of blood may be swallowed before the patient or the nurse is cognisant of it; in one or two instances I have known it continue to syncope before medical assistance could be obtained.

The first step in the treatment is to ascertain exactly the origin of the hæmorrhage, whether it is from a single vessel, in one or both tonsils, or a general oozing from one or both. If the former a pair of Spencer-Wells' forceps should be clamped on and left *in situ*, but I have never had occasion to do this in the case of children. If caused by a general oozing the bleeding surface should be well swabbed with adrenalin solution, and chloride of calcium in from 5 to 10 grain doses, according to the age of the patient, should be given every hour until the bleeding stops. If the application of adrenalin does not suffice firm pressure should be made over the bleeding stump with a pad of lint, with or without adrenalin, and kept in position either by the finger or a pair of forceps, but I rely much on the calcium chloride. In one case where there was a distinct hæmophilic history I gave it for some days prior to the operation with a very satisfactory result, and I now frequently give it to adults beforehand as a precautionary measure.

True secondary hæmorrhage is rare, but it does occasionally take place, even as late as the sixth day, from the opening up of a small vessel during the separation of a slough.

Another risk, also a small one, is sepsis, with its probable complication, septic pneumonia. It is impossible to sterilise the patient's throat prior to operation, but possible sources of infection, such as carious teeth, alveolar abscess, &c., should be looked for and removed. Instruments can be and should be sterilised, and the surgeon's hands rendered as aseptic as possible. Sponges, if used, should receive the most careful cleansing and sterilising; personally, I never use them, but employ a swab of cotton lint wrung out of hot water for what mopping out is needed.

The patient's condition at the time of operation is also important. The operation is one of election, and a time should be chosen when the patient is well and free from any febrile condition—when his tissues are in a fairly good state of resistance. The better his resisting powers the smaller the risk of sepsis. It need hardly be said, too, that the patient should be placed in the best hygienic surroundings that his circumstances will admit.

The treatment after operation is simple. The essentials are: (1) Avoidance of exertion immediately afterwards (a fertile cause of recurrent hæmorrhage); (2) an equable temperature during the healing process (to prevent catarrhal attacks); (3) suitable diet; and (4) the use of a cleansing wash. The operation should therefore be performed at home or in a hospital, and the child should be put straight to bed afterwards in a warm room and kept there for at least three days and indoors the rest of the week unless the weather is exceptionally warm. Nothing hot or hard should be given; the first day sterilised milk only—cold or lukewarm; slop diet the next two days; then, if the child is doing well, ordinary light diet. If the throat is very painful when swallowing one-twelfth of a grain of cocaine lozenge may be given before meals, or the throat may be sprayed with a weak cocaine solution, but this is seldom needed. After food the mouth and throat should be washed out or sprayed with an alkaline antiseptic solution.

Should sepsis happen an examination will show

the stumps of the tonsils covered with an ashy grey slough. The parts which surround the palate, uvula, and pillars of the fauces will be red, swollen, and flecked with whitish patches, the tongue will be furred, and the breath offensive, the cervical glands will be painful and enlarged, the throat will be painful, especially on movements of deglutition, febrile symptoms will be marked, and possibly ushered in with a slight rigor. When this happens a full dose of calomel should be given at once and after its action quinine or perchloride of iron. If the child is old enough and able to gargle the mouth and throat should be frequently washed out with an alkaline antiseptic wash, such as borax, chlorate of potash and thymol, or with solution of chlorine. If the child is unable to gargle the throat should be frequently sprayed with a similar solution and iodoform or one of its odourless substitutes insufflated over the sloughy surface. The strength of the child must be maintained by good nursing and feeding, and a careful watch should be kept for any lung or other complications. A sloughy surface is often present in delicate children, but without any spreading inflammation or febrile symptoms, and it clears gradually without special treatment as the healing progresses, and can hardly be called septic. Whenever sloughing occurs there is the possibility of secondary hæmorrhage during the separation process.

In the slighter cases, where operation is not needed, and in the few where for some reason or other operation is inadvisable, local and constitutional treatment should be instituted; cleansing gargles or sprays should be used, followed by the application of astringents, glycerine, and tannic acid, hydrastis, &c., and iodine and iron, cod-liver oil, malt, and hypophosphites should be given internally. A long stay at the seaside or in the country often brings about a remarkable change for the better.

Clinical Records.

JERVIS STREET HOSPITAL.

Notes on a Case of Acute Ascending Paralysis.

Under the care of W. J. THOMPSON, M.D.,
Physician to the Hospital.

J. A. was admitted to Jervis Street Hospital on March 5th with the following history:—He was æt. 62, had always been strong and healthy, denied ever having any venereal disease, and had a good family history. He was a drayman by occupation, and as such was frequently exposed to heavy wettings, severe colds, and all the ordinary variations of this climate. This winter he felt the cold more than any other season. He was temperate in his habits, and had been in the same employment for thirty-two years.

For some days before admission he felt his feet and legs "numb," with a prickly sensation in them, and he had slight difficulty in walking. This condition, he states, was most marked in the morning. The day before admission he had to give up work, as he was unable to walk. When he came under observation the legs were paralysed as far as the knees; the superficial and deep reflexes were lost, and there was no disturbance of sensation. He did not complain of any pain in the legs, nor was there any on deep pressure. There was no pyrexia; all his organs were healthy, and no splenic enlargement could be made out. On March 8th (three days after admission) the paralysis had extended up the whole leg, and was preceded by the numbness and prickly sensation. On the 12th the muscles of the back became affected, and he lost control of the sphincter of the bladder but not that of the rectum. On the 18th the arms, the diaphragm, and intercostal muscles were engaged. He gradually developed into a state of mental dulness and had a good deal of low delirium, especially at night. His condition

was that of universal palsy, save for a little respiratory power. He was, however, able to swallow fluids but not solids. An examination of the blood at this time revealed nothing unusual, the fundus oculi were practically normal, and there was no rise of temperature. The electrical reactions of the muscles were not affected. It was now noticed that the area of splenic dulness became enlarged, and this about three weeks from the first onset.

He remained in this condition for two weeks, when he commenced to slowly improve—the order of recovery of the muscles taking place is the opposite to that of their invasion. The mental dulness gradually left. In a couple of weeks after the first sign of recovery he regained power of the bladder, and about the same time the splenic dulness diminished. The reflexes also slowly returned, and at the present moment the patellar reflex is, if anything, increased. The patient just now, eleven weeks after the initial attack, is almost completely recovered.

The points of interest about the case are:—

1. The age of the patient.
2. The definite history of exposure to cold.
3. The enlargement and diminution of the splenic area.
4. The complete control of the rectum and not of the bladder.
5. The slight increase of patellar reflexes at present.

The general treatment adopted was that usually followed in cases of myelitis, and the drugs used were ergotin, arsenic, and strychnine.

A CASE OF DOUBLE PERFORATION OF THE MEMBRANA TYMPANI, THE RESULT OF BEING STRUCK BY LIGHTNING. (a)

By H. MACNAUGHTON-JONES, M.D., F.R.C.S.

THE details of the case are briefly as follows:—On December 24th last an officer was sitting on the floor of his tent on blankets, drinking tea from an iron cup. A storm was passing at the time. He was not conscious of anything until he found himself, as he expressed it, paralysed, with the exception of his left arm. He thinks that two hours may have elapsed between the time of his being struck until he was found. He was revived with brandy and strychnine injections, and vomited freely during his transit to the hospital three miles away. The hair on his left temple was burned, and also that on the pubes. There was an abrasion of the right breast, and a stripe about an inch and a half broad running down from this to the penis, from which it deflected over the right thigh, terminating in a mark "with a cut like a whip." There were still marks remaining on the skin when I last saw him at the end of March. There were also burns on both shoulders over the scapula, and another small one behind the right shoulder. The excoriation over the left shoulder was considerable. The hearing of the left ear was seriously affected, and the perforations were discovered a few days later. Curiously enough, the tent was not injured, and the flash had apparently struck within a few yards of it. When I saw him the entire tympanic membrane was injected, and of a deep red colour. There were two perforations present, one in the posterior superior quadrant, and the other below the umbo. The watch was heard just off contact, and a whisper close to the ear. The most troublesome symptom was a rather loud tinnitus. Some uneasiness and distress, hardly amounting to pain, were felt in the ear. There were no other evidences of nerve impairment elsewhere. There was little to be done in the way of treatment. I made periodical application of a weak solution of nitrate of silver to the membrane, keeping the ear protected with antiseptic gauze, and using occasionally Lucas's inflator. When I last saw him at the beginning of April the hearing was greatly improved, a whisper was heard at some twelve feet away, and, as estimated by Edelmann's Galton pipe, a tone of 10,000

(a) Read before the Otological Society, May 31st, 1902.

vibrations per second, as compared with 35,000 in his unaffected ear.

The case is interesting, not only from the point of view of the marvellous escape he had, but also as it is the only one of which I am aware in otological literature in which perforation of the membrana tympani has been found as the result of lightning.

Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

MEETING HELD WEDNESDAY, JUNE 4TH, 1902.

PETER HORROCKS, M.D., President, in the Chair.

OVARIAN PREGNANCY.

PROFESSOR A. W. MAYO ROBSON (Leeds) read a short communication on a case of this description, and showed the specimen. A diagnosis of ectopic gestation was made before operation, and when the abdomen was opened free blood was found in the peritoneal cavity. The ovary was found lying above the tube, and over the ovary was a small mass of blood-clot, in the middle of which was the ovum, which had clearly been extruded from a small cavity of corresponding size in the substance of the ovary. The tube was perfectly normal. The specimen had been carefully examined by Mr. S. G. Shattock, who confirmed the view that it was a case of ovarian pregnancy. This made the fourth authentic case now reported, the three previous ones being those of Van Tuschenbroek, Croft, and Littlewood and Anning.

Mr. ALBAN DORAN remarked that even now that the possibility of ovarian pregnancy had been definitely demonstrated, it was very difficult to prove that a given case was an instance of ovarian pregnancy. The fact that the tube appeared to be normal was not in itself conclusive, for he and Mr. Bland-Sutton had shown that after the expulsion of a mole the tube might resume its normal dimensions and appearance.

Professor MAYO ROBSON concurred in Mr. Doran's remarks, and added that it was not possible to demonstrate ovarian pregnancy except in early and recent cases. An incontrovertible case must fulfil the requirements recently laid down by Mr. Bland-Sutton.

AFTER-RESULTS OF REMOVAL OF THE CERVIX FOR CARCINOMA.

Dr. A. H. N. LEWERS showed microscopic sections from eight cases of cancer of the cervix in which the patients had remained free from recurrence for periods of four to fifteen years. The time since operation in the eight cases was as follows:—Fifteen years, twelve years (two cases), nine years, seven years, five years, and four years (two cases). In all except one of the twelve-year cases the growth was a squamous-celled carcinoma, the exception being a columnar-celled variety. It happened that in all these cases the operation performed was amputation of the cervix. In his later cases he had generally done vaginal hysterectomy, not because it gave much better results as regards prognosis but because leaving the body of the uterus was apt to be followed by bad sequelæ, from contraction of the uterine canal, dysmenorrhœa, or retention and suppuration of menstrual products in the uterine cavity. He considered that four years' freedom from recurrence might be regarded as a cure. Certainly he had not met with a case in his own practice in which recurrence took place after four years.

Professor MAYO ROBSON said that some years ago he used to perform amputation of the cervix for early carcinoma; some of these patients were living now, and he had asked himself if they were not making a mistake in doing hysterectomy, since the results of the latter operation did not appear to be very much better than those of amputation of the cervix.

Dr. William Duncan and Dr. Robert Boxall discussed the subject, and Dr. LEWERS replied.

Dr. ARNOLD LEA (Manchester) showed a "solid ovarian tumour," which he considered to be a folliculoma.

Dr. WILLIAMSON showed "an unusual form of ectopic gestation."

Dr. CUTHBERT LOCKYER showed a specimen of "squamous-celled carcinoma of the cervix," which was in striking contrast to those shown by Dr. Lewers, inasmuch as rapid recurrence took place within three months, and the patient died within five months of the operation.

Dr. WILLIAM DUNCAN showed a "myoma of the uterus" weighing 18 lbs. which he had removed that morning. The case was of special interest because the tumour took on rapid growth after the menopause.

PREGNANCY AFTER REMOVAL OF BOTH OVARIES FOR CYSTIC TUMOUR.

This paper was read by Mr. ALBAN DORAN, who had met with an instance of this rare and remarkable occurrence. The history of the case was as follows:—A woman, æt. 25, after bearing one child, underwent ovariectomy for a multilocular adenomatous cystic tumour of the left ovary. She then bore four more children, and afterwards, when æt. 39, came under the author's care, and he removed a similar tumour of the right ovary. The base required enucleation; part of the capsule was ligatured like a pedicle with silk, and the greater portion cut away, but in that part no trace of the Fallopian tube could be detected. A small tubercle on the left of the uterus was the sole remnant of the left appendages. After convalescence the period recurred, and continued till the patient became pregnant and bore a child at term two years after the operation. The period then returned, and ceased abruptly when the patient was forty-five. The consequent menopause symptoms were distinct though mild. The author briefly reviewed a few cases already reported where pregnancy ensued after the removal of both ovaries for tumour or chronic inflammatory disease. (1) Schatz. Both ovaries removed for cystic tumour; one tube and a piece of ovarian tissue were purposely left behind. Five years later the patient gave birth to a child at term. (2) Stansbury Sutton (Pittsburg, U.S.). Both ovaries removed for cystic disease; right pedicle severed by canter, left by scissors. Patient twice pregnant afterwards. (3) Gordon (Portland, Maine, U.S.). Removed both tubes and ovaries for inflammatory disease; patient delivered of a child two years later. Other reported cases were doubtful. Mr. Doran observed that presence of ovarian tissue was essential in these cases. In his own case it was probably a detached area lying in the right ovarian ligament; the cyst itself was certainly enucleated entire. The author suspected that the Fallopian tube escaped ligature and removal altogether, the base of the tumour being enucleated from the posterior layer of the broad ligament. The condition after operation would then be as in Schatz's case, the tube remaining entire. It was not absolutely certain, however, that the tube was not included in the ligature and in part removed. This occurred in Stansbury Sutton's and Gordon's cases, and reference was made to a case where pregnancy occurred after Cæsarean section and ligature of both tubes with silkworm gut for "sterilisation" (Galabin-Horrocks). The ligature might either loosen or perhaps ulcerate through the tube, which managed to heal behind it without stricture of its canal. The tube might then resume its functions, even if reduced to a stump.

Mr. J. BLAND-SUTTON said that he thought it right to state that Mr. Doran was the first one to study the fate of the ligature after ovariectomy. He was specially interested in the subject of the sterilisation of the patient, and Mr. Doran had referred to his (Mr. Bland-Sutton's) former views on this question. This view was that ligature of the tubes in continuity was sufficient to ensure sterility; and he was led to it by a case in which he ligatured the tubes in this way many years ago, the patient having remained sterile to this day. He had another case, however, in which the same operation was performed on account of epilepsy, which became very severe during pregnancy. The patient became pregnant several times afterwards, and he was then led to alter his opinion, and to believe that it was necessary to tie the tube in two places and divide it between the ligatures, or, better

still, resect a portion of it. It was interesting to note that Hunter had written a paper on some experiments in sows; he found that they readily became pregnant after ligation of the uterine horns. The subject had been investigated by Fraenkel from both the human and the comparative standpoint. He came to the conclusion that the only way to ensure sterility was to resect a part of the tubes and then to cut away that part of the tube that ran in the uterine wall, and to sew the peritoneum over the stump. A ligature on the uterine end of the tube was capable of making its way into the uterine cavity, and on one occasion a patient brought him a ligature expelled in this way. From observations on a series of cases in which he opened the abdomen a second time after the lapse of years, he found that the loop of ligature on the ovarian artery nearly always remained unaltered, whilst the loop on the uterine end of the tube had nearly always disappeared, leaving a smooth rounded stump of the tube.

Dr. GALABIN said that he had seen two cases in which ligation of the tube in continuity failed to prevent conception. One had been done by Dr. John Shaw, and one by himself. In Shaw's case, on which he operated later, one ligature had cut through and both ends of the tube had become sealed. Pregnancy must have occurred through the other tube. He had known a case in which an ovarian tumour developed after a double ovariectomy; a piece of ovarian tissue must have been left behind. Jacobs, of Brussels, had recorded a case in which a double oophorectomy for fibroids was done in 1890; for three years after she had amenorrhoea, and then menstruation came back for a time. This happened again on several occasions, after which she married and became pregnant.

Mr. Butler-Smythe and Dr. Griffith joined in the discussion, and Mr. ALBAN DORAN replied.

THE OTOLOGICAL SOCIETY OF THE UNITED KINGDOM.

On Saturday, May 31st, the above Society met in the Anatomical Department of the Medical School of Trinity College, Dublin.

Professor URBAN PRITCHARD occupied the chair.

The SECRETARY submitted the following report:—"Gentlemen, your Committee appointed to consider the desirability of securing for the children of the poorer classes systematic detection and treatment of ear disease, and to report at an early date to the Society, having carefully considered the reports submitted and the experiences recorded at the special meeting held on April 14th, have arrived at the following conclusions:—(1) That there exists among the children of the poorer classes a very large amount of ear disease which is preventable and curable; (2) that it is not sufficiently recognised that ear disease in childhood tends to considerable loss of hearing, health, and life, that it militates against a child's education, and that later on the subjects of it are seriously hampered in their life's work and often incapacitated for the services of the State; (3) that ear disease in children is often not treated, partly owing to neglect, and partly to ignorance and to the belief in popular fallacies, and more especially to an inability on the part of parents and teachers to detect it; (4) that any scheme having for its object the security of children against the consequences of ear disease to be efficient must provide for thorough and systematic examination and treatment; (5) and, lastly, having regard to the national importance of the subject, we recommend that a memorial embodying this report be submitted to the President of the Committee of the Council on Education.—Signed, Urban Pritchard, President; Arthur H. Cheate, H. Macnaughton-Jones, W. Permewan; and W. Milligan and W. Jobson Horne, Hon. Secretaries."

Mr. STORY moved the following resolution:—"That the report of the Committee appointed on April 14th to draw up recommendations as to a compulsory examination of the hearing powers of school children be adopted, and that the Secretaries of the Society be instructed to carry out the recommendations contained in Clause 5 of the report." Dr. Woods seconded the motion and re-

marked that the frequency with which children were boxed on the ears had an injurious effect on their hearing powers; such a mode of punishment was calculated to bring on an abscess, and in one case of which he knew death resulted, consequent on brain trouble that set in afterwards. Would it be advisable to refer to the matter in that report?

The CHAIRMAN suggested that Dr. Woods should make out a report of that case, and send it to the Hon. Secretaries for the Committee.

The report was adopted unanimously.

Dr. Woods then communicated a case of

ABSCESS OF THE BRAIN, FOLLOWING MIDDLE EAR DISEASE. He had referred to this case some time ago in an address to the Ulster Medical Society. (This appears on page 620.)

Mr. CHEATE said he should like to have details from Dr. Woods regarding the treatment of the abscess, particularly with reference to drainage.

Dr. NELSON said in the year 1882 he had a case resembling that of Dr. Woods in many respects. In the operation performed he opened the antrum, then went a little up, made a perforation right through the skull and let out a large quantity of pus. He considered that the case was important from an historical point of view, as it was the first case on record in which the cranium had been perforated for the relief of an extra-dural abscess, also due to old-standing suppurative ear disease.

The CHAIRMAN asked if it had been a success.

Dr. NELSON said that they had been able to insure his life subsequently.

The CHAIRMAN said it would be very interesting if they could get the history of all the successful cases, and how the patients got on in after life, but unfortunately so many of these cases were lost sight of. He mentioned a case similar to these under discussion which came under his own observation some eight years ago. The abscess was opened exactly in the position that had been described. The patient got into that half-recovered condition which so many of them had noticed, and it was only some days after they had got the drainage-tube well into the substance that the man began to recover and then to rapidly recover. He was subject to epileptic fits afterwards, but these gradually passed off. He had them for about three years at intervals, and then became practically quite well and they lost sight of him.

Dr. Woods said that in the case of his patient the brain abscess was drained through a fairly large drainage-tube, perforated at the sides, and was dressed every day. He thought that on trying to change the tube for another the second tube did not go in as well as the one that had moulded itself to the opening. For that reason, he used the same tube every day, cutting off as much of it as was excluded by the gradual closing in of the abscess. The loss of substance was probably about half a cubic inch of the brain.

Dr. DEMPSEY then submitted a clinical case of

INTRANASAL GROWTH PERFORATING AND SPREADING OVER HARD PALATE.

The history of the case was the ordinary history of nasal obstruction nearly altogether confined to the left side. The patient was a boy, *æt.* 12. About four years ago it was noticed that his nose was becoming stuffed. The stoppage of the nose increased gradually until finally it became complete. This went on for a couple of years, and the patient noticed a growth arising from the palate of the mouth. On examination it was found that the left nostril was completely covered by a soft, pinkish growth which bled freely on being touched. On opening the mouth, the palate was seen to be covered almost entirely by a soft, pink, mushroom-like growth, evidently born of the original growth. The naso-pharynx appeared to be also completely occluded by a growth. On digital examination, however, the vault was found to be free. The diagnosis was that the case was probably one of fibro-sarcoma arising either from ethmoid or antrum Highmore. His object in bringing it there was to get some suggestion as to the best mode of treatment. It seemed a pity to send the boy back to die without doing something for him.

Dr. MILLIGAN said that Dr. Dempsey had been good enough to allow him to put his finger into the back of the boy's nose. In his opinion the vault was not free, and he thought that in all probability the growth sprang from the vasi-sphenoid and did not show any very malignant tendencies. As they all knew, these growths were of various degrees of malignancy. Having quoted a somewhat similar case, and referred to the mode of treatment, which brought about perfect recovery, Dr. Milligan said he was of the opinion that the growth could be completely drawn out by means of a snare after partial resection of the upper jaw, and then, with a long chisel, part of the vasi-sphenoid could be gouged away. It was worth while trying the operation. The boy appeared to be becoming slightly hectic, and he thought something ought to be tried very shortly.

Dr. JOHNSON HORNE thought the growth in that particular case started from the septum of the nose, and that there would be no difficulty in removing it. There was, of course, the danger of hæmorrhage, but he did not think that that would be very serious.

Dr. WOODS thought with the other speakers that this tumour should be removed. The boy ought to be given every chance, but he would hesitate to say whether the operation would be successful or not. He thought it would be enough to get away the active part of the growth, that part of the tumour which was the mother-part, so to speak. He considered complete removal of these tumours was out of the question.

The CHAIRMAN concurred in considering that the boy should be operated on; it was not at all clear where the origin of this tumour was. He thought that it came from the maxillary antrum. In a similar case, the patient died on the operating table, but as this operation was the only chance of saving life it ought to be attempted.

The SECRETARY read a communication from Dr. Macnaughton-Jones on

DOUBLE PERFORATION OF THE MEMBRANA TYMPANI, which appears under the heading of "Clinical Records." Dr. STORY showed a case of naso-pharyngeal growth. A man, first seen in August, 1897, came with a history of a nose stopped for some uncertain time, and bleeding from the throat for three or four months. The soft palate was seen to be pushed forward, and an ulcerated tumour projected into the pharynx behind. The tumour was removed by electric snare with very considerable difficulty in August, 1897, hæmorrhage having set in at the time. A recurrent growth was removed also by electric snare in January, 1898, with hardly any bleeding. Electric cautery was then applied for some weeks. Again, in December, 1898, a large piece was similarly snared. Dr. Earl's report on the tumour of 1898 stated that it varied in different places, portions being fibro-myxoma, other parts fibroma, rather cellular, others very cellular fibroma, and here and there a field which had all the appearance of spindle-celled sarcoma. Dr. Beatty's report on the tumours of 1900 contained the following:—"Chiefly fibrous tissue, in places vascular, large vessels everywhere, and in places practically cavernous. In one portion of the section the tissue consists of spindle-cells, but they are not arranged in the regular streams usual in sarcoma; and, as all the blood spaces have distinct walls, the tumour is probably non-malignant." Nothing had been seen of the patient since the beginning of 1900.

Dr. PERMEWAN was of the opinion that the method of removing tumours by means of a snare was not always satisfactory, and generally speaking he thought that the use of forceps was more advisable. That was the method he suggested in the present case. There was considerable growth on the right side of the nose, and he was not so sure that there was not as much on the other.

Mr. JONES mentioned a case somewhat similar to that of Dr. Story's. The patient was still under treatment, and he was afraid the tumours would have to be chiselled in some way.

Dr. WOODS said in cases where the tumour is attached to the place where it originally grew from, he did not

think that a better method could be adopted for removal than the electric snare, and explained the mode of procedure by which with a piece of platinum wire he was able to plough pieces of a tumour away, and in that way cure a patient. The difficulty in the way of that course was entirely a question of attachment. When secondary attachment had set in the operation was very difficult.

Professor CUNNINGHAM gave a most interesting and instructive lantern demonstration of the central connections of the cochlear nerve in the orang, chimpanzee, gibbon, and man.

Professor COFFEY, with an admirable series of lantern slides, then gave an interesting demonstration of nerve endings in the ventral cochlear nucleus, the superior olivary, and the trapezoid body.

The PRESIDENT demonstrated lantern slides of microscopic sections of the internal ear.

Mr. A. H. CHEATLE exhibited specimens to show the petro-squamosal sinus.

Dr. JOHNSON HORNE exhibited preparations demonstrating the formation of an abscess sac at the site of the saccus endolymphaticus.

It was announced that the next meeting would be held in London, and the proceedings terminated.

In the evening the visiting members were most hospitably entertained by their Dublin confreres, and the extra-metropolitan meeting of the Society was, both from the scientific as well as the social point of view, a most successful one.

ROYAL ACADEMY OF MEDICINE IN IRELAND. SECTION OF OBSTETRICS.

MEETING HELD AT THE ROYAL COLLEGE OF PHYSICIANS,
ON FRIDAY, MAY 23RD, 1902.

Dr. W. J. SMYLY in the Chair.

Dr. ALFRED SMITH exhibited two specimens of double pyosalpinx of tuberculous origin; the first, tubes removed from a patient, æt. 19, who suffered from amenorrhœa for one year previously; the second, tubes from a patient, æt. 35, who suffered from severe dysmenorrhœa, with profuse menstrual flow; the third, a large pyosalpinx removed from the left side from a married woman, who was anxious to become pregnant. In the last case, the right tube and ovary were apparently normal, the enlarged tube was intimately adherent and very tense. It was aspirated and cyst cavity washed out; contents, when received by Dr. Dargan, the pathologist, showed tuberculous deposits on surface of tubes with caseous degeneration; the cyst contents showed pure cultures of staphylococci. This is interesting, as there was no history of the invasion, and the right tube and ovary were normal. He also exhibited an extremely large fibromyoma attached to a fourth month pregnant uterus. It was removed from a patient, æt. 28, on account of the extreme distress caused by its rapid growth, and it was impossible to do a myomectomy. The distress was so pronounced that the patient could not lie in bed. The abdomen was so tender that it could only be prepared for operation under ether. A supra-vaginal operation was performed, recovery uneventful.

Dr. HORNE exhibited a uterus removed by vaginal hysterectomy. The patient was æt. 50, and mother of two children, last pregnancy nine years ago, menstruation remained regular until a year ago, ceased for three months, then became irregular. On examination the uterus was freely movable—normal position. There had been no watery discharge. Curettage of the uterus was performed to check the hæmorrhage. On examination of the scrapings by the pathologist, Dr. McWeeney, he reported:—"These are very succulent, richly cellular, and exhibit an adenomatous overgrowth of the uterine glands, which appear to be undergoing malignant change, is in fact partly converted into adenocarcinoma." On account of this report he had advised vaginal hysterectomy, which a few days later he performed. The operation presented no special difficulties. The convalescence was perfectly normal. The important points he

wished to call attention to was the absence of the usual symptoms associated with malignant disease, and the importance of having uterine scrapings carefully examined by the microscope in women near the climacteric when hæmorrhage is irregular.

Dr. E. HASTINGS TWEEDY then read his paper,

OBSERVATIONS ON THE FIRST STAGE OF LABOUR; THE CAUSAL RELATION OF THIS STAGE TO RUPTURE OF THE UTERUS.

The onset of labour should be reckoned from the moment of the establishment of uterine polarity. Uterine polarity is probably induced by an over-stretched condition of the lower uterine segment nerves, brought about as a result of labour contractions. A fully dilated os is not always of a diameter sufficient to permit of the passage of the fœtus. The condition known as rigid os, with its thin knife-like edge, is in reality an os that has reached its maximum degree of expansion. In primiparæ especially, an os in this state tears readily, but in the event of its not quickly doing so, it moves in a direction upward and backward in response to the more powerful pull exerted on it by the posterior uterine muscular fibres. In consequence of this, the anterior cervical lip becomes enormously elongated, and is erroneously spoken of as being incarcerated or nipped between the pubes and the presenting part of the fœtus. The liberation of the lip necessitates the tearing of the cervix. A lip such as this becomes rapidly œdematous, and often protrudes through the vulva at the completion of labour. Under these circumstances, the cervical tear, though extensive, cannot be dealt with by immediate suture, not alone because of the great œdema, but chiefly for the reason that there is never any posterior lip to which to stitch it. Occasionally the os does not tear after it has moved upward and backward. Then rupture of the lower uterine segment and of the anterior fornix of the vagina becomes probable. These structures will, under the conditions named, lie one on top of the other, and will be subjected to the counter-pulls of anterior and posterior uterine fibres. Ruptures such as these take place insidiously, the only symptom which marks their onset frequently being the moving of the rigid os upward and backward.

Dr. HOARE said that in his experience cases of ruptured uterus were usually associated with contracted pelvis, and were consequently unusual in Dublin, where the condition named was seldom met with. He did not look on the strong pains as the principal cause; he rather inclined to the idea that insufficient dilatation or dilatation slowly occurring was the chief factor, the head being shoved through, not being pressed through. The occurrence of the rupture on the left side was clearly due to the position of the woman on her left side during the labour.

Dr. PUREFOY said he would like to know if Dr. Tweedy considered that a rigid os was the normal condition in primiparæ; such an idea seemed to him to be novel and startling. He would also like to hear what Dr. Tweedy considered as full dilatation of the os. In his experience, he did not find the pulling up of the posterior lip to be a precursor of rupture. The number of cases of rupture occurring in practice is small, and in his opinion uterine rupture is not nearly so complicated with rupture of the vagina as Dr. Tweedy states (75 per cent.).

Dr. ALFRED SMITH said that he did not see much benefit from the new definition of Dr. Tweedy's. Polarity was hardly a practical term. The old definition of the beginning of labour was equal to all demands. He expected to have heard something of the type of pelvis, the rigidity of the os, and the character of the pains from Dr. Tweedy.

Dr. JELLETT said that he recognised that dilatation of the external os was not a sign of labour; he would be inclined to consider that dilatation of the internal os was. He did not accept Dr. Tweedy's explanation of polarity; he associates it more with some regulating nerve fibres connected with the higher nerve centres which regulate the muscular contractions, in a manner analogous to the simultaneous contractions of the fibres of the body and

relaxation of the sphincter of the bladder and the rectum. In his opinion the first stage of labour ends clinically with rupture of the membranes.

Dr. SMYLY said Dr. Tweedy's paper dealt with two subjects: the first stage of labour and rupture of the uterus. Much depends on where he considered the polarity begins; if he included the whole lower uterine segment the labour may be said to commence at the seventh month of pregnancy. He looks on Müller's ring as a very uncertain point from which to count. If the lower segment of the cervix is included it is equally faulty. Dr. Jellet's definition cannot be accepted, for rupture of the membranes has occasionally occurred months before labour. Why does the cervix rupture? He was not satisfied with the statement, "When it has reached the greatest possible amount of extension." He considered the rupture to be caused by want of a proportionate rate of dilatation of the os and the force of the expelling pains. The paper was of value as causing them to discuss a subject which is one of extreme interest.

Dr. HASTINGS TWEEDY, in replying, traversed the assumption that the os never tears in normal deliveries, so-called, and when the membranes have not prematurely ruptured. Such a view is contrary to conditions that obtain in other structures of the body as, for instance, the perineum, which will at times rupture, despite the gradual and prolonged efforts to dilate it. Elongation of the anterior cervical lip is a condition frequently encountered, and this, in his opinion, indicates that the os has ceased to respond to the forces which cause its expansion. As to the injection of cocaine into the edge of a rigid os and the supposed relaxation of the structure thereby being cited as proof of its origin in muscular spasm, he could conceive of nothing more far-fetched. Cocaine had no effect on motor nerves, and many reasons could be adduced to account for this supposed condition of relaxation more reasonable than the one given. He did not agree with Dr. Jellet that from a practical point of view rupture of the membranes may be taken as an indication of the commencement of the second stage, as from that time the danger of retarded delivery commenced. Such an assumption implies the complete draining away of the liquor amnii, which, of course, does not occur after rupture of membranes, save under abnormal conditions. He did not see that any analogy could properly be drawn between the bladder mechanism connected with urination and that of the uterus in the first stage of labour. The formation of the lower uterine segment during pregnancy causes considerable displacement of the vessels and nerves, as these have to course through this segment in order to reach the cervix. In consequence of this the relaxation of the os during the period of a labour contraction can be accounted for in a manner more simple than by inferring a special nerve centre which has so rarely to be called into existence.

THE GENERAL MEDICAL COUNCIL
OF
EDUCATION AND REGISTRATION.

SUMMER SESSION, 1902.

SIR WM. TURNER, F.R.S., PRESIDENT, IN THE CHAIR.

SEVENTH DAY.—TUESDAY, JUNE 3RD.

CONTRARY to expectations, the Session did not terminate on Monday last, several important items of business remaining over. Among them was the

REPORT OF THE PERSONATION COMMITTEE.

This was discussed by the Council in committee, when Mr. HORSLEY moved that all applications for restoration to the Register, or for registration under exceptional circumstances, should be accompanied by a statutory declaration in the terms set forth. This was passed (in committee), and on the Council resuming it was resolved that the Personation Committee be instructed to prepare for next Session a complete report on the whole subject.

THE DIPLOMA IN PUBLIC HEALTH.

Dr. McALISTER brought up the printed resolutions and rules as amended for adoption. Rule 4 requires candidates to produce evidence that, after obtaining a registrable qualification they have attended the practice of a hospital for the treatment of infectious diseases. Dr. NORMAN MOORE pointed out that this rule, if enforced, would virtually prevent candidates from studying for the diplomas in London, since it had not been found possible to obtain the necessary facilities. He therefore moved that "the study of the methods of administration shall include the methods of dealing with patients at their admission and discharge, as well as in the wards of a hospital."

Dr. McVAIL did not see why health diplomas all over the country should be vitiated because London had no facilities for studying the subject. After some remarks by Sir CHRISTOPHER NIXON, the amendment was modified to read as follows: "The methods of administration shall include the methods of dealing with patients at their admission and discharge as well as in the wards and the medical superintendence of the hospital." This was agreed to.

Dr. McVAIL protested against the Council's decision of two years ago being upset by fifteen members, and he moved that the amendment just passed should be referred back to the Public Health Committee for consideration and report, but this was negatived by fourteen to seven.

The Report of the Education Committee on

PRELIMINARY EXAMINATIONS IN SCOTLAND

was received, and the Chairman of that committee (Sir John Tuke) having asked what course he ought to take in regard to the reply to be sent to the British Medical Association it was decided to leave it to the Education Committee to do what they thought best in the matter.

THE MIDWIVES BILL.

On the report of the Midwives Committee being brought up for adoption, Dr. McALISTER entered an energetic protest against its adoption, he having been unable to attend the meeting of the Committee at which the report was drawn up.

The motion that the Council approve the report with the exception of one paragraph having been negatived, Mr. G. BROWN moved "That in the opinion of the Council the Midwives Bill, as amended by the House of Commons Grand Committee on Law, does not contain the safeguards necessary to protect the public against the practice of midwifery by ignorant and incompetent persons." This, after some discussion, was carried by thirteen to five.

This practically terminated the work of the Session, and, after the usual vote of thanks to the President, the proceedings came to an end.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, June 7th, 1902.

At the Medical Society Hr. Menzer took for his subject

THE SERUM THERAPEUTICS OF ARTICULAR RHEUMATISM.

Following the suggestion of Pavel, the speaker had procured a supply of virulent streptococcus cultures, from which he had prepared an antistreptococcus serum, with which he had made experiments in thirty cases of articular rheumatism of the human subject. He proceeded on the assumption that acute rheumatism indicated an increase of streptococcus angina, the highest expression of which was a general streptococcus infection. The disease of the joints, as well as the frequent inflammation of serous surfaces, were not to be looked upon as the action of a specific infection, but as a peculiar form of

reaction of the system. The cocci passing from the tonsils into the blood do not circulate long therein, but become deposited in the joints, the pericardium, &c. The participation of joints lying far apart from each other did not depend on the passage of cocci, from one joint to the other, but from the reaction of the joints.

Streptococci from the tonsils were agglutinated in the serum used by the speaker.

In order to prove the specific action of the serum first of all, normal serum was injected in two cases of chronic articular rheumatism and then Marmorek's antistreptococcus serum. Then he injected his own serum and this was followed by fever and swelling of the joints affected.

He then went on to the therapeutic use of his serum and first tried to cut short the disease. This was not successful, although he made use of doses of 55 cm., which never did any permanent mischief. On the other hand, endocarditis appeared to be favourably influenced and re'apses of the disease avoided.

As regarded the effect in the different forms of the disease, acute, subacute, and chronic, nothing striking was observed that was not otherwise observed in the various forms of the disease.

Chronic cases reacted better and improved when massage and hydro-therapeutics were also employed. In very bad cases of long standing the serum failed.

In other diseases in which streptococcus infection played a part, such as nephritis after scarlatina, acute bronchitis, and mixed infective phthisis, a transient exacerbation of symptoms was set up, which the author believed to be due to specific reaction.

As regarded permanent results of the treatment, he could not say much, but he thought his attempts were worth following out and verifying, and believed that he had found in the serum a means by the aid of which our attempts at successful treatment would be reinforced.

Hr. Senator, in whose clinic these investigations had been carried out, had at first been very mistrustful, as he did not quite accept the theoretical deductions. He had been, however, surprised by results, even in cases that had been treated unsuccessfully with salicine and similar agents. It was to be remembered, however, that articular rheumatism was extraordinarily changeable in appearance, and that a prognosis could never be given with certainty at any given moment. The results were therefore to be accepted with great caution, but at any rate they were worthy of following out.

Hr. Aronsohn had for five years been engaged on the preparation of an antistreptococcus serum, and was of opinion that all streptococci did not belong to the same category. No experiments on animals could be relied on until they had been tested on the human subject. The reaction spoken of by Menzer was due to the retention of poison in the serum, which in his experience was never destroyed until after the lapse of at least four weeks. The clinical observation brought forward proved nothing.

Hr. Meyer also took the view that there were different kinds of streptococci. The serum prepared by himself only protected it against certain streptococcus infection, not against all. He asked why if articular rheumatism was a common streptococcus infection, Marmorek's serum should be absolutely useless?

Hr. A. Baginsky was also a believer in multiple kinds of streptococcus. He warned them against looking

upon injections of serum as harmless, and introducing it into private practice at present. He had seen four cases in which very threatening symptoms followed the use of it.

Hr. Menzer, in reply, said he had never seen injurious consequences following injection. The varying activity of known anti-streptococcus serum was due to the varying toxins in the different cases, and not to a multiplicity of kinds of streptococcus. His clinical experience was in favour of this method of treatment.

At the Free Society of Surgeons, Hr. Bouchert spoke on the

INDICATIONS FOR LITHOTOMY AS OPPOSED TO LITHOTRIPSY.

Lithotripsy was in general to be preferred, but it had its limits. The stone must not be too hard, nor so large as to nearly fill the bladder. Changes in the urinary canal would also influence the choice of operation. Cystitis was also an indication for lithotomy, as also a very sensitive bladder or diverticula in it. Enlargement of the prostate was on the whole not a contra-indication, but there were two forms in which it was, viz., when along with the hypertrophy there was concentric hypertrophy of the bladder wall, whereby the lumen of the bladder orifice was materially affected, and when the middle lobe of the prostate was specially affected. In cases of already existing pyelitis and the simple introduction of the catheter set up fever, &c., lithotripsy was out of the question.

He would shortly sum up. Generally in cases of calculus lithotripsy was the operation to be preferred, but there were certain exceptional conditions in which lithotomy was demanded.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, June 7th, 1902.

LEUCOCYTHÆMIA LYMPHATICA.

LANG exhibited to the "Gesellschaft der Aerzte" a man who had first consulted him with reference to an intense itching of the skin, which was covered with a number of pigmentary spots of size ranging from a pin's point to that of a millet seed. Under the skin, particularly that of the sides of the chest, hard nodules could be felt. Later, temporary or transient attacks of urticaria occurred, leaving large vesicles behind it. The lymphatics, tonsils, spleen and liver were all greatly enlarged, and the sternum was sensitive to the touch. A large number of mononuclear leucocytes were present in the blood, and measured with Fleischl's hæmometer the hæmoglobin was 40 per cent. After a short administration of arsenic all the glands diminished in size.

Lang showed another patient, a woman, who had suffered for the last twenty years from a progressive idiopathic atrophy of the skin of the lower extremities extending upwards to the buttocks. There was no stiffness or difficulty in moving the joints.

INTRAVENOUS OXYGEN INJECTION.

Gärtner gave the members a physiological description of this element as used in the laboratory. Dogs, he said, can bear the injection of a large quantity of pure oxygen into the veins, even for an hour at a time, without any apparent injury or inconvenience to the animal. It will be found in the blood circulation up to the right ven-

tricle and on to the capillaries of the lung, but after that the gas is absent, and probably none ever reaches the left ventricle. When a large quantity is injected a splashing or cooing sound may be heard at the heart, even when standing at a distance.

At the beginning of the operation the vagus pulse is observed, which is considered by operators to be a reflex action arising from the sudden irritation of the endocardium. The breathing is deeper and the blood pressure changed.

When the operation is commenced vigorously with large quantities of the gas rather alarming phenomena present themselves which are supposed to be due to a choking of the pulmonary capillaries; these dangerous symptoms soon disappear, however, after a slight pause in the administration of the gas.

On opening the right ventricle the blood is found to have a bright red colour bubbling with a fine effervescence of gas; the right ventricle is not increased by using 20 c.c. per minute. On dividing the vagus, thus slowing the respiration, the blood pressure is not increased, because the irritation of the venous blood on the vasomotor constrictors is abrogated. Death of the animal usually ensues from a retention of the effete gas CO_2 ; if a solution of caustic soda be used to absorb the CO_2 , the animal will live fifty minutes longer without any further administration of oxygen. In the case of CO poisoning the administration of oxygenated water or injection of oxygen gas will restore the pulmonary and cardiac movements in a few minutes.

These favourable results in animals suggest that it may be worth while to try this treatment in some of our more intractable, dangerous diseases where suffocation is imminent, such as foreign bodies in the trachea, laryngeal croup, in cases of severe pneumonia and carbon monoxide poisoning, or in the asphyxia of the newly-born from pressure on the umbilical vein.

It is not necessary in every case to inject large quantities of oxygen. Arterial blood contains 20 per cent. by volume of oxygen, while the venous contains only 7 per cent., leaving 13 per cent. to be added to the venous to equalise. It is found by experiment that a 3 per cent. solution gives rise to no irritation of the vessels and heart and is easily absorbed by the organism. The best measure of quantity is afforded by the splashing in the ventricles; when this is heard the quantity should be reduced. It is needless to add that absolutely pure oxygen should be used, as the commercial article sold under that name may contain as much as 20 per cent. of nitrogen.

ANEURYSM OF RIGHT CAROTID ARTERY.

Kaufmann showed to the Medical Society a man, æt. 50, who acquired a chancre in 1885, and who commenced to experience difficulty of breathing with palpitation two years ago. In October last year a swelling about the size of an almond was noticed on the right side of the neck, which rapidly increased in size till swallowing became difficult. Distinct pulsation could be found in the front of the swelling down to the sternum, which was diagnosed as aneurysm of the left carotid. The apex beat was in the sixth intercostal space, slightly within the axillary line, strong and heaving. The cardiac area of dulness was increased. The Röntgen rays showed a large pulsating mass about the size of a child's head.

Compression was applied; the patient can now swallow with comparative ease, breathing easy, pulsations soft and regular, and tumour small.

HYPERTRICHOSIS.

Ehrman brought forward a young woman whom he had operated with the Röntgen rays for hypertrichosis. After the treatment large blisters rose corresponding to the areas unprotected by the tinfoil which subsequently gave rise to multiple hemangioma. Such facts prove that the Röntgen rays do not start an elective action on particular cells, such as the fine papillæ of the hair follicle, but also act on other structures, such as nerves, vessels and fibrous tissues, the structure whereof is ultimately altered.

Teleky related the history of two cases which agreed with Ehrman's opinion. In both of them a condition of teleangiectasia set in. There is no doubt about the removal of the hairs, which may be effected in two ways, either by short, repeated applications of the rays, or by a few prolonged sittings. The first method appears to be the safer and less inconvenient of the two.

Spiegler thought these adverse symptoms, teleangiectasia, &c., were due to long and severe application of the rays, as he has seen it in only one case after a year's treatment with the rays.

Continental Health-Resorts.

[FROM OUR SPECIAL CORRESPONDENT.]

AIX-LES-BAINS.

THOSE who knew Aix-les-Bains in 'past' years, and after an interval of several seasons come here again today, cannot but compliment the managers and the Municipality of this charming Savoy Spa on the progress visible all round. The now well-kept Park, the beautified Place des Bains, elegant Casino Theatre, cleanly streets, new and enlarged hotels; on every side progress. Naturally there is yet room for more progress. Unexcelled in beauty of situation and in value of waters no improvement should be left unmade to keep Aix at the head of French health-resorts. Even then some of its visitors would not be satisfied!

Sitting near the door of its handsome Thermal Establishment, I overheard some cosmopolitans disparaging Aix. One good Dutch doctor complained that it could not compare with Broeck, "the original spotless town" of Holland. To the amusement of his audience he advocated the adoption by the *Aixoïis* of regulations somewhat similar to those of Broeck:—

"Citizens must leave their shoes at the door when entering a house.

' Before or after sunset no one is allowed to smoke excepting with a pipe having a cover, so that the ashes will not be scattered upon the street.

"Anyone crossing the village on horseback must get out of the saddle and lead the horse.

"A cuspidor shall be kept by the front door of each house, where it may be accessible from the window.

"It is forbidden to cross the village in a carriage or to drive animals through the streets."

Just then he was interrupted by an American automobile noisily passing and raising dust; which led to another advocate of progress urging the more immediate advisability of Aix adopting (in advance of other

Summer Stations) some precautions like those contemplated in the Riviera; such as sprinkling streets and roads with mixtures of paraffin, diluted tar, and similar glutinous products; or if the smells therefrom were objectionable in a pleasure-resort, to follow THE MEDICAL PRESS AND CIRCULAR's prescription of tar-water, as "costless and acceptable in odour." (This subject is evidently awakening interest among business people and visitors throughout the Riviera, many roads of which during the past season were rendered by the constant streams of automobiles (as a Paris journal said) "unpleasant even to healthy passengers and almost impossible to invalids."



Progress at Aix-les-Bains is also apparent in the Thermal Establishment; the humane additions to the Berthollet Department, the improved pulverisations, and the new *Bains de Luxe* being evidently appreciated. The chief glory of the Aix treatment, however, is, as hitherto, its unequalled

DOUCHE-MASSAGE.

Massage, as distinguished from friction merely, is considered to have been introduced at Aix on the return of Napoleon Bonaparte's army from Egypt. Dr. Daquin, of Chambery, in writing of the Aix waters, in 1808, suggests that *masement*, as used in the Egyptian baths, might be advantageously practised after the Thermal Baths or Douches at Aix, and (in his pamphlet on "The Thermal Treatment of Aix-les-Bains") Dr. Forestier quotes from Dr. Despine's "*Observations de Médecine Pratique aux Eaux d'Aix*," published in 1838, the statement that: "Since the Renaissance of our Thermes in 1816, we bath, and we douche . . . we scrub, we *masse*, we *stew*." From these remarks of Dr. Daquin and Dr. Despine Aix claims the earliest application of massage in any European country; but Dr. Forestier acknowledges that if first practised at Aix, massage was "more scientifically studied later on in Sweden, in 1830, by Ling." It was Dr. Forestier who, happily, gave the name *Douche-massage* to the present method of *douche* combined with *massage*, or in other words, "*massage under the douche*." And to the same gentleman (the third of the name, grandfather, father and son, in successive practice as physicians in Aix), Aix owes the invention in 1889 of the inclined board, which has been since copied or varied at other spas.

The imitating or adoption of the Aix *douche-massage* in various places and countries (as at Bath, Harrogate,

Vichy, Virgina Hot Springs, &c.), is a testimony to its efficacy; but it is claimed by the Aix physicians that nowhere can it be so effectually employed as at Aix itself. In his recent publication, "The Gouty at Aix-les-



Bains," Dr. Blanc (who has been the longest in practice here of all physicians at Aix) briefly and pointedly gives three valid reasons for this claim:—

1. Water in large quantity with constant average temperature of 114° Fahr.

2. Softness of the Aix water combined with the *Baregine* (the curious organic matter peculiar to the Aix sulphur water) which facilitates the massage.

3. Instruction of the *doucheurs masseurs*, whose reputation has for a long time been well-established.

The Operating Theatres.

GUY'S HOSPITAL.

OPERATION FOR TRAUMATIC STRICTURE OF THE URETHRA.—MR. ARBUTHNOT LANE operated on a man, æt. about 50, who had suffered for a considerable time from traumatic stricture of the bulbous urethra into which it was impossible to pass any sort of instrument. Some time before an external urethrotomy had been performed with only temporary benefit. At the present operation the stricture was freely exposed from the outside, when it was found to be very limited, involving less than a quarter of an inch of the urethra. The entire stricture was excised and the edges of the urethra brought together by sutures. The result of the operation was most satisfactory, and the patient left the hospital with a normal urethra. Mr. Lane referred to a method for the treatment of strictures which he considered to be quite new, and which he had found of great service. The principle involved consists, he said, in the exposure of the strictured area through a perineal incision, and by the careful division of the cicatricial tissue along the length of the stricture, the urethra itself not being opened. After this is done an instrument of considerable size can be passed readily through the stricture. In this way Mr. Lane thought the stricture can be treated much more effectively than is possible by any method of external or internal urethrotomy now in use, and with very much less risk, since the perineal wound is sterile and can be closed at once; while the division of the cicatricial tissue form-

ing the stricture can be effected more completely than in any other way. This method could not, of course, be applied to the case just operated on, since in it the stricture resulted from a complete rupture of the urethra, and not from the contraction of any inflammatory material about it. Fortunately the stricture was so placed that the edges of the fore-shortened urethra could be readily brought together owing to the parts being freely mobile.

OPERATION FOR DIVIDED ULNAR NERVE.—The same surgeon operated on a woman, æt. 40, who had cut through her ulnar nerve immediately above the level of the annular ligament in pushing her hand through a pane of glass. At the end of six months there was no evidence of any repair, while the ulceration of the paralysed fingers was becoming an increasing nuisance. The ends of the nerve were exposed, and were found to be bulbous and separated from one another by an interval; these bulbs were freed and then divided vertically into eight segments; the ends of the nerve were then brought together, the digitations of each being fastened between those of the other so that the sixteen digitations were in accurate co-aptation. The external wound was then closed. Mr. Lane said he was led to adopt this method from an experiment which he performed with success upon another patient; the case he referred to was that of a woman who had complete ulnar paralysis for many months following a blow upon the ulnar nerve behind the internal condyle; the nerve was exposed in this situation, when it was found that its size diminished abruptly at this point and that it passed down in this condition to its distribution. By means of a very sharp small knife Mr. Lane made incisions through the normal and atrophied portions of the nerve in their length, dividing it in this manner into six separate slips; he hoped that into the material that would form between these segments the axis cylinders would extend from above. The result of this case was most satisfactory, the paralysis rapidly disappearing. When last seen the improvement was very great indeed, while the hand was very useful.

Death Under Anæsthesia.

A YOUNG woman died at the Great Northern Central Hospital last week while under the influence of an anæsthetic (A.C.E. mixture), just after an operation. A verdict of death from misadventure was returned.

The Coombe Hospital.

THE annual meeting of the Coombe Lying-in Hospital was held last week under the presidency of the Lord Mayor. The Registrar (Mr. F. Heney) read the annual report, which stated that the patients attending in the gynaecological department showed a marked increase, and among these were a number of most important and successful operations. The number of students attending the hospital showed a decided increase. The new buildings in Brabazon Street were nearing completion, and this new wing when completed would give increased accommodation by providing a thoroughly modern operating theatre, with sterilising and anæsthetic rooms, also two new wards for gynaecological cases, with extra accommodation for the staff. During the year the total admissions to the hospital were 747; extern maternity department attended at their own homes 1,648 cases; attended at special dispensary, 1,862; at general dispensary, 10,059. Total cases attended, 14,316. The Master, Dr. Thomas G. Stevens, moved that the report be adopted and circulated. This was seconded by Alderman Cotton and passed, and after the transaction of the remaining business the proceedings terminated.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 11, 1902.

THE GENERAL MEDICAL COUNCIL AND THE STANDARD OF PRELIMINARY EDUCATION.

It is a satisfactory sign of the times that outside pressure is being brought to bear on the General Medical Council to fulfil the promises made in the past in respect of an improvement in the standard of preliminary examination for medical students. In 1898 the attitude of the Council really appeared favourable to a change which had long been demanded by the profession in general, but at the last moment it was thought desirable to obtain the advice of certain experts in educational matters, and these gentlemen, in somewhat ambiguous terms, turned the scale against any raising of the standard. The feeling which was excited by the action of the Council ostensibly based on this pronouncement was very ably expressed by the delegates who waited on the Council last week from the British Medical Association. The speakers did but voice the prevailing opinion when they urged that those who aspire to enter a learned profession should be called upon to afford evidence of culture rather above than below that of the general public. The subject is one which has been discussed over and over again by the Council with ludicrously inadequate results; indeed, it is difficult to point to any results worth speaking of. Those who have not followed the debates of the Council may well ask on what conceivable ground the Council has held its hand and has abstained from doing that which it had formally declared to be an important and urgent matter? The answer is that by raising the standard of preliminary education a large number of intending students would be thereby debarred, thus "unduly depleting the ranks of the profession." This is a pure, nay an unwarrantable, assumption, but were it even so, the excuse

is one which should make us blush for the backward state of our system of education. The last reason alleged for not taking action is that the whole question of secondary education is at present under discussion in Parliament, but the feeling of the profession, or at any rate of that section of the profession which has expressed any opinion at all, is that the standard should be fixed without waiting for the secondary education of the country to be brought up to a theoretical level not as yet ascertained. It has over and over again been urged upon the Council that the profession ought to control its own portals, and at one time there even appeared to be a chance that the Council might take the reins into its own hands, and organise a preliminary examination of its own to be passed by every intending medical student. Unfortunately this prospect was frustrated, and the energies of the Council have been frittered away in sterile discussion. It is worthy of note that during the last twenty years the proportion of students who voluntarily take the higher, in preference to the lower, standards has increased from 20 to 50 per cent., but there remains nevertheless too large a residuum of badly-educated men in the profession and too large a proportion of badly-educated aspirants who obtain admission through the lower grades of examinations. Incidentally it may be found desirable to fix a somewhat higher minimum age for entrance upon medical study. The Council fixed sixteen, which is certainly too young, and the age of seventeen suggested by the delegates, if anything, errs on the side of youth. The Council declared some years since its desire to arrange for a single preliminary examining body, but little or nothing has been done to carry this pious intention into execution. That the standard of preliminary education is too low is, as one speaker observed, not an impression but a conviction. The delegation was courteously received and was promised a carefully reasoned reply to the report which they presented to the Council. We wish we were able to feel that something was likely to result from the interview, but past experience of the Council in this matter has been so discouraging that we can but hope.

PLAGUE PREVENTION.

THE possibility of preventing the spread of plague, judging from recent experiences in the United Kingdom, may now be regarded as an established fact. Notwithstanding that this most insidious infection has been introduced time after time into various British ports during the past few years it has in no case been able to secure a foothold. Side by side with former experiences this comparative immunity presents a contrast sufficiently striking to merit the consideration of all concerned in the advances of practical prevention. The facts of the modern attitude with regard to plague all hinge upon the view published so long ago as 1894 by Professor Koch to the effect that plague was primarily a disease of rats, and only

human in a secondary degree. That opinion has since attained the position of an established principle but its practical deductions have not yet been adopted and put into force with that unreserved and stringent thoroughness which is essential to the proper application of sanitary preventive laws. In how many great ports of Europe, for instance, is the precaution taken of insisting that all merchant vessels shall be rat-free both on entry and departure? Yet by the stringent and universal experiment of that one measure it may be safely assumed that plague might be henceforth confined to the eastern countries of its origin, where, indeed, the disease must be regarded as endemic in its prevalence. The great lesson to be learnt from modern science with regard to this scourge of mankind is the necessity for international action. Unless this preventive measure be adopted in all countries that have sea-ports, the danger of the reintroduction of plague will always be present. Meanwhile it is in the power of the individual country to destroy the rats in its own sea-ports and granaries and to insist that all ships entering its ports should be rat-free. The experiences of Bristol in that direction are encouraging, thanks to the enlightened policy adopted by the Port Sanitary Authority at the instance of their medical officer of health, Dr. D. S. Davies. In his recently issued annual report the whole subject of the rat introduction of plague is dealt with in a most interesting manner. In olden days Bristol suffered severely from the malady in question, and in the light of our present information the outbreaks were due to its position as a great trading port. The tonnage for 1901 amounted to 919,278 tons, and the total grain imports were 3,562,666 quarters. The difficulty of excluding plague under these circumstances would, indeed, be great were the disease widely prevalent in the grain-producing countries. So far as Bristol was concerned the rats on one ship were found, on bacteriological examination, to be infected with plague. The vessel was at once fumigated with sulphur, the rats destroyed, and all the men known to have had any connection with unloading the cargo were kept under medical supervision. This prompt and energetic action succeeded in warding off the danger altogether, for not a single case resulted. It is interesting to speculate as to what might have happened had the port watchman failed to notice or to report the six dead rats that were laying dead in the forehold of the steamer *Rembrandt*, when she lay alongside the quay ready to discharge her cargo of Smyrna grain into one of the largest grain warehouses in the city. Sooner or later the systematic destruction of rats on board ship must be rendered compulsory. As Dr. Davies points out, the supervision of infected persons and articles must, of course, be maintained on ordinary lines of intelligent control, but there is not one tithe of the danger involved in the arrival of a plague patient at a non-infected country that there is in the arrival of a vessel with infected rats in the hold. Altogether, the prevention of plague by rat-extermination is one

of the most brilliant chapters in the history of preventive science.

TUBERCULOSIS—THE SEED AND THE SOIL.

FOR too long a restricted view has been taken by many respecting the nature of tuberculosis. Koch's brilliant discovery focussed attention on the tuberculous seed. The accumulated experience of clinicians regarding the nature of the soil has been kept in the background. Bacteriologists have done much to place the study and control of infectious diseases on a scientific and common-sense basis. But the fact that many of our pathologists are devoid of all clinical experience and lacking in those interests and instincts which go to make the highest type of physician, has undoubtedly led to an incomplete presentation of the case respecting the character of consumption. The sway of the pathologist has for some years past been dominant, and although incalculable good has been accomplished by the recognition of bacteriological truths, the time it would appear has now come when the dogmatic and self-assertive attitude of many who are mainly interested in the academic aspects of tuberculosis should be met by clearly defined statements based upon clinical experience of the human subject. The investigations of the laboratory and the results of experiments on animals have to some extent encouraged a neglect of careful clinical observation at the bed-side, and the registration of the results of close observation of the human patient. It is a sign of immense significance that within the last few months important statements have been made by several leading clinicians of wide experience on the necessity for remembering that, in the protection of the subject from invasion by the tubercle bacillus and in securing arrest of the tuberculous process, the question of the soil is as important and in many instances, even of greater moment, than the influence of the tuberculous seed. We need only remind our readers of the recent pronouncements of Sir Dyce Duckworth, Dr. Frederick Roberts, and Dr. Howship Dickinson to indicate that a healthy reaction is occurring against the extreme view of many pathologists. The same subject was ably dealt with by Dr. Stephen Mackenzie in his recent oration to the Medical Society; and it may be safely concluded that the profession generally will welcome these much-needed warning voices. If the medical profession is to maintain its proper attitude in guiding public opinion in health matters, and especially at the present time in relation to the arrest of consumption, it must dissociate itself from the limited view and often alarming pronouncements of those whose zeal for pathology outruns their knowledge of clinical facts. In the in many ways most admirable prize essay by Dr. Knopf, which has been translated into some five different languages, we find the following:—"We desire to emphasise the fact that the chance for a cure of the consumptive individual does not at all depend upon whether he has a hereditary

tendency or has accidentally acquired the disease." This is but one example of those erroneous statements which might be taken from numerous recent publications arising from a restricted view of the subject, or the outcome of a warped judgment. We have learnt much since the tubercle bacillus was discovered. Many closed doors have been unlocked by the recognition of the specific irritant. But much work still remains to be done if the conditions of soil are to be made clear. The reactive properties of the various human tissues to the tubercle bacillus must be studied with greater care and more painstaking insight. Certainly the most hopeful methods of treatment are likely to be those which are based upon sound knowledge of the soil rather than fantastic ideas as to the vagaries of the seed.

Notes on Current Topics.

The Arthritic Factor in Medicine.

IT is now many years since Mr. Jonathan Hutchinson impressed upon the medical profession the importance of the arthritic diathesis. The term in question may be taken as a convenient expression for the inherited tendency in certain individuals to develop chronic diseases of the joints. Whether that result be due to an intrinsic weakness of the articular structures, or to some general dyscrasia of the blood or other constituents of the body, has not been determined. It is certain, however, that the offspring of tuberculous families often display the arthritic tendency in the shape of rheumatoid changes. The difficulty of establishing general rules with regard to arthritic tendencies is largely due to the fact that in the later stages of joint affections the specific characters are often lost. Thus it would be impossible in most cases to determine from mere inspection of a given joint whether its advanced destructive changes were originally due to, say, chronic rheumatism, osteo-arthritis, or Charcot's disease. It may be, perhaps, permissible to assume that the arthritic vulnerability has been inherited, while the specific exciting cause, *e.g.*, rheumatism or tubercle, has been acquired by the individual. In any case the recognition of the arthritic tendency has an important practical bearing on practical medicine, especially in dealing with the early days of joint trouble, when any hint of the exact etiological factor at work is of the greatest importance to the future welfare of the patient.

The Medical Benevolent Fund Society of Ireland.

WE wish to draw the earnest attention of all the members of the medical profession in Ireland to the report of the Medical Benevolent Fund, which appears elsewhere. The report of the honorary treasurer shows that while £1,330 were given away in grants during the course of the year, only £470 was paid into the Society's funds in the form of contributions. Further, of this £470, a net contribution of £157 came from co. Antrim, where Dr.

Richard Purdon is treasurer. This is not as it should be. The sole objects of the Society are "to assist a professional brother when in distress, or his widow and orphans after his death," and consequently its interests should appeal to every medical man. We cannot but think that the Society is a little responsible for the lack of general support which it is unfortunately experiencing. We doubt greatly if the average medical practitioner through the country is familiar with the fund and its objects. But even if they are familiar, that is not sufficient; they should also be familiar with the face or the handwriting of the Society's collector or treasurer. There is no charitable society which can maintain its good works by merely acting as a passive receptacle for, and dispenser of, funds. It must also be an active collector of them; indeed, in some cases, to succeed, it must be "a persistent beggar." The report states that in one or two counties almost every member of the profession subscribes, while in others only three or four subscribe. We venture to say that in the former case every member of the profession is asked, and in the latter case perhaps five or six are asked. Some day, when the Society asks every medical man to subscribe, they will get a satisfactory response. In the meantime, our subscribers cannot say that they are in ignorance of the fund and its objects.

Metropolitan Asylums Board Accommodation.

THE difficulties experienced by the Metropolitan Asylums Board in providing adequate hospital accommodation for infectious disease in London is reproduced in varying degree in all parts of the United Kingdom. In the metropolis, since the year 1890, the first complete year in which compulsory notification was in force, the proportion of admissions to the total number of legally admissible cases has increased year by year, with one exception, from 33.59 per cent. in 1890 to 70.63 in 1900. In the year 1900 35,247 cases of infectious disease were notified, and of 30,243 legally admissible to the managers' hospitals, 21,361 were actually admitted. The remainder was made up chiefly of 237 cases of puerperal fever and the rest erysipelas. Of the admissible diseases the greatest increase in the percentage of admissions to notifications has taken place in scarlet fever and diphtheria, while enteric fever comes next with a considerable interval. The percentage admissions for scarlet fever rose from 42.82 in 1890 to 75.15 in 1900, and those for diphtheria from 17.87 in 1890 to 72.48 in 1900, while those for enteric fever registered 22.49 in 1890 and 47.70 in 1900. The increase of hospital isolation thus provided must have prevented the spread of a vast amount of infection, but the considerable margin left over and above shows that the preventive system is far from having reached the ideal standard of universal adoption. It further proves the popularity of the Board hospitals with the public and affords a most hopeful encouragement for future progress. The accommodation of the Asylums Board is not

yet at all adequate and would be seriously strained by any recurrence of the great epidemic waves of scarlet fever or erysipelas. This necessity of progressive extension of hospital organisation, indeed, constitutes the great rock ahead of the Board.

The Polyclinic Dinner.

THE festival dinner of the Polyclinic and Medical Graduates College, which took place at the Criterion on Thursday evening last, was a great success, a very large number of distinguished medical and other guests assembling to further the cause of this excellent institution. Mr. Asquith, M.P., who occupied the chair, made a very eloquent appeal for public support. He pointed out that its consultation classes filled a gap in the philanthropic machinery of the metropolis, in that persons unable to pay ordinary fees, yet unwilling to have recourse to hospitals, could there have the benefit of the highest skill. Its principal claim to support, however, was, he said, that it sought to place one branch of education in this country on a level with that of other countries, and, he added, there was no profession or calling in which it was more important that facilities should be afforded for after, *i.e.*, post graduate, education. Theology might be stationary, law might wind in vicious circles, but medicine must of necessity keep itself abreast of advancing knowledge. He pointed to the extraordinary progress of the last twenty years in regard to such diseases as tuberculosis and malaria, and expressed the hope that a similar voyage of discovery would be made in regard to that most terrible and most inscrutable scourge of humanity, cancer. This result could only be attained by combined research and co-operation, and when funds had been provided sufficient to allow of the proper evolution of this institution, which, so far, was still in an embryonic stage, it would unquestionably form an admirable theatre for post-graduate research. He hoped the result of their meeting would be to engender further interest in the prosecution of this great work, which he believed to be no less advantageous and important to the profession than it was likely to be useful and beneficent to the people of this country. Some excellent speeches followed by Mr. Jonathan Hutchinson, Sir John Cockburn, and Sir James Crichton Browne, and donations amounting to upwards of £500 were announced by the treasurer, Dr. Theodore Williams.

Aliens and the Death-rate.

IT has generally been assumed that the miserable plight of the numerous aliens who take refuge in the Metropolis plays a part in the high death-rate which obtains in many quarters inhabited by them. The evidence of Dr. Shirley Murphy, the Medical Officer of Health for London, curiously enough, points in quite the opposite direction. In certain districts—St. George's-in-the-East, Whitechapel, Limehouse, and Stepney, for instance—the proportion of foreigners has risen during the last ten years to a very large extent (16 to 28, 24 to 31, 5 to 11) yet the death-rate has fallen in

each of these districts, while the birth-rate has risen. Dr. Shirley inclines to the opinion that the effect of foreign immigration, if any, is in the direction of lessening the death-rate from all causes, and he attributes this result to the greater care that these foreigners take of their health, in spite of their unfavourable surroundings, more particularly in respect of their sobriety. They take more care of their children and live more regular lives than the corresponding class of the British population. They would doubtless do even better were it in their power to avoid overcrowding, but this is a circumstance largely beyond their control. This is a lesson worth bearing in mind when the question of alien immigration is being discussed. Our own experience coincides with that of Dr. Murphy in respect of their greater care of children and the comparative sobriety of these intruders.

The Early Treatment of Squint.

THE idea that squint is a condition which will spontaneously subside as the child grows older is no doubt the reason why so often no attempt is made to remedy the defect until after the lapse of many years, until, in fact, much, and it may be irreparable, damage has been done to the visual powers of one of the eyes. Another erroneous idea, also very prevalent, is that if a child be made to wear glasses for the purpose of obviating the tendency to squint, the wearing of glasses will thenceforth be compulsory. It is hardly necessary to point out that the exact opposite is the case, that indeed, if the patient be brought under treatment as soon as the squint is noticed the glasses, in the majority of instances, can be laid aside at or soon after puberty, being, in fact, needed after that period only in presence of some marked error of refraction which would in any event necessitate their use for near work. Now that a commencement has been made with the methodical examination of the refraction in school children, we may hope that a better knowledge of the elementary facts of optics will permeate the masses, increasing the child's perceptive faculties and remedying early the tendency to this disfiguring error of convergence.

Milk-blended Butter.

THE present position of the law with regard to milk-blended butter is anomalous in the extreme, and it is reassuring to note that Mr. Hanbury, the President of the Board of Trade, is of the opinion that fresh legislation is needed. As things go the producer of milk-blended butter is enabled to sell a cheap article and to escape his responsibilities for vending a water-logged butter by simply appending a notice declaring the addition of the milk. As Mr. Hanbury very properly pointed out, in answer to an influential deputation, the customer might easily be imposed upon by such a notice, which naturally enough would convey little meaning to his mind. The honest producer requires protection no less than the consumer, and the morality of a whole trade may be wrecked by the craftiness of particular blenders, who

realise that to sell water at the price of butter is what the man in the street would call "good business." If standards are to be evaded in that simple way by unscrupulous tradesmen, then some other method of protecting the food of the public will have to be invented. There is neither rhyme nor reason in excluding animal fat from butter under all kinds of pains and penalties, while an excess of water may be added with impunity. Mr. Hanbury is of opinion that we should deal stringently with all butter containing over 16 per cent. of water. He would allow a little latitude in the case of Irish brine butter, and said he should press the whole matter upon the attention of his colleagues.

Disused Burial Grounds as Building Sites.

THE Metropolitan Public Gardens Association has done excellent work for years past in securing valuable open spaces to the public. Its example might well be followed in all the great towns of the Kingdom. Quite recently it has called attention to the ever-present temptation to church authorities to allow buildings to be erected on their disused burial grounds. The extent to which this most reprehensible practice has been carried in former times may be traced in the way in which many churches, both in London and elsewhere, are hemmed in and, as it were, bricked up by surrounding structures. That process of appropriation, be it noted, having taken place in many instances before the removal of buried bodies was made compulsory, the sanitary condition of the buildings erected on the churchyard ground is clearly open to the gravest suspicion. Nowadays, when that danger is met by the compulsory clearance of the graves, a wrong is done to the community by depriving it of an open breathing space. This grievance has been insisted upon by the Gardens Association, who have gone to the root of the matter by discussing recent faculties granted by the Consistory Court for the erection of buildings on churchyards. The society in question suggests that it would be well to obtain an authoritative decision from the higher courts as to the legality of such proceedings. The alternative presented by the society is the rational and pleasant one of laying out city graveyards as pleasure grounds.

The Midwives Bill.

THIS Bill, as amended by the Standing Committee, was ordered for third reading on Friday last, but several modifications were made therein which go far to meet some, at any rate, of the objections brought against the measure. Mr. T. P. O'Connor obtained the addition of a clause providing for the removal from the list of midwives of persons convicted of felony or misdemeanour, or who are adjudged by the Midwives Board to have been guilty of disgraceful conduct *qua* midwife. The proposal that the local authority should periodically inspect all premises in which midwives received pregnant or lying-in women, and should issue certificates of registration of same, was obviously beyond the scope

of the Bill before the House, and was rejected. The proposal, however, is certainly one of considerable importance, and if adopted would go far to check immoral and criminal practices. Subsection I was modified in order to provide that from and after January, 1910, no woman shall habitually and for gain attend women in childbirth, or shall make use of the title of midwife? . . . unless certified under this Act. It was also agreed that one member of the Midwives Board should be appointed by the Royal British Nurses' Association. The proposal to extend the scope of the Bill to Scotland and Ireland was negatived, although it was intimated that this might be done by separate measures. On the whole, we believe the Bill in its present form will effect some much-needed reforms. Certain obvious shortcomings in the present measure can be remedied later, when experience shall have shown how it works, and little by little the educational standard can be raised. For good or for evil, the scheme is now on the eve of becoming law.

The Coronation Gynæcological Reunion.

WE are glad to learn that the proposed meeting of gynæcologists and obstetricians of the United Kingdom during the Coronation week has now become a definite arrangement. A reception is to be held at 20, Hanover Square, at 4 p.m., by Sir John Williams, Dr. Peter Horrocks, and Dr. Halliday Croom, and this will be followed by a dinner at the Hôtel Métropole at 7.30, under the chairmanship of Sir John Williams. We cordially congratulate those gentlemen who have been responsible for the inception of such a praiseworthy idea on the success which seems to be ensured for the reunion. Of late, perhaps, various little matters have occurred which have caused slight differences of opinion between many of the members of the gynæcological world, and we confess that we consider that perhaps the most important of the many good effects of the proposed meeting will be the establishment of a common, and we hope enduring, bond of union. We would draw the attention of all those interested in obstetrics and gynæcology who intend to be in London during the Coronation week to the notice which appears in our advertisement columns, as we are sure they will wish to be present at what promises to be a most enjoyable and interesting function.

Pseudo-Phthisis.

IN February, 1846, Addison, when addressing Guy's Physical Society on the conditions that simulate phthisis, said:—"Whatever lessens the freedom, mobility, or elasticity of the ribs renders the sound, on percussion, more dull. Hence it is that in rickety persons, where deformity of the chest has taken place subsequent to birth, the signs furnished by percussion are often extremely unsatisfactory, and, indeed, under such circumstances, neither percussion nor, in many instances, auscultation, can be much relied upon." More than once he returned to the subject, and his monograph on diseases that simulate consumption is an exhaustive study

of the difficulties and fallacies attending the physical diagnosis in diseases of the chest. M. Grasset has this year drawn attention to the subject by a paper on some localised changes in the lungs in rheumatic subjects which produce diminution in the percussion note and other signs of consolidation, and which are, in his opinion, not infrequently mistaken for commencing tuberculosis. He goes the length of saying that many cures in the earlier stage of phthisis, especially in sanatoria, are really only cases of localised rheumatic disease in the lung. Now a case showing tubercle bacilli could not be classed as rheumatic disease, and it is very unlikely that a patient would be sent to a sanatorium until bacilli were found, withal it is worth bearing in mind that the early stages of phthisis are as Addison pointed out, closely simulated by other diseases.

The New President of the Royal College of Surgeons, Ireland.

THE newly elected President of the Royal College of Surgeons in Ireland, Mr. L. H. Ormsby, is well known in Dublin medical circles and holds many important appointments. He is a Graduate in Arts and M.D. of Dublin University and a member of its Senate, one of the senior members of the staff of the Meath Hospital and County Dublin Infirmary, and Surgeon to the National Children's Hospital. In addition, he is a member of the Board of Superintendence of Dublin Hospitals, Governor of the Lock Government Hospital, and Justice of the Peace for County Dublin. We congratulate Mr. Ormsby on his appointment to the Presidency at a time when the College appears to be at last getting clear of the heavy burden of debt which has oppressed it for so many years. It is difficult for a body such as the College of Surgeons, when cramped by insufficient funds, to maintain that degree of expansion and improvement which will alone keep it abreast of the times. But when the period of depression is over, a judicious and wise development of its resources is bound to result. Mr. Ormsby's predecessors have been connected with the period of recuperation. Mr. Ormsby himself will be connected with the period of advance. He is therefore in what perhaps may be considered to be even a more fortunate position than his predecessors, and one which we are sure he will worthily occupy.

THE Court of Governors of Owens College, Manchester, have decided to apply for a charter for an independent university to be called the Victoria University of Manchester.

THE Court of Assistants of the Society of Apothecaries of London have passed a resolution requiring that on and after July 1st next candidates for any examination in medicine shall produce evidence of having received instruction in the administration of anaesthetics at a recognised medical school or hospital.

The Council Election of the Royal College of Surgeons of England.

THERE are now eight candidates for the vacancies on the Council of the Royal College of Surgeons of England and as the date of nomination expired on Monday last, June 9th, the list may be regarded as closed. There are indications that these elections no longer excite the interest which they did when reform of [the College was in the air. No doubt individual surgeons still keenly appreciate the honour and privilege of a seat on the Council, but this may reasonably be explained on the ground that a seat on the Council affords access to the many sources of emolument at the disposal of that body. From the point of view of medical politics the elections really possess no general interest. It is plain that the Fellows intend to the best of their power to reserve to themselves the monopoly with which an archaic constitution has endowed them, so that, whether it be this Fellow or that Fellow, the great mass of the body corporate is absolutely indifferent. Even the annual farce of the corporate meetings followed, as the night the day, by the automatic *non possumus* of the Council, appears likely sooner or later to fall into abeyance simply because it has really no *raison d'être*. The right to offer suggestions without any power of bringing pressure to bear to secure their adoption is such an empty attribute that it is scarcely to be wondered at that it is not appreciated. Gossip has it that Mr. Howard Marsh, who alone among the retiring members offers himself for re-election, is likely to be re-elected, and among the others the betting seems to be in favour of Mr. Clutton, Mr. Golding-Bird, and Mr. Bland-Sutton. The influences which go to preside over the selection of members of Council are of such an occult and variable nature, and are so obviously controlled by coteries and rings and direct or indirect personal influences—in other words, the influence is so foreign to purely professional considerations—that to those without the charmed circle it is quasi-impossible to make even an approximate forecast.

The Treatment of Sepsis following Abortion or Labour.

It is to be feared that in a large proportion of cases the treatment of sepsis following abortion or labour, especially the former, is somewhat inadequate. A more or less perfunctory search is made for any placental structures or clots accessible to digital exploration of the vagina and cervix, removing any such if discovered, and then antiseptic injections, which necessarily fail to reach decomposing material higher up, complete the usual routine of treatment. It is not until acute symptoms of infection supervene that more drastic measures are resorted to, if at all. It is hardly necessary to point out that such mild measures must often fail to afford the patient any protection against the development of subsequent mischief but there is a very decided disinclination on the part of general practitioners to make use of the curette, an instru-

ment which for some reason or other has acquired a bad reputation. After labour, of course, it is usually possible to explore the interior of the uterus with the hand, but after abortion this is virtually impossible unless preceded by dilatation of the cervix, a procedure which may be attended by greater risk than curetting itself. The principle to be laid down is that in presence of a foul discharge associated with a rise of temperature, and other symptoms pointing to sepsis, which do not immediately subside on the removal of *debris* and a few antiseptic douches, curetting of the uterine mucosa is indicated, of course with the usual precautions.

Intravenous Injections of Oxygen Gas.

OUR Vienna correspondent calls direct attention to some interesting and novel experiments which have been carried out by Gärtner bearing on the effects on animals of the introduction of oxygen gas directly into the venous circulation. He found that comparatively large quantities might be introduced with safety, a fact which may later be found to be possessed of considerable therapeutical significance. When the quantity thus introduced exceeds a certain proportion per volume of the blood, symptoms which are sometimes of a more or less alarming character, supervened, but in every instance they quickly subsided on desisting from the experiment. Of course, it is a great step from man to animals, but it must occur to everyone that the possibility of directly oxygenating the blood in this easy manner may place it in our power to combat impending asphyxia much more promptly and effectually than can be done by means of ordinary inhalation. At present the matter is in a purely experimental stage, but it nevertheless constitutes an interesting departure.

The Royal Medical Benevolent College.

WE publish elsewhere a list of the elections at the annual meeting of the Governors, which took place on the 30th ult. The only matter of interest which came up for discussion was the proposal to change the name of the institution to "Epsom College," but it was stated that in view of the fact that the title, which clearly designated the object of the foundation, establishes a certain claim to the notice of possible benefactors it was not thought advisable to do so. Dr. Galton, who had collected £1,000 towards the funds, was elected a vice-president. The financial situation of the College appears to be satisfactory, but it is obvious that its sphere of usefulness is still capable of very great extension, though nothing can be done in this direction until the funds are greatly increased.

A CRISIS in the relations between medical officers and friendly societies appears to be inevitable at Chesterfield. For some time past the medical attendants have endeavoured to secure increased payment for their services, but an open rupture in the negotiations has now taken place, and similar unpleasantness will probably result here as has occurred elsewhere.

The Egyptian Medical Congress.

THE Congress of Medicine, which is to take place in Cairo in December of this year, offers many attractions from a scientific, as well as, nay, especially, from a social point of view. The occasion is one which may well be taken advantage of by practitioners who are desirous of visiting the land of the Pharaohs in that it will afford exceptional opportunities for visiting the principal objects of interest under the most favourable circumstances. The organising committee have arranged a series of excursions for the benefit of members of the Congress who, by the way, may be accompanied by their wives. Among the attractions are the various mosques, the pyramids and sphinxes, the island of Rhodes—the spot, it is believed, where Moses was found in the bulrushes—the ostrich park, the tombs of the prophets, the petrified forest, &c. There will also be an excursion some miles up the Nile. It is anticipated that the principal shipping firms will concede special terms to members of the Congress, and in respect of Upper Egypt Messrs. Cook announce a reduction of 50 per cent. on their ordinary tariff.

The Ambulance Coronation Arrangements.

THE organisation of the Ambulance Service in view of the forthcoming Coronation festivities is being proceeded with, and we are informed that they will be even more elaborate than on the occasion of the Jubilee fêtes. The troops will be provided by the Royal Army Medical Corps, Regulars, Militia, and Volunteers alike, and they will be assisted by the Volunteer Infantry Brigade bearer companies. The Volunteer contingents will be drawn from all parts of the kingdom in order that the various branches may be fairly represented on this historic occasion. Provision has to be made not only for service along the line of route but also for medical attendance for the large number of troops temporarily stationed in the Metropolis. There will be ambulance stations at regular intervals along the line of route, and stretcher detachments from the St. John Ambulance Brigade will supply the facilities for the immediate transport of the sick and wounded, if unfortunately there should be any. The detailed plan will be made public shortly.

A CONVERSAZIONE is to be held at University College, London, on Thursday, June 19th.

PERSONAL.

DR. WILLIAM H. WELCH, of the Johns Hopkins University, will deliver the Huxley Lecture for this year at the Charing Cross Hospital.

DR. R. F. QUINTON, Medical Officer of Parkhurst Prison, has been appointed Governor and Medical Officer of Holloway Prison, *vice* Colonel Milman, retired.

DR. WILLIAM LAMB, M.R.C.P., has been elected Surgeon to the Birmingham Ear and Throat Hospital, and Dr. Wilfrid Glegg, M.R.C.P.E.I., has been appointed Assistant Surgeon.

SURGEON-GENERAL A. F. PRESTON, who acted as

Director General of the Army Medical Staff during the recent interregnum, has just retired, having attained the age limit. He received the Distinguished Service Reward some time since.

DR. ROSENSTEIN has been made a Commander of the Order of the Lion of the Netherlands, and Drs. Könwer, Roessnigh, and Pot have been appointed Knights of the same Order for their attendance on the Queen of Holland during her recent severe illness.

FIELD-MARSHAL LORD ROBERTS, K.G., has consented to preside at the annual distribution of prizes to successful students of St. George's Hospital Medical School, in October next. It is anticipated that the occasion will see a considerable muster of old St. George's men who have been doing good service in South Africa during the recent campaign.

THE past and present patients of the National Hospital for Consumptives, Newcastle, have made a presentation to the Medical Superintendent, Dr. Steede, on the occasion of his approaching marriage. The presentation consisted of entrée dishes and a revolving dish, with an inscription bearing warm testimony to the skill, gentleness and kindly attention which the patients, without distinction of class or creed, had experienced at the hands of Dr. Steede.

WE notice with pleasure that a mural tablet in honour of the late Professor S. O'Sullivan, F.R.C.S.I., was unveiled, on the 3rd inst., in the North Charitable Infirmary, Cork. It was erected by his colleagues of the medical and surgical staff of the North Infirmary in token of their sincere affection and respect. The unveiling ceremony, which was witnessed by a large assembly, was performed by the High Sheriff of the city, who bore eloquent testimony to the high estimation in which the Cork people held Professor O'Sullivan.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE SANITARY CONDITION OF EDINBURGH.

DR. A. M. WILLIAMSON, head of the sanitary department, has presented his fourth annual Report to the Town Council. In addition to the sanitary work carried on in improving and reconstructing properties, nearly 14,000 complaints were dealt with during the year, of which number 13,864 nuisances were successfully abated. In over a thousand cases the visiting inspectors found houses in so filthy a condition as to require them to give instructions for cleaning, while 318 cases of overcrowding (mostly of one-roomed houses) were discovered. It is satisfactory to learn that in dealing with the last named little difficulty was experienced in obtaining satisfactory accommodation for those who were unhoused. As a result of the efforts of the department to do away with underground tenements, it is reported that only nineteen such are now occupied in the city, and it is proposed to deal with them in the current year. Under the head of the Sale of Food and Drugs Act the Report states that a large proportion of the samples taken under the powers of the Act have been of milk. In a few cases in which adulteration had taken place it was possible to obtain a conviction, but Dr. Williamson says there can be no doubt that the law in this respect is in a most unsatisfactory state inasmuch as while a nominal standard of purity has been fixed by recent legislation, the necessity imposed on the prosecutor of conclusively proving that the milk has been tampered with after withdrawal from

the cow completely nullifies the advantage gained. A noticeable improvement in the bakehouses of the city was manifest. Dairies to the number of 490, and 140 cow-byres are now on the register, and during the year 229 samples of milk were taken from animals suspected of diseases which might be communicable to man. The majority of these were tuberculous affections; in no fewer than fourteen instances tubercle of the udder. As regards meat inspection, only one carcass in every 638 had to be destroyed as diseased; but among cattle alone the proportion was higher—1 in 191. During the year the total seizures were as follows:—Beef 72,497 lb, veal 2,192, pork 1,262, mutton 6,412, fish 4,233, fruit 1,255, margarine and sweets 48.

THE RECENT GLASGOW SMALL-POX EPIDEMIC.

In his detailed report on the prevalence of small-pox in Glasgow since April, 1900, Dr. Chalmers, the medical officer of health, deals with the influence of the situation of the Belvedere Fever Hospital on the prevalence of the disease in the easternmost part of the city, and states that a series of comparisons warrant the deduction that the risk of aggregating together small-pox patients begins at a very early period of an epidemic, and that the disease tends to prevail in the neighbourhood of small-pox hospitals. When, however, epidemic virulence is established, the precise influence exerted by the hospital cannot be dissociated from that caused by the independent centres which it has in part produced. The conclusion, however, is inevitable that Belvedere is undesirable for the continued treatment of small-pox. How to meet both contingencies—a recurring epidemic prevalence at long intervals, and the added risk of concentration present at all times, but felt most when the pressure is greatest—is the constant difficulty in providing hospital accommodation for small-pox. To maintain several hospitals constantly equipped for a contingency which, however certain, is yet remote, would mean waste. A certain minimum accommodation must be available to meet minor fluctuations between epidemic periods, but to establish this as the sole centre of aggregation in epidemic periods results in producing a surrounding mass of infection, which may be dealt with but cannot be controlled. The broad distinction between the mortality in the vaccinated, doubtfully vaccinated, and unvaccinated was that at all ages the death-rate in the first group was 9.1 per cent., in the second 54.3 per cent., in the third 51.6 per cent. The number of revaccinations was 413,237, and the amount expended in connection therewith £32,236.

EDINBURGH INFIRMARY OLD RESIDENTS' CLUB.

The eighth annual meeting and dinner of this club, founded several years ago to promote intercourse between past and present generations of infirmary residents, was held in Edinburgh on Friday last, June 6th. The club has been in the habit of presenting a prize in clinical surgery annually, but last year this had to be discontinued for want of funds. The finances are, however, in a more satisfactory condition than last year, and it is hoped in time to accumulate a capital fund sufficient to endow a biennial prize. The club now numbers about 400 members, residing in all parts of the country. Between sixty and seventy were present at the dinner, under the chairmanship of Sir Dyce Duckworth, who travelled from London specially to preside, and a most enjoyable evening was spent.

MR. JOHN SHAW MACLAREN has tendered his resignation of the post of Assistant Surgeon to the Managers of the Royal Infirmary, as he has accepted an appointment as a medical missionary in Rajpootana.

Belfast.

[FROM OUR OWN CORRESPONDENT.]

[We are not responsible for opinions expressed by our local correspondents.]

EPIDEMIC SUSPECT.—We seem to be in for an epidemic of small-pox here, but as the town is probably pretty well

vaccinated it is not likely to be a severe outbreak. There are said to be about twenty cases in the fever hospital at the Union workhouse, but this figure is based on hearsay only, not on published statistics. The question of a proper small-pox hospital is, of course, to the fore, as at present we depend on the accommodation in the fever hospital, which is situated in the grounds of the crowded Union workhouse. Land was secured long ago for the purpose of a large new fever hospital at Purdysburn, close to where the lunatic asylum now is, but, like many another municipal undertakings, the building seems to hang fire. The medical profession has strenuously opposed the scheme, and is almost unanimous against it, as the new hospital will be so far from Belfast that from some parts of the city a drive of seven miles will be necessary to reach it—a drive which, to put it mildly, would be no great advantage to a patient with a well-developed attack of typhoid or small-pox. It is reported that a temporary small-pox hospital is to be erected on the site chosen by the City Councillors for the new fever hospital, and this would appear to be a very good step, for if in practical working the site proves to be as objectionable as the majority of us believe it to be, the erection of the fever hospital on it may be stopped. Meantime, re-vaccination is the absorbing topic of interest, and one day last week the supply of lymph ran short, so great was the demand for it.

ULSTER MEDICAL SOCIETY.—The annual meeting of the Ulster Medical Society has been fixed for Thursday, June 12th, when, in addition to the ordinary business, the Society will take into consideration the Constitution and Rules, as revised by a special committee, in consequence of Professor Whittle's gift of a medical institute. The building of the institute proceeds rapidly, and it is hoped that it may be ready for the opening meeting of next winter session.

Correspondence.

A MEDICAL HERO.—THE SMYTH FUND.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly allow me the courtesy of the columns of THE MEDICAL PRESS AND CIRCULAR to enable me to thank the Medical Profession for their great kindness to me and my children in connection with Dr. Smyth's death.

My heart is too full of gratitude to express adequately what I feel, but I can only say that I will never forget the generosity of my dear husband's colleagues in the affliction which so suddenly came upon us. I use the columns of THE MEDICAL PRESS AND CIRCULAR as an effective way of reaching the medical profession.

I am, Sir, yours truly,

E. M. SMYTH.

Burton Port, Donegal, June 3rd, 1902.

Medical News.

Medical Benevolent Fund Society.

At the annual meeting of the Royal Medical Benevolent Fund Society of Ireland held last week in the Royal College of Physicians, Sir J. W. Moore read the annual report, which contained the announcement that His Majesty the King has been graciously pleased to become patron of the society. The motion, "That the rule which debar adult orphans of medical men be modified, in order that special cases may be relieved," was considered at a meeting of the Central Committee, held on January 29th. After full discussion, the motion was lost. The acting secretary was accordingly instructed by the Managing Committee to inform all such applicants that they were outside the rules and scope of this society. The total amount of the grants recommended since last distribution is £1,310, exceeding those of the preceding year by 28½. The total number of applications considered during the year was eighty-four. Of these

seventy-three were from the widows of medical men, seven from, or in behalf of, their orphans, and four from medical men themselves. The Central Committee were again able to congratulate County Antrim Branch upon the very satisfactory report which the treasurer, Dr. Richard Purdon, had sent in, showing a net contribution of £157, but the Committee find a disheartening amount of apathy existing among the members of the profession regarding this society. "In one or two counties almost every member of the profession subscribes something towards this fund. In others only three or four subscribe; whilst from some no contribution whatever is forthcoming. Every member of our profession should subscribe towards a society the sole object of which is to assist a professional brother when in distress, or his widow and orphans after his death." The hon. treasurer (Dr. Parsons) having read the annual report, from which it appeared that £1,330 was given away in grants; the total receipts amounted to about £470, and the dividends on stocks £703. Sir Philip Smyly moved and Sir Thornley Stoker seconded the adoption of the treasurer's statement, both urging more active participation. Mr. Thomas Myles proposed:—"That this meeting desires to convey its warmest thanks to the Committee and officers of the parent society, as well as to those of the provincial branches, for their hearty zeal in the Society's beneficent work, and also to those of our student brethren who have contributed a tangible proof of their generous sympathy in the cause." He said a very moderate subscription of 5s. would bring in £750, whereas the amount subscribed was only £390. That was not creditable to the profession in Ireland. The motion was seconded by Sir Charles Cameron and passed. The Central Committee and officers were elected, and a vote of thanks to the chairman concluded the proceedings.

An Unqualified Suicide.

MR. ALFRED MALLETT PIERSON, a "nose and throat specialist," unqualified, living at Paddington, was recently brought to book by the Medical Defence Union, for a libel which he had published on a medical man, and was spared proceedings on giving an apology and paying costs. Last week he committed suicide, and at the inquest a verdict of "unsound mind" was returned.

Annual Meeting of the Royal College of Surgeons, Ireland.

The annual meeting of the Fellows of the College was held in the College Hall on May 31st—the President, Mr. T. Myles, in the chair. The annual report and financial statement of the Council for the year ending April 5th, 1902, was submitted to the meeting. The President briefly explained the principal features of the account for the past year, pointing out that at last the heavy burden of debt, the legacy of the amalgamation scheme, had completely disappeared. During the past two years the £3,000 of capital, which had been previously sold to meet the College liabilities, had been restored, and in addition £1,000 of Consols had been purchased, while at the moment of speaking a credit balance of £570 existed at the bank. The Council, in addition, had made large purchases for the library, and had commenced developing the splendid museum of the College. The curator of the museum had been given a special grant to pay for assistance in the preparation of a new catalogue, but this was a work that would necessarily take some time. As they could see for themselves, the College buildings had been thoroughly renovated, and made worthy of the College. The prospects of the College on the whole were bright, but strict economy and good business management were still necessary to enable the College to maintain its position. Since the last report many of the Fellows and Licentiates had received honours and distinctions for their services in the South African war. Two had received the honour of C.B., five that of C.M.G., one that of C.I.E., three the D.S.O., and one the Victoria Cross. The recipient of the last-mentioned distinction had been recently elected an honorary Fellow. At present the lists showed that there were now living—10 Honorary Fellows, 417 Ordi-

nary Fellows, 2,864 Licentiates, 6 Honorary Diplomates in Public Health, 128 Ordinary Diplomates in Public Health, 499 Licentiates in Dental Surgery. The obituary list recorded the deaths of 9 Fellows, 28 Licentiates, and 4 Licentiates in Dental Surgery during the past year.

An Ill-advised Action.

MR. WILLIAM ARTHUR JONES, L.R.C.S.I., of Camberwell, brought an action to recover damages for libel against the Rev. H. C. Veasey, who had inserted a statement in the *Schools Union Magazine* warning his readers against having any connection with Mr. Jones, on the ground of his notorious immorality. The action was tried in the King's Bench Division last week, when Mr. Jones denied certain allegations impugning his morality, but the jury, without any hesitation, returned a verdict in favour of the defendant.

The Royal Medical Benevolent College.

THE annual general meeting of the governors of the Royal Medical Benevolent College was held on May 30th, at the office in Soho Square, London, W., the Treasurer of the Institution, Dr. C. Holman, being in the chair. The scrutineers announced the result of the voting to be as follows:—

PENSIONERSHIPS: Fanny E. Owen, 10,397; Margaret M. Sheppard, 9,347; Caroline M. Jones, 9,319; Charlotte Johnson, 7,492; Lucy E. Matthews, 4,939; Fanny W. Wilson, 4,339; Sarah Nolan, 3,295.

FOUNDATION SCHOLARSHIPS: Wilfred L. Corry, 8,710; Gerald K. MacNaught, 8,165; William T. K. Wallington, 8,048; John A. Cowan, 7,325; Reginald H. Leigh, 5,625; John H. Stewart, 4,483.

MORGAN ANNUITIES: Matilda S. Rymer, 7,649; Emma Thackthwaite, 3,718; Ann Wilcocks, 3,578.

Fatal Whiskey Explosion.

CAPT. WILLIAM CARE, of the Indian Medical Service, was recently the victim of a distressing and fatal accident at Meerut. Someone having brought a light in proximity to an empty whiskey cask, an explosion followed, causing such serious burns to the unfortunate gentleman that he succumbed to his injuries soon after. Capt. Carr was only 32 years of age.

Royal College of Surgeons, Ireland.

THE Barker Anatomical Prize for 1903, of £21, is offered for competition, and is open to any student whose name is on the anatomical class list of any School in the United Kingdom. The preparations entered must be placed in charge of the Curator before March 31st, 1903. The prize is offered for a dissection of the sole of the foot. Particulars will be furnished on application to the Registrar.

More Antivivisection.

A BILL has been introduced into Parliament by Mr. Bannbury to amend the Cruelty to Animals Act. It provides that where experiments calculated to cause pain are made upon living animals they must be anaesthetised and shall be killed before recovering consciousness, such experiments not to be made except in the presence of an inspector and only for purposes of original research.

Suicide of a Scottish Practitioner.

AN inquest was held at Manchester last week on the body of James Waddell, L.R.C.P. and L.R.C.S.Ed., of Airdrie, Lanarkshire, who died from the effects of an overdose of morphia, taken, according to the verdict, "whilst insane from the effects of drink."

The Adelaide Hospital.

THE annual meeting of this hospital was held last week, Sir Algernon Coote, Bart., presiding. Dr. Wallace Beatty read the forty-fourth annual report of the Managing Committee, which stated that the long-wished-for addition to the Nurses' Home is now almost in readiness for occupation. The wing which has been added during the past twelve months is upon the cubicle system and affords improved accommodation for twenty-three beds, together with a day room. The enlargement of the extern departments and the new operating theatre also approach completion. Over these the heavy debt of £3,800 at present hangs, and a still further considerable sum must be expended upon furnishings and appointments. During the year 1,124 patients were

admitted into the medical and surgical wards, the number being rather more than that of last year. The medical report showed that 559 patients were admitted into the medical and fever wards during the year. The surgical report, which was read by Surgeon Heuston, stated that during the year 1901 565 patients were admitted to the surgical wards, being an increase of forty-five on the year 1900, in which year there was an increase of seventy-four as compared with 1899; 474 operations were performed with ten deaths, giving the very low percentage of 2.11. Mr. Justice Ross moved the adoption of the report and in doing so congratulated the medical staff, the surgical staff, and the nurses, whose work was so well known, on their having had another successful year. After the transaction of the remaining business the meeting terminated.

Pay of Indian Army Medical Officers.

THE Secretary of State for India has decided to approve an increase to the pay of officers of the Royal Army Medical Corps below the rank of Major while serving in India and also the issue of charge allowances for senior medical officers of station hospitals there.

Cork Medical and Surgical Society.

THE annual meeting of the Society was held on Wednesday evening, May 28th. There was a very large attendance of members. The following officers were elected for the Session 1902-3:—President, Dr. P. T. O'Sullivan; Vice-President, Dr. J. Cotter; Retiring President, Dr. T. G. Atkins; Hon. Secretary, Dr. D. J. O'Connor; Hon. Treasurer, Dr. P. J. O'Brien; Council: Drs. W. Ashley Cummins, C. Y. Pearson, N. H. Hobart, T. B. Moriarty, J. Giusani, E. Murphy, and H. R. Townsend. The financial statement showed a large balance to the credit of the Society, the number of members being the largest on record.

Royal College of Surgeons in Ireland.

AT a meeting of the President, Vice-President, and Council, held on Thursday, June 5th, the following were elected Examiners in Surgery for the ensuing year:—Messrs. F. Conway Dwyer, F.R.C.S.; T. E. Gordon, F.R.C.S.; E. Lane-Joynt, F.R.C.S., and E. H. Taylor, F.R.C.S.

Pass Lists.

Dublin University.

FINAL IN MIDWIFERY.—R. G. H. Tate, J. S. Joly, E. B. Booth, J. A. Valentine, C. W. Webb, J. C. Scott, W. Benson, J. H. Askins, H. F. Johns, N. H. MacNicol, E. F. Steel, T. L. Sands.

B.A.O. DEGREE.—H. A. Hanan, W. J. Burke, W. Moyers.

DIPLOMA IN PUBLIC HEALTH—FIRST PART.—F. W. Lamb.

Notices to Correspondents, Short Letters, &c.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate, providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

AIX-LES-BAINS.—The British "Spring Season" here usually terminates in June, the Continental, or "French Season" continuing through the summer. This year everything is "late," so we do not think that our inquirer "Family" would find the weather too sultry for a cure at Aix-les-Bains from June 15th to July 10th. The hot and crowded season at Aix is from July 14th (the French National Fête day) to end of August. In September the English ("Autumn") Season recommences at Aix and continues into November, very conveniently for those intending to winter on the

Riviera, at Montreux, Davos, or Lugano, and in Italy or Egypt, Aix being en route thereto. As for hotels, pensions, and apartments these are abundant and excellent at Aix, and until mid-July you would have no difficulty in obtaining there whatever accommodations your party desired. The hotel you mention, "The Albion," is a very good one in every respect, noted for its cuisine and politeness to its guests. It is located on a hill-side overlooking the park and amidst gardens, yet within five minutes' walk of Baths and Casino. Should furnished apartments be preferred the "Maison Henri Damesin" has always been liked by British families.

Dr. For's letter on "Dover and his Powder" is unavoidably crowded out of present number.

G. L. R.—The number referred to is out of print, but it can, of course be seen at any medical library.

PROF. THOMPSON.—We hope to have space for your communication in our next.

R. P. C. (Dublin).—Dr. Burney Yeo's work on Food in Health and Disease may answer your purpose. (2) Digestion probably goes on during sleep, but the peristaltic movements are slowed, so that food is apt to ferment. (3) We have no reason to believe that magnetic hair brushes have any influence on the growth of the hair except as brushes, brushing the hair having a favourable effect on the local circulation. (4) Nothing positive is known on this subject, but in regard to their influence on "the promotion of health" the suggestion may be dismissed with a smile. (5) You do not say for what department of disinfection the substance is intended. For all-round purposes chinolol answers the purpose very well.

PRIMO (Belfast).—It would require several hours' research in a library to reply to your questions, and we must ask to be excused.

THE BETTER LAND.

Our irrepressible rhymester asks hospitality for the following example of "Medicine in Verse." As we have no "Poet's Corner" this is all we can do for him.

Ther here thee speak of a better land
Where there exists no prostate gland,
Tell me, oh! where is that radiant shore?
Where catheter life exists no more,
Where the bladder remains its normal size,
And does its duty till owner dies,
Where impotente calls no longer vex,
Say? is it somewhere in "Middlesex"?
Not there! Not there! my child!

A. D.

DR. DE LA HARPE.—See reply to Professor Thompson.

THE NEGRO AND THE DOLLAR.

The Canadian Journal of Medicine and Surgery relates the story of a North Carolina negro who swallowed a silver dollar. After this he was troubled with pain in his stomach whenever it became empty, so that he had to eat frequently and much. The coin was passed fifteen days later unharmed, which led his medical adviser to remark that it was the first time a nigger couldn't get a dollar changed in a fortnight. On reflection, the pains which he suffered whenever his stomach became empty would not appear to be pathognomonic since many persons suffer pain under similar circumstances, without having swallowed anything worthy of note. We are directed to observe that when the man had swallowed the dollar, thus loading his stomach, his pocket was empty, a condition which has been known to produce the most profound mental agony with a sensation of an aching void in the epigastrium. Moreover, many a good dollar goes into the stomach of the human animal, the pain in many cases setting in long before the stomach has become empty. In regard to treatment it is suggested that the amount at stake was too small to operate for, so Nature was allowed to take its course. Had it been a gold piece of the same dimensions, Nature would probably not have been allowed a voice in the matter.

Meetings of the Societies, &c.

LONDON.

WEDNESDAY, JUNE 11TH.

DERMATOLOGICAL SOCIETY OF LONDON (11, Chandos Street, Cavendish Square, W.).—5.15 p.m. Demonstration of Cases of Interest.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street).—4 p.m. Mr. P. J. Freyer: Clinique. (Surgical.)

THURSDAY, JUNE 12TH.

BRITISH GYNÆCOLOGICAL SOCIETY (80, Hanover Square, W.).—9 p.m. Instruments and Specimens will be shown by Mr. H. Smith and others. Paper:—Dr. H. Snow: Is there any real Decidua Maligna?

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11, Chandos Street, Cavendish Square, W.).—Cases and Specimens will be shown by Mr. N. T. Yarr, Mr. J. H. Parsons, Dr. L. Buchanan, Mr. M. S. Mayon, Mr. A. Lawson, and Mr. W. T. H. Spicer. Papers:—Mr. W. C. Cocklife: (1) Further Note on a Case of Secondary Carcinoma affecting both Eyes; (2) Notes on a Case of Leprous Ulcer of the Corner. Dr. A. Bronner: Notes on Two Families with Congenital Microphthalmos and Cataract. Dr. L. Buchanan: Keratitis. Evidence of the Proliferation of the Corneal Corpuscles. Major H. Herbert, I.M.S.: Colloid Degeneration of the Conjunctiva.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.)

FRIDAY, JUNE 13TH.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11, Chandos Street, Cavendish Square, W.).—4.30 p.m. Prof. Fuchs (Vienna): Keratitis. (Bowman Lecture.)

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chancery Street).—4 p.m. Mr. E. Lake: Clinique. (Eye.)

Appointments.

BROOK, T. S., M.R.C.S., L.R.C.P.Lond., Medical Officer to the Petersfield Union.

CLAREMONT, CLAUDE C., M.D., Physician to the Royal Portsmouth and Gosport Hospital.

COLMER, PROLEMY AUGUSTUS, M.R.C.S.Eng., L.R.C.P.Lond., L.S.A., Medical Officer to No. 2 District, Yovvill Union.

EYRE, J. W. H., M.D., Bacteriologist to Guy's Hospital, London.

FREEMANTLE, FRANCIS E., M.B., B.Ch.Oxon., Medical Officer of Health to the Herts County Council.

GREEN, REGINALD, M.D., D.Hy.Dunelm, Medical Officer of Health and Medical Officer to Infectious Hospitals for the King's Norton and Northfield Urban Council.

HAYES, DR. BOUCHIER, Medical Officer of the Clifton Dispensary District.

HOLCROFT, W. F., Medical Officer for the North Molton and Moland Districts of the South Molton (Devon) Union.

LAMB, WILLIAM, M.D., C.M.Ed., M.R.C.P.Lond., Hon. Surgeon to the Birmingham and Midland Ear and Throat Hospital.

MCCANN, DR. WM. C., Medical Officer for Longford Dispensary District and Medical Officer of Health for the rural portion of the district.

STARCH, GEORGE RUSSELL, L.R.C.P. and S.Edin., L.F.P.S.Glasg., Resident Medical Officer to the Westmoreland Lock Government Hospital, Dublin.

WILSON, GEOFFREY E., B.C.Cantab., House Physician to the Pad-dington Green Children's Hospital.

Vacancies.

Bristol City Lunatic Asylum.—Medical Assistant. Salary £140 per annum, with furnished apartments, board, and washing. Applications immediately to Edmund J. Taylor, The Council House, Bristol.

Fisherton Asylum.—Assistant Medical Officer. Salary £150 per annum, with board, lodging, and washing. Apply to Dr. Finch, at the Asylum, Salisbury.

Hereford County and City Asylum.—Senior Assistant Medical Officer. Salary £150 per annum, with board, lodging, and washing. Junior Assistant Medical Officer. Salary £100 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.

Kenington Dispensary and Children's Hospital.—Resident Medical Officer. Salary £100 per annum, with furnished apartments, board, coals, gas, and attendance. Applications to J. Holgate Batten, Esq., Honorary Secretary, Church Street, Kenington, W.

London Hospital, Whitechapel, E.—Surgical Registrarship. Salary £100 per annum. Applications to G. Q. Roberts, Secretary and House Governor.

Nottingham General Dispensary.—Assistant Resident Surgeon. Salary £160 per annum. Furnished apartments, attendance, light, and fuel. Applications to Secretary, M. I. Preston, "Journal" Chambers, Nottingham.

Salop and Montgomery Counties Lunatic Asylum, Bicton Heath, near Shrewsbury.—Medical Superintendent. Salary £650 per annum, with house free of rates and taxes, fuel, light, and other allowances. Applications to W. Baxter, Clerk to the Committee of Visitors, Shirehall, Shrewsbury.

Staffordshire County Asylum at Stafford.—Junior Assistant Medical Officer. Salary £150, with furnished apartments, board, &c. Applications to the Medical Superintendent.

Staffordshire General Infirmary, Stafford.—House Surgeon. Salary £120 per annum, with board, lodging, and washing. Applications to Richard Battle, Secretary, 7, Meyrick Road, Stafford.

The Hartlepool Hospital.—House Surgeon. Salary £100 per annum, with board, washing, and lodging in the institution. Applications to Robert M. Edger, 9, Albion Terrace, Hartlepool.

Wills County Asylum, Devizes.—Assistant Medical Officer. Salary commencing at £160, with board, residence, attendance, and washing. Applications to the Medical Superintendent.

Births.

BERENDT.—On June 7th, at 65, Rodney Street, Liverpool, W., the wife of Frank Hugh Berendt, M.D.Lond., F.R.C.S., England, of a son.

MACKINTOSH.—On June 5th, at Grahamston, Troon, N.B., the wife of Hugh J. Mackintosh, M.B., C.M., of a son.

REYNOLDS.—On June 4th, at Highcroft, Highgate, N., the wife of Austin E. Reynolds, M.B.C.S., of a son.

SPILSBURY.—On June 5th, at "The Rise," Hogsthorpe, Lincolnshire, the wife of F. J. Spilsbury, L.R.C.P., &c., of a daughter.

THOMAS.—On June 8th, at Severn House, Lydney, Gloucestershire, the wife of C. Nelson Thomas, B.A., M.B., B.C., of a son.

THOMPSON.—On June 7th at 6, West Street, Scarborough, the wife of Geoffrey Thompson, M.D., of a daughter.

Marriages.

CODD—LEESON.—On June 3rd, at the Wesleyan Chapel, Sutton Coldfield, John Alfred Codd, M.D., B.Sc., of Wolverhampton, to Jennie, daughter of Mrs. Leeson, of Sutton Coldfield.

ESCOMBE STEPHENSON.—On June 4th, at St. James's Church, Grimsby, William Escombe, M.R.C.S., L.R.C.P.Lond., son of the late Bowland Escombe, Esq., of blackheath, to Mildred Isabella, daughter of G. S. Stephenson, M.D., of the Manor House, Grimsby.

Deaths.

ARMITAGE.—On June 2nd, at Wornit, Fife, Walter Stanley Armitage, F.R.C.S., formerly of Edinburgh, eldest son of the late T. R. Armitage, M.D., of Noan, co. Tipperary.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXIV.

WEDNESDAY, JUNE 18, 1902.

No. 25.

Original Communications.

RECENT WORK

ON THE

PHYSIOLOGY OF DIGESTION. (a)

By W. H. THOMPSON, M.D., F.R.C.S.ENG.,
King's Professor of the Institutes of Medicine in the University of
Dublin; Examiner in Physiology, Royal College of Surgeons,
England, and Royal University, Ireland.

SOMEWHAT more than ten years ago an elaborate institute for the experimental study of medicine was established in St. Petersburg. This institute, consisting of numerous departments, is, in short, the Pasteur Institute of the capital of Russia. Two of these are devoted to the prosecution of physiological research, one in the field of chemical, the other, more strictly in the field of experimental, physiology. The director of the former was the late distinguished Professor Nencki, of the latter the no less celebrated Professor J. P. Pawlow. It is to some of the work which has emanated from Pawlow's laboratory that I wish more especially to draw attention. During the whole of the ten or more years which have elapsed since its foundation, the laboratory, consisting of the director, with a staff of assistants, and numerous workers, has devoted itself exclusively to a systematic study of the processes of digestion. The first results of this combined work were given in collected form, about four years ago, as a series of lectures to Russian physicians, and soon after published in the Russian language. The book was translated into German by one of the assistants of the laboratory about a year later, and thus was made more available to the scientific world generally. (b) It is quite a small work, less than 200 pages, but it literally teems with results of the most valuable kind to the practitioner of medicine. The volume was supplemented some months ago by a further fasciculus of less than fifty pages.

From the chapters of the first of these publications, which deal with the subject of gastric digestion, I purpose to draw a few facts, which will serve to exemplify the nature of the work accomplished in Pawlow's laboratory.

OLD METHODS FAULTY.

For long past nobody had been very satisfied with the methods by which gastric juice was obtained in order to study its properties. This, as may be remembered, was by means of simple fistulae leading through the abdominal wall into the stomach. The chief fault of this method consisted of the fact that gastric juice could never be obtained in any quantity, unmixed with food. In order to make real progress it was necessary to possess a method by which the

juice could be collected (1) at all times, (2) in pure condition, (3) in exact quantity, (4) while the stomach functioned normally, and (5) from an animal in perfect health.

PAWLOW'S IMPROVEMENTS.

Pawlow achieved these desirable ends by an improvement of the old method, in which a partially isolated portion of the fundus of the stomach was converted into a little pouch which retained its nervous and vascular connections, and whose mouth was led to an aperture in the abdominal wall. The deeper end of the pouch, as well as the opening into the main portion of the stomach, was securely closed. By the rigid application of aseptic principles of surgery no trouble was experienced in securing rapid and complete recovery of the animals. Then, by means of a glass tube, perforated with numerous small apertures and led into the pouch, gastric juice of the purest quality could be collected in almost any desired quantity.

SOME OF THE RESULTS.

The first interesting fact confirmed by this method was that no secretion whatever occurs when the animal is fasting, but that a copious flow of juice can be set up by the mere act of chewing and swallowing food. This flow commences after a latent period of about five minutes has elapsed, never less than four and a half minutes, and is not due to the entry of food into the larger stomach. The latter was proved in an ingenious way, viz., by making an opening into the œsophagus in the neck, dividing the tube, and causing both ends to heal to the edges of the surface wound. After recovery the animal could be made to chew and swallow food as before, but the food came out at the opening in the neck, and, unless specially led into the lower segment of the œsophagus, did not enter the stomach.

It was then seen that this "sham feeding" caused precisely the same secretion of gastric juice, and that the flow could be kept up as long as the animal could be induced to continue to chew and swallow food. Another modification of the method consisted in making the œsophagotomy as described, together with an ordinary fistula leading into the stomach. The juice excited by "sham feeding" could thus be collected from the whole organ, and not alone from a shut-off segment.

QUESTIONS WHICH PAWLOW SET OUT TO ANSWER.

Having secured an admirable means of studying the work of the gastric glands, Pawlow set out to answer the following among numerous other interesting questions relative to their functional activity:—

1. Is the amount of juice secreted by the stomach in any way proportioned to the quantity of food eaten?
2. What is the way in which the juice is poured out? Is all, or most of it, discharged in one gush at the beginning of digestion, as soon as the meal is

(a) Paper read before the Section of Anatomy and Physiology, Royal Academy of Medicine, Ireland, May 30th, 1902.

(b) It is now translated into English, and will be published in a few weeks by Messrs. Charles Griffin and Co.

partaken of, or, on the contrary, by degrees, and in declining quantities, suitable to the gradual solution and removal of dissolved food from the organ?

3. Does the digestive power of the juice—the amount of pepsin which it contains—vary in any way with the different phases of digestion, or is it constant throughout?

4. Has the nature of the food any influence on the quality of the juice, or are the gastric glands in any way able to adapt themselves to the kind of food presented them for digestion?

■ The answers to these questions, with some of the evidence, I shall endeavour to present to you *seriatim*, and in as few words as possible.

RELATION BETWEEN AMOUNT OF FOOD AND QUANTITY OF JUICE.

We shall take up the answer to the first question as to whether there is any quantitative relation between the juice secreted and the amount of food partaken of. The facts on which the answer is based are shown you in the following table:—

TABLE 1.—RELATION BETWEEN THE QUANTITY OF GASTRIC JUICE SECRETED AND THE AMOUNT OF FOOD TAKEN.

Flesh	{ 100 grms. = 26 c.c. }	} Juice
Diet.	{ 200 " = 40 c.c. }	
	{ 400 " = 106 c.c. }	
Mixed	{ 300 c.c. Milk = 42 c.c. }	} "
Diet.	{ 50 grm. Flesh = 42 c.c. }	
	{ 50 " Bread = 42 c.c. }	
"	{ Double the above Quantities = 83.2 c.c. }	"

■ The figures are taken from experiments in which a dog was "sham" fed with varying quantities, in the first instance, of a flesh diet, and in the second of a mixed one, the juice being collected from the whole stomach. On looking at these, you will see that the chewing of 100 grms. flesh caused a flow of 26 c.c. of juice, of 400 grms. almost exactly four times that amount. Again, a given quantity of mixed diet produced a secretion of 42 c.c., double that amount gave rise to almost precisely double the quantity of juice. The gastric glands, therefore, work in health with the greatest precision, apportioning their labour with beautiful exactness to the magnitude of the task before them. Increase the unit mass of any food by a given multiple, and within ordinary limits, and the glands will respond with a like increase of gastric juice.

CURVE OF SECRETION OF GASTRIC JUICE.

Next comes the answer to the question relating to the manner in which the secretion of juice is spread out over the whole period of digestion.

The reply is taken from figures yielded by two experiments in which a dog was twice fed with 100 grms. of flesh each time, the amount of juice poured out by the stomach pouch being measured hour by hour. They are shown below.

TABLE 2.—HOURLY RATE OF SECRETION OF GASTRIC JUICE.

Two Experiments; dog fed with 100 grms. flesh in each.			
	Exp. 1.	Exp. 2.	
Hour 1	11.2 c.c.	12.6 c.c.	
" 2	8.2 "	8.0 "	
" 3	4.0 "	2.2 "	
" 4	1.9 "	1.1 "	
" 5	0.1 "	1 drop	
Total	25.4 "	23.9 "	

Here you will see that the greatest secretion occurs during the early periods of digestion, but that the juice continues to be discharged in declining quantity as long as any food remains to be dealt with. The glands, therefore, do not pour out all their fluid at once and leave matters to themselves,

but "stand by," paying out more and more with strict economy as long as the needs of the case demand, and the same result repeats itself with stereotyped exactness as often as the same conditions are fulfilled. The course, therefore, which gastric secretion runs follows definite and purposive laws, and is by no means a matter of blind chance.

DIGESTIVE POWER VARIES WITH THE STAGE OF DIGESTION.

And now comes the reply to the third query. If the glands are thus capable of varying their rate of secretion in so remarkable a manner according to the needs of digestion, are they not likewise able to extend similar variations to the digestive power—the pepsin content—of the juice which they secrete? I speak only of pepsin content because Pawlow has shown that the acidity of the juice, as it pours from the glands, is always constant, and varies only because it comes into contact with more or less of an alkaline mucus, which latter in health should only be present in minimal quantities.

The digestive power of the juice was determined by causing it to act on short columns of coagulated egg-white, contained in capillary glass tubes broken into small pieces. The length of column dissolved gives a trustworthy means of measuring the activity of the juice. The results obtained with the juice from two experiments on a dog fed each time with 400 grms. of flesh are given in the next table.

TABLE 3.—DIGESTIVE POWER OF GASTRIC JUICE (QUANTITY OF PEPSIN) AT DIFFERENT STAGES OF DIGESTION.

Two Experiments; dog fed with 400 grms. flesh in each.

	Exp. 1.	Exp. 2.
Hour 1	6.0 mm.	5.8 mm.
" 2	4.5 "	4.1 "
" 3	3.4 "	3.4 "
" 4	3.5 "	3.0 "
" 5	3.8 "	3.8 "
" 6	3.0 "	3.1 "
" 7	3.6 "	3.5 "
" 8	3.9 "	4.5 "

You will see from these figures that the juice secreted at the beginning of the meal has, in the case before us, the greatest digestive power—i.e., contains the most pepsin when presumably it is most required—and that the proportion gradually declines as the need for pepsin likewise decreases during the following stages. The gastric glands then have also the power of varying the quantity of pepsin which they discharge in the juice according to the same laws by which they vary the total amount of secretion poured out.

So far, then, we find ourselves dealing with a mechanism whose adaptation to its work could not be more perfect nor more beautifully conceived.

ADAPTATION OF THE JUICE TO THE NATURE OF THE FOOD.

But the fourth question is perhaps the most interesting of the whole in the series which I have selected. Has the nature of the food any influence on the quality or quantity of the juice? Are the glands capable of adapting their secretion to the kind of food presented them for digestion, and if so, how is this met?

The answer to the first part of the question is undoubtedly in the affirmative; different foods produce different kinds of secretion, the variations applying not alone to the quality and quantity of the fluid, but likewise to the course and duration of its outflow. It would occupy too much time to quote all the experiments on which the facts are based, but these are the chief facts themselves:—

Weight for weight the greatest amount of juice is poured out on flesh diet, the least on milk, bread being intermediate.

The total acidity is greatest with a flesh and lowest with a bread diet.

The digestive power—the pepsin content—is greatest with the juice poured out on bread, least on milk. The relative strengths are represented as follows:—Bread-formed juice, 44; flesh-formed, 16; and milk-formed, 11. Milk, therefore, in agreement with what is known from every-day experience, makes least demands on the activity of the glands for its digestion.

Nor do the peculiarities end here. The manner in which the juice is secreted, and the period at which it attains its maximum digestive power, are likewise different for each class of foodstuff. This is exemplified in the following table:—

TABLE 4.—INFLUENCE OF THE KIND OF FOOD ON THE QUANTITY AND QUALITY OF THE GASTRIC JUICE.

	QUANTITY OF JUICE.			DIGESTIVE POWER.		
	Flesh.	Bread.	Milk.	Flesh.	Bread.	Milk.
Hour 1	11.22 c.c.	10.6	4.0	4.94 mm.	6.10	4.21
" 2	11.3 "	5.4	8.6	3.03 "	7.97	2.35
" 3	7.6 "	4.0	9.2	3.01 "	7.51	2.35
" 4	5.1 "	3.4	7.7	2.87 "	6.19	2.65
" 5	2.8 "	3.3	4.0	3.30 "	5.29	4.63
" 6	2.2 "	2.2	0.5	3.58 "	5.72	6.12
" 7	1.2 "	2.6	—	2.25 "	5.48	—
" 8	0.6 "	2.2	—	3.87 "	5.50	—

Quantities of Food—Flesh, 200 grms.; Bread, 200 grms.; Milk, 600 c.c.

The time of maximum flow occurs, as you will observe, with a flesh diet either in the first or second hour, and both are nearly equal with a bread diet in the first, and with a milk diet in the second or third hour. The period of maximum strength is reached in the first hour with flesh, in the second or third with bread, and towards the end of digestion with milk diet. The differences shown by these figures are most remarkable.

We have now answered the four questions I have selected, and in the following way:—

1. The amount of juice is beautifully proportioned to the quantity of food eaten.
2. The gastric juice is not all discharged at the beginning of the meal, but gradually as it is required.
3. The digestive power also varies at different stages of digestion as the needs of the case demand.
4. The nature of the food does exert an influence upon the quality of the juice.

FIXED MODIFICATIONS OF THE DIGESTIVE FLUIDS TO SUIT PARTICULAR DIETS.

Intimately connected with the foregoing is a further important question, viz., whether the digestive system is capable of permanently adapting itself to a special form of diet or not, i.e., whether the juices secreted take on a more or less fixed character from the long continuance of a special diet. Thus, given a continued preponderance, say, of proteid in the diet, with a paucity of fat and carbohydrate, or, on the other hand, a more than usual proportion of carbohydrate, with a scarcity of fat and proteid, or, lastly, an undue amount of fat, what powers have the digestive organs of meeting these possibilities? The answer is that a condition is gradually established whereby a steady increase takes place in the amount of special ferment necessary to meet the requirements of the particular diet, while at the same time a decrease in those which are superfluous sets in, and once established this condition is to a certain extent a fixed one. Such adaptation is, however, not accomplished through the gastric glands but by means of the pancreas. The main importance, however, of the matter lies in the fact that once having

established such a dietetic adaptation of secretion, it cannot be undone in a day. Great alterations in a dietary, even when urgently demanded, can only therefore be advantageously introduced by degrees.

FLOW OF JUICE FROM "SHAM FEEDING."

And now one point more, before I leave the results which I have selected from this beautiful series of researches. It is, I think, perhaps the neatest determination made in the whole set of experiments. This is none other than an actual estimation of the value of, we shall say for the present, the combined act of chewing and swallowing in terms of gastric juice.

In establishing the fixed rate of secretion for the whole act of digesting a particular meal (which as a matter of fact under like conditions has been found to be always the same) we have determined the value of chewing and swallowing, *plus* the further exciting effect of the food after it enters the stomach. But we can estimate the value of these two factors separately: that of chewing and swallowing in the way I have explained to you, by receiving the food from an opening in the œsophagus and not allowing it to enter the stomach. The other factor is known if we bring the same meal directly into the main stomach of the animal through an ordinary gastric fistula, and observe its effects on the secretion as shown by the stomach pouch. Food introduced in this manner is not nearly so powerful an excitant of juice flow as when it enters in the usual way. But the curious fact comes out that the sum total of the "sham feeding" or swallowing juice, *plus* that caused by the mere introduction of food, is exactly equal to the quantity excited by the whole meal, swallowed and digested in the ordinary way. This is strikingly illustrated if the results be plotted out in curves. It will then be seen that the curve compounded of the "sham feeding" juice, *plus* that from direct introduction of the food, is an exact replica of the curve obtained from the whole meal swallowed and digested in the usual way.

When we have, therefore, any two of the foregoing factors, we can readily determine the third, and in this way we learn that the whole of the earlier part of the secretion is an accompaniment of the act of chewing and swallowing, and not at all dependent on the mere entry of food into the stomach.

Now this "sham" juice, if we may so call it for shortness, is not only copious in amount but of a very active character. It constitutes, therefore, a most important part of the whole. But although an accompaniment of, and apparently caused by, the combined events of chewing and swallowing, it is not really so.

VALUE OF APPETITE IN CAUSING SECRETION.

The same secretion can be excited by the mere sight of food when accompanied by an eager desire on the part of a hungry animal to have it. This implies that the food is such as will excite a keen desire, and, without it, the chewing and swallowing are wholly ineffective.

But what is most important for us in this is that everything which aids in creating the desire for food, and in augmenting the satisfaction of having it, has its material value in an increased flow of the best and most active gastric juice.

Hence the advantage of set preliminaries to the chief meal of the day. The customary ablutions, the change of raiment, the dismissal from the mind of business anxieties, the table decorations, the plan of the meal, the savoury odours, and last, but not least, the expectation of finding an appetising repast, these are all matters of moment, and have their fixed values in terms of active gastric juice.

Much more of interesting and valuable matter might have been selected from these chapters on digestion, but I prefer to err on the side of brevity

NEED FOR CHEMICAL WORK IN CLINICAL RESEARCH.

It would be ungracious of me to find fault in any way with the excellent clinical work done in this country, even if I possessed the authority or had the wish to do so. That is not my purpose. But I may perhaps be permitted to indicate a line of work which might, I think, be more cultivated, and which, I believe, has great possibilities connected with it. It is work which will necessitate a considerable expenditure of time and trouble, but these considerations must not stand as serious obstacles in our path when the end in view is an important one. The line of work to which I refer consists in the fuller application of the methods of chemical physiology to clinical work.

Some years ago, a method of examining the contents of the human stomach was advocated by Ewald. This consists in the introduction of a soft tube at a given time after a test meal, whereby the contents can, without much discomfort, be syphoned off or expressed out of the organ. The method necessitates a careful chemical examination of the juice obtained, and when this is done I am told it yields information of the most valuable kind regarding disease, which cannot be obtained in any other way. But is this method, which I think I may call a physiological one, adopted with sufficient frequency in our country? Are the chemical examinations which it entails carried out with sufficient thoroughness?

Again, in the majority of departures from health, the importance of quantitative variations in the composition of the chief excreta of the body outweighs in value the qualitative. And yet, are quantitative chemical determinations of these ingredients carried out to the extent, and with the degree of precision, that their importance demands? Nay, more, are the means for such examinations adequately supplied by the numerous great institutions devoted to the treatment of disease throughout our country?

Lastly, it must often be almost imperative in such perverted conditions of body metabolism as one meets with in the various kinds of diabetes, of leucocythæmia, of Addison's disease, in obscure fevers, or even in ordinary fevers, to possess a complete picture of the whole metabolism from beginning to end, from the ingesta to the egesta. It is only by thus seriously grappling with such problems that real progress can be achieved.

NEED FOR CHEMICAL LABORATORIES AS HOSPITAL DEPARTMENTS.

And yet what clinical hospital in our land is adequately equipped to afford its staff the necessary amenities for carrying out such a series of investigations? I do not imply that there are no facilities for such work, but they are all too few, and the laboratories are not as they should be, integral parts of every large hospital, just as much as well-equipped operating theatres are at the present time. That it is by no means impossible to carry out such a scheme is shown by the fact that it is adopted, for example, in the Johns Hopkins Hospital in Baltimore, and in many of the Kliniken in Germany.

The Liverpool School of Tropical Medicine.

The Liverpool School of Tropical Medicine, although young in years, has distinguished itself by the admirable work it has already accomplished. It is now proposed to send out a new expedition to the Gambia and Senegambia to study "trypanosoma." These flagellata have been found in the blood of Europeans. They are somewhat similar to the organism producing tsetse fly disease. The chief object of the research party is to investigate the conditions under which the disease occurs in both Europeans and natives, and its distribution and channels of infection.

HÆMORRHAGE INTO THE SPINAL CORD DURING PREGNANCY. (a)

By ALEXANDER BRUCE, M.A., M.D., F.R.C.P.E.,
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HÆMORRHAGE into the spinal cord is an occurrence of great rarity. It has been denied that it ever occurs as a primary lesion, and it is asserted that wherever it is not traumatic it is due to myelitis. It is now, however, known that it may occur primarily as the result of trauma, in consequence of alterations of atmospheric pressure (caisson disease) or spontaneously. Of a series of 126 recorded cases, fifty-five were traumatic, twenty-six were secondary to other lesions of the cord, and forty-five apparently spontaneous. Of these last, ten were due to passive congestion, ten to arterial degeneration, nine to blood diseases, and sixteen to unknown causes. The author's case was interesting as showing how readily the lesion causing hæmorrhage might be overlooked, as illustrating the reliability of an absolutely sudden onset as a criterion of spinal cord hæmorrhage, and as an example of the effect of a cord lesion on labour. The patient was a hawker, æt. 31, who lived among very poor surroundings, and was pregnant for the eighth time. During her previous pregnancies she had always suffered very much from severe vomiting, and this one was similar to the previous ones in this respect. On October 31st, during an attack of vomiting, she suddenly felt something give way in her right side about the level of the waist, and was seized with vertigo, pain all over the body, and complete loss of power in the legs and right arm. The latter passed off in a few hours. Next day the pain persisted, there was constant vomiting and retching, and the legs remained totally paralysed. On admission to hospital the lower part of the body was completely anæsthetic to all forms of sensation as high as the seventh dorsal spine and to the level of the nipples anteriorly, and this anæsthesia remained to the end of life. There was total flaccid paralysis of the legs, the left knee-jerk being absent, and the right but slightly present. There was no ankle-clonus; the plantar reflex showed double extensor response. The bladder was distended, and no urine could be passed; there was also retention of fæces. The patient was five months pregnant, and as the abdominal muscles were paralysed and relaxed the abdomen had become distended, and respiration was greatly hampered. The subsequent progress was that the flaccid paralysis remained unchanged to the end; retention of urine lasted till December 10th, when dribbling set in, and constipation persisted throughout. A curious twitching of the tendons of the arms developed, and also a patch of anæsthesia on the inner aspect of each arm. On November 13th the intrinsic muscles of the hands became weak, and this spread first to the flexors and then to the extensors. This was the order in which these centres lay in the cord, reckoning from below upwards. The paresis of the arms was temporary, and disappeared completely. On November 27th fetal movements were felt, and on December 14th the patient was delivered of twins. The labour was absolutely painless, and the patient was quite unconscious of it. The fact that labour was going on was only discovered through a nurse perceiving that liquor amnii was escaping from the vulva. The patient died on January 6th from bronchitis and exhaustion. On post-mortem examination the hæmorrhage into the cord was found to extend from the sixth cervical to the

(a) Abstract of a paper read before the Edinburgh Medico-Chirurgical Society, June 4th, 1902.

twelfth dorsal segment, having burrowed along and torn up the anterior horn of grey matter. It had apparently originated in an angiogliomatous tumour, of which several were found under the spinal meninges, in the substance of the cord, and in the lateral lobe of the cerebellum. Besides this, a condition of syringomyelia or hydromyelia was present, and the blood had found its way into the tube so formed. Dr. Bruce then referred briefly to the recorded cases of labour—painless and otherwise—in paraplegia, pointing out that in those in which the lesion was in the lumbar enlargement only the first stage went on naturally, and that assistance was needed when the head entered the pelvis.

INTRA-PERITONEAL RUPTURE OF THE BLADDER. (a)

By J. SHAW McLAREN, F.R.C.S.ED.,
Assistant Surgeon, Edinburgh Royal Infirmary

As compared with the frequency of injuries to the other abdominal viscera from violence, intra-peritoneal rupture of the bladder (apart, that is, from extensive smashes of the pelvis) is a comparatively rare accident, but 190 cases in all having been recorded, with only twenty-three recoveries. The accident may be caused by comparatively trifling violence, such as stumbling and falling forward on the ground if the bladder be full. It seems to be a universally accepted theory that the bladder only gives way if over-distended, as in alcoholic intoxication, but in one of my cases the bladder had been entirely emptied only half an hour before the patient had been thrown out of a dog-cart and sustained the accident. In such a case I think that the "tone" of the bladder must be taken into account. We know that the organ sometimes retains a much larger quantity of water than at others, in other words, that it sometimes appears to be tightly stretched over a comparatively small amount of urine. If this be so rupture may occur even if the organ be not greatly distended. Rupture usually takes place at the posterior superior part of the bladder, because this is the weakest and least supported place. It is not necessary to suppose, as was formerly done, that rupture here is due to impact against the sacral promontory. The commonly vertical direction of the tear is against this view, and is to be explained by the fact that the circular muscular fibres are very thin at this part of the organ. The main symptoms of intra-peritoneal rupture are shock, pain in the abdomen, vomiting, inability to stand, desire to urinate, and the passage of a small quantity of blood-stained urine. In one of my patients the extravasated urine formed a large tumour to the left of the umbilicus; in the other there was a history that as the cart wheel passed over the abdomen "water squirted from the penis." This is a symptom which does not seem to have occurred in any of the cases hitherto reported. The cardinal and characteristic symptom is the passage of very small quantities of blood-stained urine—*blütige Anurie* as the Germans happily call it. On passing a catheter the bladder is found contracted and empty. The injection test consists in introducing a definite quantity of water into the bladder, and noting if it can all be withdrawn again. If only a part returns it is a sign of rupture, but the recovery of the whole does not exclude the accident. In a patient in whom this test was applied more than once it was found that sometimes the whole of the fluid injected could be withdrawn, while at other times only a part was got back. On post-mortem examination the rup-

ture was discovered very near the neck of the bladder, so that when the catheter was introduced far into the organ its point occluded the tear, and therefore at such times the whole of the fluid could be withdrawn. Such a case shows that the test is not always absolutely trustworthy or diagnostic. Inflation of the bladder with air which, if a rupture exists, escapes into the general peritoneal cavity and causes disappearance of the liver dulness, has been suggested, but is not an advisable test. In cases of doubtful diagnosis the symptom of *blütige Anurie* is of the highest value, and far outweighs all the rest. Theoretically it may also result from contusion of the kidney or rupture of the urethra, but in each of these other symptoms co-exist, and their differential diagnosis is not difficult. Sometimes in rupture of the bladder the symptoms are delayed for days, but even in such cases the history will show that immediately after the accident the patient has passed bloody urine in small amount. Death in this condition is due either to septic peritonitis or uræmia. The urine is normally aseptic, and it is probable that the organism gains entry into the peritoneal cavity from the bowel, which is injured at the date of the accident. As regards treatment, McCormac was the first surgeon who was able to report successful cases of suture. There are three points which seem worthy of consideration, viz., (1) Should the mucous membrane be sutured? In most cases of recovery the surgeon has united only the outer coats of the bladder. Personally, I have found suture of the mucosa a most difficult and tedious procedure, though probably the use of the Trendelenberg position would render it easier of accomplishment. (2) Should the peritoneum be drained? This is a matter of individual taste, but personally I prefer doing so. (3) Ought a catheter to be tied into the bladder? I think not, as it is proved that immediately after suture the bladder can hold from six to ten ounces without leakage, so that it is sufficient merely to draw off the water every two hours or so at first.

Paris Clinical Lectures.

THE LYMPHATIC GLANDS IN TUBERCULOSIS AND SYPHILIS.

By. DR. LOUIS JULLIEN,
Surgeon to St. Lazare, &c.

ACCORDING to Augagneur, Chauffard, Labbé, Haan, Cao, Franceschini, and others the lymphatic glands play the part of safeguards to the organism, being, indeed, to the lymphatic system what the spleen is to the circulatory system, i.e., organs for dealing with and destroying poisons within the organism. By them infections are prevented or, at any rate, attenuated, and the organism is thus protected. I seem to recognise a faint echo of the theories of days gone by, when we used to be told that: "The two chancres are both produced by a single virus, with effects which vary according as their secretions are absorbed by the veins or by the lymphatic glands; if fortunately by the latter, a bubo is formed, by which the virus is eliminated and the patient saved from syphilis."

Consequently, when syphilis was accompanied by marked glandular enlargement, it was described as being a mild form, as, for instance, in children in whom the glandular system is largely affected. It was the fashion to contrast the uneventful course of these cases with the special severity of the infection in elderly people, whose glands

(a) Abstract of paper read before the Edinburgh Medico-Chirurgical Society, June 4th, 1902.

have generally undergone atrophy. Haan records the case of a man from whose right groin the glands had been removed consequent upon a lesion of the foot, and this patient, having become syphilitic, developed a confluent papular florid eruption on the right side and hardly anything on the left; in addition to this, sixteen months later, following on a vigorous rubbing, a papulo-pustulous eruption made its appearance over the same regions, while the left side, which was protected by the healthy glands, was little if at all affected. A similar case was reported by Cao, concerning a patient who, having been deprived of the axillary and inguinal glands of one side, was attacked by a unilateral specific eruption. A third observation is still more characteristic, since the right thigh and buttock, and also the whole of the right side of the abdomen, were attacked, while no trace whatever could be found on the rest of the body. This occurred after free incision of the right groin, on account of a glandular abscess.

I, too, am enabled to adduce a similar case. I had under my care a woman suffering from a simple chancre with inguinal bubo on the right side. Several incisions had had to be made, and the glands were almost completely destroyed by the prolonged supuration; three months later the patient was admitted to the St. Lazare Hospital suffering from a commencing syphilis, and nothing could be more striking than the rose-coloured papular eruption predominating over the right side of the belly, and involving almost exclusively the leg and thigh of the side deprived of glands.

Only one conclusion can be drawn from these facts, and it is self-evident: in syphilitic subjects all causes of traumatic or spontaneous damage to the glands must be avoided. In such patients an essentially conservative attitude is indicated in dealing with affections of the glandular system, because, by depriving them of their glands, we deprive them of an arm of defence; lastly, when unfortunately the protecting organs are already seriously affected, as, for example, in scrofulous, lymphatic, tuberculous, and leukæmic subjects, it is necessary to double the dose of the remedy and to push the treatment to the utmost.

The laboratory, too, furnishes an argument of its own. MM. Bezancon and Labbé have demonstrated by numerous experiments the appearance of leucocytes in the infected gland which were absent in its normal state, and the organisation of the phagocytic function by the polynuclear leucocytes, the fixed cells of the reticulum and the endothelial cells applied to the surface of the cords and follicles. Manfredi, of Palermo, on the other hand, has observed an attenuation of the virulence of various bacteria, pneumococcus, Eberth's bacillus, Koch's bacillus, plague, anthrax, &c., after having passed them through a series of lymphatic glands in different animals; but he attributed this influence to a bio-chemical action, intimately connected with the special structure and function of the lymphatic glandular apparatus.

All these facts are indisputable, and it is in error that certain clinicians have refused to accept them, or, at any rate, to accept the obvious deductions to be drawn therefrom. These observers ought to have borne in mind that these experiments and facts only concerned the onset of the infection, an ephemeral and almost negligible period, in view of the gradual, slow, and progressive course of such a disease as syphilis.

The glandular inflammation is very soon followed by inertia and impotence; the resources of the organism are exhausted, the supply of polynuclear cells being hindered or insufficient, the capsule broken down, and the infective bacteria are masters of the

situation and establish themselves therein. Thus in cancer we observe the reactional precancerous adenitis, a pure phenomenon of irritation and defence, give place to neoplasia in secondary deposits, from which fresh irradiations take place. We then discover that the morbid agent finds in the lymphatic glands an excellent culture medium. It develops, prospers, and each adenitic centre becomes a revictualising depot for the infection, which is thereby stimulated and intensified. If we endeavour to ascertain the ultimate results of this glandular action we find that more than one virus which would have been ill-received in the general circulation, more than one microbe which would have met its death in contact with the red corpuscles, serum, or alexines, has preserved its vitality simply because it was retained in a glandular centre, in which it finds a ready-prepared culture liquid in a warm chamber admirably suited to its development. What is true in respect of development is even more so in regard to the preservation and almost indefinite latency of the germs.

Chance lately brought under my notice two cases of infection which were of the nature of very instructive experiments. Two surgeons sustained deep wounds of the finger while operating on a syphilitic woman, and only washed their hands after they had completed the suture and dressing. There had been an intimate intermixture of the two circulations, that of the patient and of each of the wounded surgeons. Both were contaminated, but in an altogether abnormal manner, since they had neither chancre nor glandular enlargement. In both of them the lymphatic stage was suppressed, and, towards the thirtieth day, a specific eruption suddenly made its appearance. In these cases the rapidity of the generalisation, thirty days, instead of a minimum of sixty-seven, clearly demonstrates the arresting and delaying function of the gland. On this point there is no room for any divergence of opinion—one phase of the circulation having been done away with, the syphilitic invasion is *pro tanto* shortened. But it would be incorrect to state that the infection was remarkable for its gravity; on the contrary, it was a particularly mild course, being limited, in fact, to a very transitory roseola and to very trifling mucous patches. Now, these two cases are in open opposition to Augagneur's theory, and this is not the only objection we have to raise against it. Along with the elderly persons, in whom the disease runs a severe course, we meet with others in whom it accomplishes its evolution almost imperceptibly, as was shown by Dulac (of Montbrison) in his well-known thesis. A little chancre, a scanty dry eruption which soon disappears, and no trace of constitutional disturbance. It looks as though the virus did not find sufficient nourishment to establish itself in the worn-out organism with its much-reduced vitality, and that consequently the lesions themselves undergo atrophy to such an extent that the infection becomes but a mere skeleton of its normal self. Sigmund (of Vienna) called attention to these facts, which, according to him, are by no means of rare occurrence among the inmates of asylums for the aged.

I would add that, in many of the graver cases, glands have been described by numerous clinicians to have been very markedly enlarged; indeed, this was regarded as an unfavourable element in the prognosis by the classic authors, and Gémey indeed affirms that this is very frequently met with among the natives of Algeria, who are renowned on account of the extraordinary severity of syphilis among them, the disease existing endemically.

When, after the onset of the disease, we witness a prolongation of the period of epitrochlear, cervical,

and inguino-crural adenopathies, are we not justified in drawing certain conclusions as to the persistence of the materies morbi? According to Virchow the germs are not preserved in the blood, in which they only appear at more or less prolonged intervals, but in the depth of the lymphatic glands. We have slightly modified this point of view. We hold that wherever the virus has established itself there may remain in a latent state, and that for many years, morbid survivals which may be revived under influences yet to be discovered. We hold that any part once attacked by the infective agent is predisposed to a fresh attack; in other words, our senses, sight and touch, are coarse instruments, incapable of enlightening us as to the enduring susceptibility of the once damaged tissues, from the skin which the blue lens shows us to be permeated for so many months after the roseola to the viscera which have not escaped during the florid stage, and from this point of view we must take into account the glands, which, as much and even more than any other organ, may undergo changes, and more than any other are adapted to remain the receptacle and assure the preservation of the virus. Consequently, it is to them that we must look when we desire information as to the activity of the virus. By them we know whether the little flame is extinguished or is still burning. Professor de Amicis, of Naples, very wisely insists on these facts in a remarkable monograph, which shows me, to my great satisfaction, that our ideas exactly coincide. The cases which he alleges in support of this opinion are worth mentioning.

A man, *æt.* 50, had had syphilis for twenty-seven years past, when he was attacked by a nocturnal type of neuralgia, occupying the region of the right hypochondria. All the usual drugs were tried in vain, when the professor, on discovering the existence of an enlarged epitrochlear gland, put the patient under specific treatment and cured him. In a man in whom the infection was thirty-nine years old, periostitis of the tibia, with tuberculous syphiloderms of the side, was also associated with the same symptom. Then we have a laryngostenosis twenty-three years after the initial chancre, and a sarcocele twenty-eight years after, the nature whereof was clearly revealed by the same fatal sign. Under similar conditions I was enabled to make an observation of the same kind in one of my patients who was admitted to the Hospital of St. Lazare, suffering from an eruption of syphilitic tubercles on the right side. The diagnosis left no room for doubt, but what struck me was that the glandular system was the seat of extremely well-marked changes; on the right and left the epitrochlear groups and the branches connecting them presented considerable hypertrophy; the same phenomenon obtained in respect of the pre-auricular glands, which were much swollen under the influence of the specific germs, and it was only by putting my patient under intensive treatment that I effected a cure.

Well, gentlemen, the theory under discussion cannot be dealt with conclusively on purely clinical data. The facts from the laboratory remain true, but the observations of our predecessors remain, and I think that I have proved to you that they are by no means irreconcilable, on condition of according a proper place to each of these factors, and that place only.

ONE of the features of the King's Coronation Dinner to the London poor will be the distribution to the guests of King's Chocolate Boxes, to the number of 560,000. The chocolate, we note, is supplied by Messrs. Rowntree and Company, Limited, of York, to whose generosity the recipients owe the artistic boxes in which the chocolate is contained. We have seen one of these boxes, which is worthy of the succulent contents.

Clinical Records.

A CASE OF TYPHOID WITH DOUBLE PNEUMONIA.

By E. P. MARETT, L.R.C.P., L.R.C.S. Edin.,
St. Lawrence, Jersey.

F. V., *æt.* 5, was taken ill just after Christmas with the usual symptoms of typhoid fever. As diarrhoea was a marked symptom I put her on milk diet, which, at the end of a fortnight she refused, having got tired of it. A week after I first saw her she developed a slight cough, which soon became very troublesome, and ultimately she developed true pneumonia. The little patient, at the end of the third week, was in a very grave plight, with continued high fever, feeble, almost imperceptible pulse, and great emaciation. In spite of most careful nursing on the part of the parents the child developed a bed sore, which gave us a great deal of trouble.

The nutrition of my little patient proved a very difficult question, and at the end of the third week it occurred to me to give a trial to Mellin's Food, which I gave every four hours to begin with. She seemed to like it, indeed, she took to it very readily, as a change from the milk, which she absolutely loathed. She began with 20 ozs. a day, as I did not think it prudent to give more at first, the vomiting having been extreme, and she was depending also on rectal injections for nourishment.

During the fourth week the vomiting decreased, the rectal injections were reduced, and I was able to increase the allowance of the food to 40 ozs. a day, given in doses of 5 ozs. at a time, every two hours. The pneumonia was running a normal course, but the chief obstacle was the emaciation, which was extreme; in fact, one could literally "count every bone in her body," and at every prominence it seemed as though the bones must come through the skin.

The parents did all they were told with the aid of cotton-wool, &c., to prevent it, but in spite of every precaution the child developed several raw places wherever two bones rubbed, as, for example, the knees and ankles. This was doubtless due to the child being so restless from pain that she was continually trying to alter her position. In the fifth week I ordered the food to be given every hour, 2 ozs. at a time, with a teaspoonful of brandy at every fourth meal.

The fever subsided and the child became free from abdominal pain and tenderness, and the sixth week was passed fairly well. At the end of the sixth week, however, she had a relapse, with a return of the fever and depressed condition of pulse, &c. This lasted about a fortnight, and at the end of the ninth week she had another relapse which lasted three weeks and left her, as may be imagined, in a shocking state. During all this time she took Mellin's Food regularly, and never once refused it or seemed to tire of it.

At the end of the twelfth week the emaciation was extreme, and was made worse by the fact that during the third attack or second relapse she had lost a large quantity of blood by the bowel. From this date (the thirteenth week of the disease) she began to mend, and she now took Mellin's Food every half hour, half an ounce at a time, in milk and brandy.

I think it only fair to state my conviction that the patient's gain in flesh was chiefly due to Mellin's Food, and its great advantage in the case was that the child took it well and willingly, when she refused milk, milk and barley water, &c. Had she not taken her food so well, the case must have ended fatally, for it is impossible for me to give an adequate idea of the debility, emaciation, and loss of all strength which were present; no one who saw the child ever thought she could live, and I was surprised myself that she did. She is now getting on very well, gaining in health and strength daily, and is still taking the food.

DR. CHARCOT, of Paris, is one of a party proceeding to the Faroe Islands in order to make a special study of the epidemic of cancer which has broken out there.

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF ANATOMY AND PHYSIOLOGY.

MEETING HELD ON FRIDAY, MAY 30TH, 1902, AT THE
ROYAL COLLEGE OF SURGEONS.

Professor D. J. CUNNINGHAM in the Chair.

PROFESSOR BIRMINGHAM having been called to the Chair, the PRESIDENT read a paper on, and exhibited a model of,

THE STOMACH IN THE CHILD.

The model exhibited was made from the stomach of a child, *æt.* 2½, and was obtained some years since, prior to the introduction of the formalin process. The method he adopted was that of making a series of vertical sections through the frozen body, commencing in the mesial line. By this means he secured a series of slabs which were removed as required, and then a wooden model of the stomach was made. The specimen from which it was made had been previously removed from the vertical slabs and hardened in spirits. He confessed to a feeling of surprise when he found the stomach of so young a child in the horizontal position, with the œsophagus entering it on a line slightly anterior to the lesser curvature and at a right angle to the direction of the body of the viscus. It might also be noticed that the inferior surface of the organ was slightly flattened and marked with an indentation of the spleen from pressure of that gland. All this was so opposed to preconceived views that he sent the model to Professor His, who was then engaged in similar investigations, for his opinion. His, in reply, said that the vertical position of the stomach in early life was the rule, and he looked on this horizontal condition as abnormal. The second specimen was that of the stomach of a chimpanzee, prepared by the formalin method, which shows an identical condition of affairs.

Professor BIRMINGHAM said the specimen of the chimpanzee showed very beautifully the S curve of the pyloric extremity which formed the antrum of the pylorus.

Dr. T. G. MOORHEAD said that in examining the position of the stomach in *foetuses* by the formalin process he found some were vertical in position and some horizontal—there seemed to be no constant condition.

Professor Cunningham having resumed the Chair, Dr. T. G. MOORHEAD read his paper on

THE WEIGHT OF THE VISCERA IN THE RIGHT AND LEFT SIDES OF THE MESIAL PLANE OF THE ABDOMINAL CAVITY.

The object of this paper was to prove that as early as the fifth month there is a preponderance in weight of the viscera lying to the right side of the mesial plane in the *foetus* over those in the left, and that this difference is due to the grouping of the abdominal organs. The average weight in the right side represented 52·8 per cent. of the total weight of the viscera, as against 47·2 per cent. in the left side. The child therefore enters upon its extra-uterine existence with a marked right-sided bias.

Professor CUNNINGHAM said the paper was most valuable, dealing as it did with the centre of gravity, a subject which had not been dealt with since Professor Struthers published his paper in 1863, which was almost directly due to Buchanan's views on the position of the centre of gravity in the human body. Struthers' investigations were on the adult body, and he had not the advantage of the formalin process; he also included the limbs in his calculations. He (Professor Cunningham) was of opinion that the bones of the right upper extremity, and to a slight extent the muscles also, were weightier on the right side. He felt that they were all much indebted to Dr. Moorhead for his paper, and he hoped they would have further papers dealing with the subject in the adult male and female.

Professor BIRMINGHAM said he thought the paper very interesting, though it had little bearing on the curious question of right-handedness, which he looked

on as more due to the influence of the muscles of the forearm than to the location of the centre of gravity.

Professor W. H. THOMPSON read a paper on

RECENT WORK ON THE PHYSIOLOGY OF DIGESTION, which will be found in another column under the heading of "Original Communications," page 645.

Professor CUNNINGHAM said the paper just read was one of the most important and interesting contributions ever made to the Section, and the subject was so lucidly dealt with that it was made intelligible to all.

Professor SCOTT said he thought some of the facts were open to a different explanation; the quality as well as the quantity of the proteid had to be considered. He also demurred to the conclusion that milk was easy of digestion; it might appear so because of its small percentage of proteids (4 per cent.) as compared with meat (20 per cent.) He would like to know if the secretion stimulating the pancreas was that of Brunner's glands.

Professor O'SULLIVAN said he could not altogether understand what Professor Pawlow meant to convey by saying that secretine which he prepared from the succus entericus acted by working backwards through the blood vessels and not by absorption through the mucous tissues.

Dr. KIRKPATRICK said he would like to know if the percentage of acid varied with the pepsine. He looked on the subject from the point of view of tuberculosis, especially in childhood. How does the bacillus escape digestion? If the secretion in the early stage of milk digestion is small in amount, and weak in ferments, it is of course intelligible that the bacillus may pass through the pylorus in the early stage of the process, and so escape.

Professor BIRMINGHAM said he has always found the pylorus closed during periods of rest. He looked upon its being open as an active condition, and he would like to know how this harmonised with Pawlow's theory that the closure was a reflex act.

Professor W. H. THOMPSON, in reply, said: Pawlow found the pylorus closure to be a reflex act caused by the free acid in the duodenum. When the acid was neutralised by the succus entericus the pylorus opened again, and this process continued until the digestion of the stomach contents was completed. He did not find a reflex opening, but he did find a reflex closure. Pawlow showed that the sight of food inhibited muscular movements of the stomach, as if the viscus was so adapted to receive food. The percentage of pepsine and acid was constant; tubercle infection in early life is to be accounted for by the greater activity of the lymphatics in childhood. The non-permeability of the mucous tissues, and the permeability of the vascular, is analogous to the dialysis of solutions. Pawlow found that cold water was one of the best stimulants to reaction, taken at the beginning of a meal; next in order, but much less efficient, was meat extract. Contrary to accepted ideas sodium solution was found to inhibit gastric secretion. In this connection Pawlow made many interesting experiments with milk, and he found that milk fats inhibited digestion; his (Pawlow's) experiments were conducted with ordinary milk, milk to which cream had been added, cream, and milk deprived of all its fats, and he found that the digestive action was inversely proportionate to the percentage of fats.

The meeting then adjourned.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD WEDNESDAY, JUNE 4TH, 1902.

Dr. T. R. FRASER, President, in the Chair.

Dr. G. A. GIBSON showed a case of "tabes dorsalis" with unusual symptoms. The patient was very ataxic, but though there was a history of previous lightning pains there was no sensory disturbance. The chief point of interest was the existence of an isolated paralysis of the left external rectus, without there being either the Argyll-Robertson phenomenon or optic atrophy. There were also curious psychical phenomena, of the

nature of transient attacks of delirium. In contrast to this case a second patient was shown in whom, notwithstanding the existence of undoubted ataxia, almost the only symptoms were absolute atrophy of the right disc and partial atrophy of the left.

Mr. CAIRD showed a case of "double enterectomy" for tuberculous stricture at one sitting in a male patient, who had suffered from gastric symptoms for six or seven years previous to admission to hospital. For three years there had been cough and other chest symptoms, and within the fortnight preceding admission, diarrhoea. There was found to be almost continuous abdominal pain, but physical examination of the abdomen was negative. From previous experience of such cases tuberculous stricture of the intestine was diagnosed, and on operation two were found which were removed successfully.

Dr. WILLIAM ELDER showed a case exhibiting "choreiform movements." The illness had begun after scarlet fever five years ago, with twitching first in the face, then in the arm, and then in the leg, and this had continued up to the present time. About eighteen months ago, curious grunting sounds, due to sudden contractions, of the diaphragm began, and were a great source of annoyance to the patient and his friends. The movements were partially under control. The diagnosis lay between a chronic Sydenham's chorea and paramyoclonus multiplex, most probably the latter.

Mr. ALEXIS THOMSON showed a patient who, three or four weeks after confinement, was seized with acute abdominal symptoms indicative of "purulent peritonitis." Laparotomy was accordingly performed, and an ovary and tube removed. An excellent recovery ensued, but ten weeks later acute obstruction set in, and at the second laparotomy multiple bands were found constricting the small intestine. These were divided with favourable result. The peritonitis was of gonorrhoeal origin, and it was the speaker's experience that in such cases the infection was much less severe than if one of the ordinary pyogenic cocci were the cause; the pus, in fact, was usually sterile. It was not probable that the bands causing the obstruction would again form.

The following card specimens were shown:—

By Dr. F. M. GRAHAM: Base of a skull in which there is absence of the right lateral sinus, &c.

By Mr. CAIRD: Intestine in which there is a double tuberculous stricture.

By Dr. HARVEY LITTLEJOHN: (1) Specimens illustrating compression of the brain from hæmorrhage. (2) Specimens illustrating the effect produced upon the hands and feet by prolonged immersion in water. (3) Uterus showing appearance in menstruation. (4) Uterus from case of abortion at the fifth month resulting from external violence. (5) Photographs of a case of drowning.

Dr. ALEXANDER BRUCE read a paper on

HÆMORRHAGE INTO THE SPINAL CORD DURING PREGNANCY,

an abstract of which will be found on page 648.

Mr. SHAW MACLAREN read notes of two cases of

INTRA-PERITONEAL SUTURE OF THE BLADDER,

which will be found on page 649.

France.

[FROM OUR OWN CORRESPONDENT.]

Paris, June 14th, 1902.

CHOREA.

M. COMBY spoke at the last meeting of the Société Médicale of the good effects of antipyrine in the treatment of chorea, provided it were given in sufficiently large quantities. For a child, *et. 10*, for instance, he would administer a drachm of the salt in the day, and for children above that age he increased that dose by ten grains for every year of their age. However, in order to avoid accidents (eruption, vomiting, anuria) the patients should be enjoined rest and drink abundantly.

There were, however, some forms of chorea that remained refractory to the antipyrine treatment. In such cases arsenic should be ordered at the doses indicated by one of his colleagues (already reported in THE MEDICAL PRESS AND CIRCULAR). He had not much experience with cacodylate of soda, but he was inclined to believe that it was not of great benefit, in any case in the patients on whom he had tried it, he did not perceive much benefit from its use.

SERUM OF TRUNECEK.

M. Merklen gave an interesting account of the treatment of the accidents attending arterio-sclerosis by the concentrated serum of Trunecek. He said it could be employed with advantage against the asthenia and hyperexcitability depending on insufficient irrigation of certain portions of the nervous system. The injections of the serum diminished also, and even suppressed the dyspnoea and the asthma of patients suffering from sclerosed arteries. He had obtained in three cases out of five the best results—in two cases where milk and digitalis had been tried for a long time without any benefit to the dyspnoea, and a third where cardiac asthma and Cheyne-Stokes respiration were very distressing.

The injections of the concentrated serum, like the large injections of artificial serum, act, doubtless, on the asthenia and hyperexcitability of the respiratory centre, which in arterio-sclerosis are produced either by arterial ischemia and heart weakness, or by renal and alimentary toxæmia. The serum of Trunecek was capable of rendering good service in the cases above mentioned.

M. Levi presented several patients who had suffered from headache, noises in the ears, tingling sensations in the limbs, insomnia, &c.; in a word, all the accidents having for cause an insufficient arterial circulation and who were greatly improved or cured by the serum of Trunecek. The agent was administered either subcutaneously or by the rectum (one to ten drachms of pure serum), or by the mouth. For this latter method, the speaker prescribed a powder composed as follows:—Chloride of sodium, 10 grammes; sulphate of soda, 1 gramme; phosphate of lime, 0.40; phosphate of magnesia, 0.40; carbonate of soda, 0.40; phosphate of soda, 0.30; divided into twelve powders or wafers. One powder was given daily to begin with, then two and three if there existed no symptoms of intolerance. The treatment lasted generally from a fortnight to three weeks.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, June 14th, 1902.

At the Medical Society, Hr. Görges communicated a note on

ASPIRINE AND DIGITALIS DIALYSATE.

Since the year 1900 he had exclusively used aspirine among the salicylic preparations, which had the great advantage of having little or no bye-effects. It could be given for long periods without setting up any disturbances. He had given as much as one gramme daily to an eight years' old child for three months at a time.

The indications for its employment were all rheumatic diseases, articular rheumatism, as well as affections of the serous membranes, neuralgias, &c. He had seen good

results, even in acute gout, as well as in minor chorea. In the latter disease he was in the habit of giving one gramme three times a day for five days, then making a pause of three days, and then again giving it for another five days, and so on. He had been very successful with this method of treatment.

The dialysates of Golaz were watery alcoholic extracts made from fresh digitalis plants in which the concentration was always equable. The dialysed digitalis had the advantage over other preparations of the plant that it was always of the same strength the year through, and the dosage was consequently more trustworthy. In children the dose was three to five drops three times a day, and for adults five to ten drops. The action was that of a good digitalis preparation.

Hr. Ewald confirmed the good results obtained with aspirine even in nervous conditions of all kinds. Its chief advantage was that even when large doses were given there were fewer by-effects than when other salicylic preparations were used. In articular rheumatism he reinforced the action of aspirine by an exclusively milk diet.

Hr. Senator also spoke very highly of aspirine.

Hr. Beckmann spoke on

ACUTE INFLAMMATION OF THE TONSILS.

He said the disease was well characterised. The inflammation might extend to the nose and then give rise to suppuration of the accessory cavities. If the tonsils were removed in a child with snuffles, they ceased at a stroke. In disease of the middle ear, the tonsils needed to be borne in mind and treated. He also attributed a number of cases of rheumatic paralysis to the tonsils.

In cases of recurrent rheumatism when the palatal tonsils were not diseased, he had repeatedly found inflammation of the pharyngeal tonsils and when these were removed the recurrence ceased. These seemed to be very important as regards the development of tuberculosis.

From these the tubercle bacillus got into the lymph-stream and were deposited in the glands. At the time when these developed at puberty the bacilli might break loose and set up tuberculosis.

The treatment of acute inflammation of the pharyngeal tonsils consisted in insufflations, removal of the secretions, and gargling. Operation was only indicated when there were ear complications. For the prevention of recurrences extirpation must be performed, but this ought to be radical.

Hr. Menzl has an article in the *Zeitsch. f. Hygein.* (39/31) on

THE CULTIVATION AND BIOLOGY OF THE TUBERCLE BACILLUS.

According to this observer, Hesse agar is a good soil for tubercle bacilli and is equal to ox-blood serum. The virulence of the bacilli continues even after months of cultivation on this soil. Neither increase nor diminution in virulence could be detected.

With this soil the tubercle bacilli from sputum increased considerably in a few days; in fact, the increase could be observed from the first day. The same with tubercle bacilli from urine sediment.

The accompanying micro-organisms of sputum and urine were checked considerably in the growth at first, but not so far that colonies of tubercle bacilli became

visible to the naked eye. There was, therefore, so far, no other method of separating tubercle from other bacilli than passage through animals.

Tubercle bacilli were killed by exposure for from five to fifteen minutes to a temperature of 65° to 70° C. Animals inoculated with the heated material did not become tuberculous. After heating to 50° C. for an hour and a half the bacilli still retained their virulence.

The *Monatss. f. Prakt. Dermat.* (34/3) contains an article on the

ÆTIOLOGY AND PROPHYLAXIS OF MERCURIAL STOMATITIS AND PROCTITIS

by M. Bockhart, of Wiesbaden. For years, the writer says, the best prophylactic against stomatitis had been tannin 50 per cent. in chlorate of potash tooth paste. But to achieve success not only the teeth but the gums all round must be brushed with a soft brush, the neighbourhood of the roots of the lower wisdom teeth being the chief corner for buccal bacteria to be left in. Mercurial stomatitis, he pointed out, was a bacterial disease. The reducing action of mercury injured the tissues and rendered them less resistant to the action of bacteria, so that these found conditions favourable to their development. The chlorate of potash by its high oxydising power paralysed the reducing action of mercury, and assisted the secretory processes in the mouth. In the writer's experience the use of the paste was also successful in preventing proctitis, as when used such large quantities of bacteria were not swallowed as would otherwise be the case.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, June 14th, 1902.

MALFORMATION OF THE VOCAL APPARATUS.

At the Gesellschaft, Fein showed a female patient, æt. 64, with a five-millimetre membrane extending between the vocal cords. The woman never had at any time an affection of the throat to cause any such morbid change, which gave credence to the assumption that it must be congenital, especially as there was no clinical symptom or accident to account for the abnormality.

In connection with this case he drew attention to another female patient who presented a similar condition, whom he had shown before the Society last year. After he exhibited the case he decided to operate on the endolaryngeal membrane by tearing it asunder. The membrane, however, reunited, and had finally to be treated by intubation, after which it again recurred, but was finally cured by constant repetition. The clinical symptom was severe hoarseness, which has since almost disappeared.

EPITHELIOMA AND RÖNTGEN RAYS.

Schiff brought forward an extraordinarily good example of treatment by Röntgen rays in the case of an epithelioma at the root of the nose. When the disease was cured he performed a plastic operation by taking a flap from the forehead to build up the nose.

Bethi remarked that he had had this case five months under his care, during which time he had scarified and cauterised the morbid growth without success.

Weinlechner asked how long the case had been under the Röntgen ray treatment, to which Schiff replied that the treatment did not exceed six weeks.

Schiff then showed a Finsen lamp, modified by Bang. The electrodes are composed of iron points which send out chemical rays; another advantage is that it only required six or seven ampères current.

Lang said that Finsen himself admitted that this lamp did not come up to his expectation, nor did it fulfil the required conditions.

EPITHELIOMA OF NOSE.

Weinlechner showed another case with epithelioma at the root of the nose, which he had excised and cauterised with chloride of iron. Subsequently necrosis of the frontal bone set in, opening up both the frontal sinuses. He thought he might venture to close the defect by a plastic operation.

Reiselsberg thought if the case were his own he would drain the sinuses into the nose, freshen the edges and apply a flap across the opening.

Weinlechner showed a female patient from whom he had removed a sarcoma about the size of a man's fist. The growth was situated below the inner half of the left clavicle. During the operation it was found necessary to resect the axillary artery and radial artery; about seven centimètres of the latter were removed, leaving total paralysis of the radial muscles. If the disease shows no signs of recurring he proposes next year to perform a neuro-plastic operation to restore the innervation of the radial muscles.

Weinlechner also showed a youth from whom he had removed a revolver bullet from among the small bones of the left hand with the best results.

RETROPERITONEAL GROWTH.

Stangl exhibited a man from whom he had removed a retroperitoneal tumour about the size of a walnut, which was situated on the inferior mesenteric artery. Its structure was rich in Zuckerkandl's organic organisms, as it took up the chromic acid colouring greedily.

Wiesel related the history of two similar tumours whose cells exhibited this chlorophile property in a very marked degree.

Biedl said this physiological reaction was a trustworthy diagnostic sign of the nature of the growth.

Zuckerkandl remarked that this chromic affinity in complex cellular tissues was to be found in many parts of the body as a physiological structure which probably was the origin of all these idiopathic tumours. The retroperitoneal tissues of the pelvis and the hypogastric plexus are common examples, and which are probably the origin of these tumours.

VOLVULUS OF THE SIGMOID FLEXURE.

Eiselberg demonstrated, by means of a pathological preparation, an extraordinary twisting of the distended bowel and sigmoid flexure.

He also showed a young man, æt. 23, who had received a stab in the left side of the neck wounding the common carotid, which was tied at the time, but after a few days paralysis of the opposite lower extremity set in with renewed bleeding from the ligatured vessel necessitating the retying of the vessel.

The paralysis at the present time consists of facial and hypoglossal paresis, with the upper and lower extremities affected. From the cases hitherto published of wounds to the carotid and subsequent tying 30 per cent. have ended fatally, 32 per cent. have suffered from

cerebral disturbances, while 56 per cent. recovered. Hemiplegia occurred in 11 per cent. of the cases.

CARBONIC ACID GAS INHALATION.

Kovács, of Buda-Pest, has just published his recent experiments on carbonic acid gas, which has been occupying the minds of several clinical observers of late. Kovács finds that insufficient breathing, or the inhalation of carbonic acid gas, lowers the freezing-point of the blood.

On the other hand there is an abnormal increase in the osmotic pressure of the blood favourable to the inhalation of the acid, as, indeed, its elimination, particularly when the atmosphere contains an unusual proportion, or the respirations are insufficient, which would allow of an accumulation in the blood if not quickly eliminated.

His observation on the clinical effects when inhaled show that it reduces dyspnoea, diminishes cyanosis, and lowers the pulsation fulness and rhythmic movement, but increases diuresis.

Continental Health Resorts.

[FROM OUR SPECIAL CORRESPONDENT.]

AIX-LES-BAINS.

AIX-LES-BAINS possesses many advantages as a health and pleasure resort, such as facility of access, beauty of position, and completed sanitation, abundance and uniformity of mineral waters, inherited aptitude of *doucheurs* and *masseurs*, great variety of entertainments, amusements and excursions; numerous hotels, pensions, and apartments to suit all preferences. It lies on a main line (the Mont Cenis) of Continental travel. By rail it is only half an hour from Chambéry (the ancient capital of Savoy), 1½ hours from Annecy (with "the gem of French lakes"), 2½ hours from Geneva, 3½ hours from Lyons (one of the most interesting and most neglected by tourists of French metropolitan cities), 8 hours from Paris, and 18 to 20 hours from London by several routes.

The situation of Aix-les-Bains is a most desirable one. Picturesquely located, 820 ft. above sea level, on a hillside 90 ft. above the pretty lake Bourget, in an Alpine country renowned for scenery and healthfulness, central for excursions of greatly varied interest, and possessing elegant casinos noted for the excellence of their musical entertainments, this small Savoy town (quite apart from its facility of access from all directions, and in addition to the superiority of its mineral springs and medical treatment) offers inducements to those seeking recreation and rest rarely found elsewhere. All the comforts and enjoyments of modern life are here, amidst sheltered rural scenes, yet in the vicinity of the grand mountain ranges and great glaciers of the Juras, the Chartreuse, Vanoise, Maurienne, Tarentaise, and Mont-Blanc Alps. Its sanitary arrangements (aided by the large overflow of sulphurous waters from the baths) are unusually complete, and it is plentifully supplied with pure water from the wooded heights of Révard. Its hotels and other accommodations (at prices to meet all requirements, luxurious or economical) are unsurpassed on the Continent. Yet after all these extraneous advantages, and after attributing to them all merits rightly their due, the high renown, increasing as the years roll round, of Aix-les-Bains rests upon

its mineral springs, upon the up-to-date scientific acquirements of its physicians, and upon the able administration of its baths.

The two Thermal Springs here yield daily over a million and a-half gallons of sulphurous waters; having a temperature varying between 110° and 115° Fahrenheit; showing 4° by Dupasquier's sulphydrometre; and containing, in addition to its sulphuretted hydrogen, carbonates of iron, magnesia and alumina, with traces of bromides and iodides. They also contain "Barégine," an organic substance peculiar to these Springs, which gives an unctuous quality to the massage. And some scientists claim that during massage with Aix waters electricity is palpably evolved. The indications for "a cure" at Aix are principally chronic rheumatism, rheumatoid arthritis, gout, chronic catarrhal affections, neuralgia and nervous diseases, sequelæ of rheumatic fever, infantile paralysis, hemiplegia, sprains, surgical operations, &c. For a long time gout was considered by many medical men as a contra-indication for Aix; but about forty years ago Drs. Despine and Vidal began to receive gouty patients, and since then, owing much to the publications of Drs. Macé, Blanc, Bertier, Brachet, Monard, and Forestier at Aix, and of Sir Alfred Garrod, Sir Dyce Duckworth, Sir Herman Weber, and others in England, the treatment of gout at Aix-les-Bains is becoming universally recognised and recommended. In his lectures given in September last, during the visit of the *étudiants en médecine* to the French spas, Dr. Gaucher "finally and definitely classified Aix among the health resorts of France, to which gouty patients may be sent." (See Dr. Blanc's pamphlet, "The Gouty at Aix-les-Bains," just published by Messrs. J. and A. Churchill, London.) (a)

The present treatment at Aix is to a very great degree external; baths, douches, pulverisations, humages, &c., its main features being the successful "Douche-Massage of Aix." Judging from the medical publications of the seventeenth and eighteenth centuries, diet-regimen and copious drinkings of these sulphurous waters have been less relied upon by the physicians in recent years than such dieting and drinking were in former times.

Dr. de Cabias, in his books on "Les Vertus Merveilleuses des Bains d'Aix en Savoie" (printed at Lyons in 1823 and 1888), laid much stress on the importance of preliminary purgatives; copious and regular drinking of Aix sulphurous waters (even at meals) prior to and during the bath-treatment; and gave minute cautions as to "what to eat, drink, and avoid" during treatment. Some of his "words of wisdom" are, perhaps, worthy of more attention even nowadays; such as, to prefer other months at Aix than that presided over by the canicule, and not to begin treatment immediately on arrival, not to hurry through treatment too rapidly, and not to rush away too quickly after "the cure" is nominally concluded. Now more even than in those days of "slower coaches," very much of the benefits to be derived from a course at Aix (as at other spas) is sacrificed by over-haste to begin treatment, over-hurry to get through

treatment, and over-restlessness to go elsewhere. Near Aix are excursions enough, of many and varied attractions, to richly repay an additional sojourn of several weeks. Those who wish to "go up higher" will find a very agreeably located and comfortable pension-hotel, about 1,200 ft. above Aix, at Pugny-Corbières; located on the side of Mont-Revard, and facing S.S.W. Corbières enjoys a sunny exposure and is thoroughly sheltered on the north and north-east by the Revard Alpine chain. It has regularity of climate, warm and soft atmosphere, freedom from mists, fogs, and (because of the evening mountain-breezes) dews.

A funicular railroad runs from the Aix Park to Pugny-Corbières, and then to the summit of Mont-Revard (about 5,200 ft. latitude), from which a magnificent prospect is obtained of the Savoy and Dauphiny Alps. On Mont-Revard is a good restaurant, and an hotel for convalescents.

Although quite a modern station (the earliest bath-building being a thatch-covered structure in 1857), the Springs and bath-establishment at Marlioz have become an increasingly important adjunct to Aix-les-Bains. Marlioz is less than a mile distant from Aix, and connected therewith by omnibus and tramway lines. Its mineral waters are cold, sulpho-sodic (57° F.) and slightly charged with iodine and bromine. They are administered chiefly internally; by drinking, inhaling, and pulverising; the special indications being pharyngitis, laryngitis, chronic bronchitis, and enlargement of the bronchial tubes, chlorosis, and anæmia. Dr. Forestier writes:—"They are most useful in diseases of the respiratory organs, from the simplest cases of angina to the most serious forms of disease of the bronchial tubes and of the lungs; and are wonderful for children liable to repeated bronchitis, or suffering from hypertrophy of the bronchial glands, which so often lays the foundation for tuberculosis of the lungs." Dr. Macé advises Marlioz waters for scrofula, rickets, goitre, syphilis, and the lymphatic; and adds, "all those whose profession calls for strong and continued vibrations of their vocal organs should go each year to the Esculape Spring of Marlioz, to recover and strengthen their voices."

The Saint-Simon Spring (situated a mile north of Aix) is another valuable adjunct to the Aix treatment. It yields a pure, limpid, perfectly aerated water containing "very little alkaline, calcic bicarbonate, and ozonised magnesia, and its effervescence of oxygen and nitrogen gases render it superior in some respects to the Evian waters." The St. Simon water is used both as an agreeable table-water and medicinally in cases of gout, rheumatism, kidney and liver troubles, and for all maladies resulting from deficient nutrition. Dr. Blanc classes the St. Simon water as "intermediate between the waters of Evian and Contrexéville;" and Dr. Bonjean recommends it for "gastric affections of an inflammatory chronic character, for stomachic evils of a nervous nature, and for lessening the formation of uric acid in gouty and rheumatic complications."

An inquest was held at Wolverhampton last week on the body of a young married woman who died under chloroform given preparatory to an operation for the relief of a puerperal abscess. In the report before us it is stated that only ten drops of chloroform had been given and the patient collapsed in three minutes. At this rate chloroform is more fatal than prussic acid *quod absurdum est*. The usual verdict was returned.

(a) He writes:—"In order that the treatment of gout may be complete, three conditions are absolutely necessary:—

"1. Apply the general or local douche-massage of Aix.

"2. Get the patient to drink a sufficient quantity of water to facilitate the solution of the salts contained in the organism, and to provoke their elimination.

"3. Prescribe a special alimentary diet, which is to modify the constitution of the patient and prevent the formation of uric acid as a cause of gout."

The Operating Theatres.

GREAT NORTHERN HOSPITAL.

DEEP ABSCESS OF THE ORBIT.—Mr. PRYTON BEALE operated on a girl, æt. about 20, who had been admitted suffering from an extensive inflammatory condition affecting the left orbit and the eyelids. The history of the case was as follows: The day before admission the patient was seized with severe aching pain at the back of the left eyeball. There was no history of any injury, undue exposure to cold, or any inflammatory condition of neighbouring parts, such as the ear, nose, mouth, or frontal sinus, but it was subsequently discovered that the girl had suffered from periodical attacks of pain at the back of the eye for the last eighteen months, and these appeared to have been subsequent to a severe attack of influenza. Upon admission the condition was as follows: Very marked proptosis, extreme oedema and venous congestion of the conjunctiva, great swelling and redness of both eyelids, and a considerable amount of lymphangitis of the left cheek; there was very severe aching and throbbing pain behind the eyeball, there was practically no impairment of vision, and the optic discs were normal. The girl's general condition was bad, sallow complexion, furred tongue, rapid pulse, temperature 106, but rigors were not present. At the operation an incision was made through the upper eyelid, and a probe passed along the roof of the orbit; this was then followed by a pair of sinus forceps, and when the point of these had reached the back of the orbital cavity, about a teaspoonful of pus was evacuated. The cavity was next washed out with boracic lotion, plugged, and hot fomentations ordered to be applied every hour. During the next three days the patient's general condition improved steadily, but on the third day she had a severe rigor in the evening, the eye by this time was practically normal, only a very little pus escaping from the wound; during the next two days the rigors came on more frequently and it was noticed that the patient had some pain and stiffness about the posterior cervical muscles, but there was no pain in the head or eyeball, the temperature was normal between the rigors, and the patient appeared to be doing fairly well; next day, however, the rigors became more frequent, and her general condition rapidly much worse. She was therefore anaesthetised and trephined as rapidly as possible just below the left parietal eminence. A considerable amount of blood-stained fluid was found in the arachnoid space, but no pus could be discovered, although a probe was passed to the base of the brain. Mr. Beale said the case was one of great difficulty, because the orbital abscess had already started at the back of the orbit, and it was quite clear that the septic infection had not travelled from without, that is to say, from any wound about the eye, from the middle ear, from the nose, *via* the frontal sinus or from the mouth; under these circumstances it was felt that the infection must have spread either from an acute basal meningitis, or from a cerebral abscess in or near the frontal lobe, but there was nothing to support this view, seeing that the patient had had no symptoms either of basal meningitis or of cerebral abscess until five or six days after the opening of the orbital abscess,

at which time the eye and orbit had practically become normal. The trephining was undertaken as a last resort, for although there were no symptoms of meningitis at this time excepting the rigors and slight pain and distress in the neck, it was obvious that the patient was becoming very rapidly worse, and as no cause could be found outside the skull, there was just a hope that trephining might reveal some inflammatory focus. It was important, he said, to observe that the optic discs were normal throughout.

The patient died twenty-four hours after the trephining, and at the post-mortem examination basal meningitis was found from the medulla as far as the sphenoidal fissure with a few drops of pus at the latter situation; the brain and all other organs of the body were normal. Mr. Beale believed that the case was one of chronic basal meningitis following influenza. For some reason which was quite inexplicable, this had suddenly become acute and suppurative in the middle fossa of the skull, and so had spread through the sphenoidal fissure to the orbit. Although it was impossible to find any cause of septic infection through the nose, mouth, ear, frontal sinus, or foramen lacerum medium, he thought the most likely hypothesis was a basal meningitis starting at the last situation. It was quite certain, he pointed out, that the condition was not tuberculous.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 18, 1902.

THE NOTIFICATION OF CONSUMPTION.

THOUGH the war against consumption may be said to have entered on an active stage, and though, in various countries, signs are not wanting to show that real progress is being made, we regret to find that in Ireland that progress is least perceptible. An examination of the report of the Registrar-General (Ireland) for the year 1900 shows that the total number of deaths from all forms of tuberculosis amounts to 12,848, and that 10,076 of these were caused by pulmonary tuberculosis. The death-rate

for phthisis equals 2.26 per 1,000 living, while the total death-rate from all causes equals 19.6 per 1,000. Such a state of affairs is sufficiently serious, but when we find that the rate per 1,000 for the ten years preceding 1900 was only 2.12, or in other words that the death-rate from this cause is rising and was higher in 1900 than in any of the ten years which preceded it, one is tempted to ask has the war against consumption begun in Ireland at all. There are no doubt peculiar difficulties in the way of sanitary reformers in Ireland, which are not found to the same extent in other countries, but these difficulties must be met and overcome if Ireland is not to be left hopelessly behindhand in the race for prosperity and health. Foremost among these difficulties we are inclined to place the unsatisfactory state of the various public health Acts, and the partial way in which even these confused Acts are made applicable throughout the country. The most pressing need from a public health point of view in Ireland at present is that the various sanitary Acts should be combined into one, revised, and that made compulsory in every district. It is pleasing to note that in spite of these difficulties public bodies are beginning to awaken to the danger of the present state of affairs and to demand that a remedy should be found. At a meeting of the Irish Trades Congress held a short time ago in Belfast the question of the prevalence of consumption and the high death-rate caused by this disease was under consideration, and a resolution, which we publish elsewhere, was passed calling on the sanitary authorities of the various towns and rural districts to take steps to check its ravages. This awakening of the interest of the lay public is one of the most hopeful signs of the times, and, if this interest can but be kept from lapsing into slumber, much-needed reforms are bound to follow. It is, however, very doubtful if in the present state of the law the sanitary authorities have any power to adequately deal with consumption, and this is one of the strongest reasons for the necessity for revision. The Local Government Board have decided that pulmonary consumption is not a "dangerous infectious disease" within the meaning of the Public Health Act, and, consequently, the provisions of the section of that Act dealing with such diseases are not applicable to consumption. We have always maintained that education of the people in the true nature of a disease is the most potent weapon which can be used against it, and, in education, example has a more powerful effect than precept. How, then, can people be expected to believe that consumption is an infectious disease, when they see that the teachers themselves are compelled to treat it as if it was not such a disease? Patients suffering from advanced consumption are permitted to mingle freely with healthy persons, are treated in the same wards of our hospitals with other patients "not so suffering," and yet they are asked to believe that the disease is highly infectious. If the infectious nature of the disease was obvious

and insistent, this anomaly in our practice might perhaps pass unnoticed; but it is not so, and the onset is so insidious and slow that there is little cause for wonder if many refuse to believe in the danger, and attribute the source of their illness to any other than the true cause. Before any real advance can be made, with the object of checking the spread of consumption, it must be authoritatively recognised and treated as an infectious disease. To do this, compulsory notification will be necessary, as well as the establishment of special wards in our hospitals and infirmaries for the treatment of hopeless cases and of sanatoria for those for whom there is a reasonable prospect of cure. To bring about such a condition of things, a large expenditure of public money will be necessary; but if this expenditure will save the great waste of valuable life which is at present caused by consumption, can it be refused?

SOME POINTS IN TEMPERANCE REFORM.

THE subject of temperance reform is one of perennial interest to the medical profession, inasmuch as no class of the community has a more constant and close opportunity of realising the evils wrought by strong drink within the four walls of the United Kingdom. Yet the wheels of reform drag heavily, and it is well from time to time both to inquire into the causes of that tardiness and to indicate the most promising paths of future progress. The present position of the reformers may be fairly estimated from the proceedings of the delegates at the recent annual meeting of the National British Women's Temperance Association at Birmingham. The four main points dealt with by resolutions of the Society were those of Local Option, Grocers' Licences, Sunday Closing and the Inebriate Acts. As regards local option it must be admitted that the particular method in question has been found to work more or less successfully in various parts of America, Canada and Scandinavia. The granting of drink licenses in a district being controlled by the local magistrates on State authority, it seems reasonable that the inhabitants of any given area should be allowed to decide whether and what number of public-houses they are to have in their midst. Where the matter is determined by a handful of magistrates it is hardly possible to believe that an undue pressure, indirect it may be and unconscious, is brought to bear by the powerful local brewing and distilling and drink-distributing trades. In other words, the advocates of local option desire to introduce into the State control of the drink traffic the great principle of popular control which has borne so much good fruit in other directions. Local option is a simple extension of the fundamental canon of the British constitution which asserts the inalienable right of the majority to govern. Licensing magistrates are not chosen by popular vote, but are appointed by Lords-Lieutenant of counties in virtue of various social and official qualifications. Stated in this way

the case for the upholders of local option seems to be unanswerable. As to its desirability there can be no doubt that to decrease the opportunities of drinking is proportionately to lessen the total consumption of alcohol. On the whole, therefore, local option may be supported as a rational, logical, peaceful and practical step towards a much-needed reform. As regards grocers' licenses it seems certain that their existence furnishes facilities to a certain number of women for obtaining secret supplies of drink. The Sunday trade in London occupies an anomalous position, when we consider the vast advantages that have followed Sunday closing in Scotland, Wales, Ireland and the Colonies, and a similar remark applies to the hour of closing at night. The fact of the matter appears to be that no Government has dared to face the adverse storm that would be raised by interfering with the huge interests of the drink trade in London. As to the Inebriates Acts the Association desires that in future any confirmed inebriate may be placed in a licensed retreat on a certificate signed by two medical men and a magistrate. Any attempt of that kind to acquire fresh powers over the liberty of the subject raises grave constitutional issues. It may be doubted whether Parliament would ever consent to abolish the voluntary element in the seclusion of habitual non-criminal drunkards. At the same time it must be admitted that the present Inebriate Acts need strengthening in many points, notably in the State provision of suitable establishments for the reception and treatment of chronic inebriates.

MONSTROSITIES.

THE interest which has just recently been revived in the rather uncanny subject of human monstrosity by the operation on the Radica-Doodica twins, opens up wide vistas of thought—embryological, surgical, historical, and even theological. The rapid growth and diffusion of embryological knowledge during the past half-century has removed the half-paralysing, mysterious awe with which the persons of such duplex specimens of humanity were approached—even by the physiologist and surgeon of the former centuries. The respective advantages of anaesthesia and antiseptics have effaced the difficulties of the prolonged tortures of a very complicated operation, and the special dangers of fatally septic complications which were so prone to supervene upon the opening of any of the closed cavities of the human body. Accordingly, the separation by M. Doyen of the xiphopagous twins must ever remain a historic incident in the progress of the human race. The anchoring-point of mutual attachment of the "xiphopagous" twins in this case was the direct union at the ensiform cartilage. The non-communication of the great serous cavities went a long way to minimise the danger of an essentially "heroic" surgical procedure. The portentous interest attached to all such freaks of nature, when the birth of every monster—human or other—was regarded as an "omen" a prophetic manifestation

of the impending wrath of Providence, has had the necessary effect of attaching to the occurrence of monstrous births a good deal of historical interest. And the hankering after the mysterious and inexplicable, which has always been so pre-eminent a characteristic of *homo sapiens*, especially in the uneducated stages of his evolution, has successfully popularised the most preposterous explanations of the genesis of prodigies of every type and class. The knowledge of this fact prepares us for the protest of Ambrose Paré (Johnson's English version, 1634): "And they are to be reprehended here againe, who affirme the cause of numerous births to consist in the variety of the cells of the wombe, for they feigned a woman's wombe to have seven cells or partitions, three on the right side for males, three on the left side for females, and one in the midst for Hermaphrodites or Scats: and this untruth hath gon so far, that there have beene some that affirmed every of these seven cells to have bin divided into ten partitions, into which the seed dispersed, doth bring forth a divers and numerous encrease, according to the variety of the cells furnished with the matter of seed; which though it may seeme to have been the opinion of Hippocrates, in his book *De natura Pueri*, notwithstanding it is repugnant to reason, and to those things which are manifestly apparent to the eyes and senses." The existence of such seven cells would furnish an approximate explanation of the popular belief in those credulous times of the existence of a seven-headed specimen of humanity. Those of our readers who are acquainted with the colossal encyclopædia of natural history of which the materials were collected by the devoted enthusiast Ulysses Aldrovandus, will remember the illustration of such a specimen in the magnificent folio which bears the title of "*Historia Monstrorum*." And the simultaneous birth of *seventy*—corresponding to the Hippocratic number of uterine compartments—is not unknown in the history of puerperal abnormalities. But a still more comprehensive provision must be made for the phenomenal number of 365! Camerarius tells us of a Countess Mathilde of Henneberg, who was begged for alms by a desolate widow who held a twin child on either arm. On being spurned with scorn by the lady, who was herself then (obviously) pregnant, the disappointed candidate prayed that her ladyship would bring forth at the next birth as many children as there were days in the year. Her petition was honoured: on the Friday before Palm Sunday of the year 1276, the Countess Mathilde was delivered, at the Abbey of Lisdunen, of 365 children, "of the bigness of chickens new hatch'd," half male, and half female—the odd one being a hermaphrodite! "These were laid in two Basins and Baptiz'd by Guidon, Suffragan to the Bishop of Utrecht, who named the sons *John*, and the daughters *Elizabeth*; . . . as soon as they baptiz'd, they all dy'd, with their Mother."

DR. F. W. HEWITT, Anaesthetist to the King, has been appointed Physician-Anaesthetist to St. George's Hospital.

Notes on Current Topics.

Inadequate Precautions against Fire.

THE terrible holocaust which startled the inhabitants of the Metropolis last week is only one of a series, for several such must be within the memory of even the younger among us. On each occasion an outcry is raised against the apathy of the authorities in not insisting on more ample precautions being enforced on employers with regard to providing the means of escape in the not unlikely event of fire. After a time the outcry subsides and matters go on as before. On this occasion the outcry has been directed mainly against the fire brigade which, it must be admitted, proved miserably incompetent for reasons which have not as yet been clearly elucidated. What is infinitely more important is that regulations should be made and enforced, obliging employers of indoor labour to provide reliable means of escape. Not only cught staircases to be made unflammable, which can be done at comparatively trifling cost, but alternative exits from the upper part of the building ought in every instance to be insisted upon. Something of the kind is provided for in the case of new buildings, but those already in existence, though they may be veritable death-traps, are allowed to remain unprovided. Such precautions are doubly necessary when the building is filled with highly inflammable material, as was the case with the premises of the General Electric Company, and we hope that the public will not allow attention to be diverted from the fundamental considerations by the red herring of a defective fire brigade, although incidentally the shortcomings of the latter are deserving of careful investigation.

Medical Certificates for School Children.

FROM time to time magistrates indulge in a scathing condemnation of the manner in which medical certificates are granted to excuse the attendance of children at school. Considering the peculiar circumstances of the case the wonder is that medical men are not more often imposed upon by parents. On the one hand we have parents and children ignorant of the exact meaning of the phenomena of disease, bringing pressure upon the medical attendant, on the other hand, with a view to non-attendance. Anyone who is acquainted with the maladies of children will understand how, if there be the slightest doubt as to the meaning of this or that symptom, a doctor would adopt the obviously wise plan of keeping the child at home for a few days. Take the case of a slight sore throat, which may perhaps be the early stage of scarlet fever or diphtheria. Not long ago Mr. Garrett, the magistrate of the South-Western Court, remarked that the loose way in which medical certificates were granted was perfectly scandalous. The cases that led him to utter that criticism were some in which children attended school for part of each day while they held certificates of exemption. Surely the "scandalous"

conduct, if any, was on the part of the parents who disobeyed medical orders and sent them to school. One child was certified to be suffering from "ulcerated tonsillitis," a condition which is certainly septic in origin, and most undesirable as an element in school life. We wonder if that magistrate would approve of the exclusion of ringworm from schools, or would he agree in the views of the inspectors who try to force such patients into attendance.

The Removal of Aldehydes from Whisky.

THERE is no doubt, that, as has been pointed out on various occasions, whisky is not simply alcohol, but that it differs considerably from it in taste, if not in other properties. It now appears that one cause of difference is the presence of aldehydes, and that to this the initially irritating taste and flavour of whisky is due. Sir Lauder Brunton some time since pointed out that the aldehydes only affect the good qualities of mature whisky by their disappearance, and that as some of the energy of maturation is devoted to bringing about this disappearance, it is probable that an initially de-aldehyded spirit will mature more quickly than one not so treated. Since then, the successful application on a large scale of a method for the artificial removal of aldehydes during distillation, has directed public attention to the question. In a recent article in a contemporary, Sir Lauder Brunton returns to the question and shows the undesirability of the presence of aldehyde, in a still clearer manner. He considers that at least one aldehyde—furfural—gives rise when taken internally to great cerebral excitement, and suggests that many of the worst phases of intoxication are due not so much to the ethylic alcohol itself as to the presence of by-products. If this is so there is no doubt that his final conclusion is an important one. That since aldehyde and furfural are not necessary for the production of whisky, from the point of view of the public health they ought to be removed. This is an important matter which deserves the consideration of distillers, who in the past have not paid the same attention that wine-producers have to the advances of science.

Proposed Memorial to Semmelweis.

It is pleasant to learn that, at last, an attempt is being made to erect a memorial to Dr. Ignaz Semmelweis, the founder of antiseptic midwifery. Already some £1,800 has been collected in various parts of the world, and before the list is finally closed the amount will be doubtless larger. If humanity in general had known all they owed to the labours of Semmelweis, and if they had known the difficulties which he overcame and the obloquy to which he submitted, a fitting memorial would have been raised long before this. Semmelweis found maternity hospitals a veritable plague spot, with a death-rate of 12.24 per cent., and by his own unaided efforts he so improved them that the mortality fell to 1.27 per cent. In spite of this, instead of being hailed as a great benefactor and reaping the reward he deserved, he was persecuted by the more

ignorant members of his profession, and hunted from his hospital, to finally die in a madhouse, and his great discovery lay forgotten for almost a generation. Semmelweis brought about this great reduction in the mortality of puerperal cases by insisting on students and others disinfecting their hands with chloride of lime before examining patients, as he clearly saw that the death of the latter was in most cases due to some poison brought from without. It is interesting to note that some twenty years before Semmelweis's discovery, Robert Collins, then Master of the Rotunda Hospital, had completely checked an epidemic of puerperal fever by temporarily closing the hospital and filling each of the wards in rotation with chlorine gas. From that time until the end of his mastership, a period of four years, he did not lose a single patient from this disease.

King Edward VII. Coronation National Fund for Nurses in Ireland.

At a public meeting held in Dublin on June 10th a resolution was unanimously adopted to the following effect:—"That the historic and auspicious event of his Gracious Majesty's Coronation Commemoration in this capital of Dublin, and throughout Ireland, be celebrated by founding a fund for the benefit of aged, sick, or disabled certificated female nurses working in Ireland, to be called 'King Edward the Seventh's Coronation National Fund for Nurses in Ireland.'" Lord Justice Fitzgibbon, in proposing the resolution, spoke of the part played by nurses in the late war. He personally knew the history of fifteen of those who left Ireland to nurse in that war. Eleven were volunteers who joined the Nursing Reserve; ten had survived, and one had laid down her life for her patients. No provision was made by the State or other organisation for sick or disabled nurses. It was a poorly paid, hardly worked, and perilous calling. Sir Francis Cruise, M.D., Sir William Thomson, C.B., and Mr. T. Myles, F.R.C.S., all gave the scheme their unqualified support. We trust that in the subsequent arrangement of the details of this admirable scheme, due attention will be paid to ensuring that every nurse who desires to share in the benefits of the fund in her old age shall have been a subscriber to it during her life. We are confident that in saying this we express the opinion of the heads of the nursing profession in Ireland, who would strongly object to the encouragement of improvidence which would result from any other system of pension.

French Medical Excursion.

THE annual excursion for medical men and students through the health resorts and watering places of France, organised by Dr. Carron de la Carrière, is arranged to take place between September 7th and 16th. This year the trip will comprise the Vosges and Eastern districts, beginning at Vittel and Contrexéville, thence to Bourbonne-les-Bains, Luxeuil, Plombières, Salins and Besançon. Foreign medical practitioners and medical students are admitted to share the special advantages accorded

by the railways, hotels, &c., and the cost of the entire trip, inclusive of travelling and hotel expenses from start to finish, is 200 francs (£8). Dr. Landouzy, Professor of Clinical Medicine at the Faculty of Medicine of Paris, will take charge of the scientific branch, and will, at each station, deliver lectures on the therapeutical properties of the waters, and on hydro- and balneotherapeutics in general. Those of our readers who may be disposed to avail themselves of this opportunity to visit a very interesting part of France will do well to communicate with Dr. Carron de la Carrière (2, rue Lincoln, Paris) forthwith, as no admission can be accepted after August 25th. We have, on previous occasions, expressed surprise that our own watering places are not brought more prominently before the notice of the profession, and certainly no more economical and effectual means of doing so than these instructive round-trips could be devised.

The Disruption of Victoria University.

LANCASHIRE and Yorkshire are deeply interested still in the question of the proposed disruption of the great federal University of the North. Liverpool insists on independency, Manchester claims the right of carrying on the work of the present University, and seeks to retain the old name. If Owens College obtains powers to form a separate university it will probably be known as the Victoria University of Manchester. But the third partner in the present form, Yorkshire College, Leeds, is strongly opposed to the disintegration of the Victoria University as now constituted, and is taking steps to petition the King in Council against such dismemberment. Convocation as a body have also strongly opposed disruption, and many of the best educationalists in the country are much opposed to a useless multiplication of small and necessarily feeble Universities. Meanwhile it is feared that the uncertainty regarding the future of Victoria University will prove detrimental to the best interests of its respective colleges, and certainly the present clash of opinions and interests is inimical to the highest interests of university training in the North of England.

Sanitary Provision for the Coronation.

EVEN a typical Cockney can hardly recognise his London in its present dress. Its landmarks are in great measure stowed away in ugly packing-cases. But all these disfiguring structures of wood are to be carpeted with humanity. The processional days of Coronation week will tax the strength and temper of the strongest and best, but to the feeble and aged they may bring serious results unless adequate provisions are made for meeting hygienic necessities and supplying physiological needs. The most elaborate arrangements are being made for promptly dealing with cases of illness and every form of accident, but we fear that much discomfort and even serious physical ill may result to many from the lack of adequate

conveniences, proper protection, and suitable nutrition. The hours of waiting in the open streets will prove periods of severe testing, especially to the very young and the aged, and we trust that means will be found for mitigating physical distress and protecting all from bodily ill.

Alcoholic Intoxication in Childhood.

THE pernicious influence of alcohol on child-life is now generally recognised. Both in this country and in other civilised lands efforts are being made to limit the possibility of the alcoholisation of the children. These are based on hygienic necessity. They are essentially prophylactic measures. Dr. Eugène Trousson's recent thesis on "L'intoxication alcoolique chez les enfants" is a valuable study on the scientific aspects of the case. His observations go to show that alcohol not only exerts a pernicious influence on the foetus during pregnancy but that if fecundation occurs during the alcoholic state the offspring is in danger of suffering detriment. He also shows that from an alcoholic nurse or suckling mother fatal intoxication may occur to the infant. Both directly and indirectly alcohol appears to be highly prejudicial to the healthy development of the body, and exerts a stunting influence on mental evolution. Dr. Trousson's thesis contains a short bibliography which should be useful to those interested in the study and protection of child-life.

Financial Position of the Medical Council (Irish Branch).

THE financial position of the General Medical Council is far from satisfactory, as is clearly shown in our report of its recent meeting. The number of students, and hence the amount of the registration fees, has fallen off, and expenses are increasing. A tolerably correct notion of the position of affairs may be obtained from the fact that at the last meeting of the Council a member proposed that in future members should forego their fees for attendance. Bad, however, as the position of the General Council is, it is considerably better than the position of the Irish Branch Council. The present system is largely responsible for this, in that it makes each branch primarily dependent on its own receipts, instead of being fed from the funds of the General Council. The result of this is, that while the English and Scottish branches have considerable sums to their credit, the Irish branch is dependent for its existence on an annual grant from the General Medical Council. It has now been decided to remodel this unworkable system, and, in all probability, in future all sums received by the branches will be paid to the credit of the General Council, by whom all expenses will then be met. An additional change will be made in the working of the Irish branch, in that the present office in Dawson Street will be abolished, and a Registrar appointed, who will be able to do the necessary work at a smaller salary, as he will also be free to undertake other business. We regret that it should be found necessary to abolish the Irish office, but manifestly there is no alternative.

The Medical Fees for Attendance on the late President McKinley.

It appears from the American lay Press that there have been many rumours flying about regarding the fees which were paid for attendance on the late President McKinley. According to some journals, the fees for which the medical men in attendance asked were considerably cut down, while other journals stated that there had been a controversy among the medical men themselves regarding their amount. We are glad to find that these rumours have been authoritatively contradicted by Mr. Milburn, to whom, in conjunction with Senator Hanna, the medical accounts were referred. Mr. Milburn states that—"It is unjust to the doctors to represent them as having rendered bills which were cut down, or as having asked for compensation which was not allowed, or as differing between themselves. I am not at liberty to give the figures which I sent to Washington. Those which are given in the *Enquirer* are not correct. That is all I can say." The figures referred to as having been given in the *Enquirer* are as follows:—Dr. Matthew D. Mann, 10,000 dols.; Dr. Herman Mynter, 5,000 dols.; Dr. Roswell Park, 5,000 dols.; Dr. Charles McBurney, 2,500 dols.; Dr. Charles G. Stockton, 1,000 dols.; Dr. N. W. Johnson, 1,000 dols.; Dr. Janeway, 1,000 dols.

Reform of the Female Inebriate.

IN 1900 the London County Council started their retreat for female inebriates at Farmfield. The report for 1901 has just been issued. The number of cases treated during the year was forty-three. Among much that is discouraging there are sound elements for hope. "After admission, when the immediate effects of excessive drinking wear off, and the true character of the women comes out, there is very little of real depravity. They show themselves susceptible to the finest influences, and the period spent in the reformatory marks, in almost every case, a real progress." Much time is spent in the garden and the field. Wholesome industry in the open air affords rational and effective treatment, from which much may be expected.

Medical Practitioners and the Sale of Scheduled Poisons.

THE irregularities which have characterised the conduct of open surgeries in Scotland have raised various legal questions, and we note with interest that in the report presented to the Glasgow Faculty of Physicians and Surgeons by their legal adviser, Dr. Hill, it is laid down that while it is quite legal for a practitioner's wife or maid-servant to dispense a prescription containing a scheduled poison the medicine containing such poison can legally be handed over to the patient or his representative only by the medical man himself. If this be good law it introduces an element of embarrassment into dispensing medical practice, at any rate in Scotland. It is reported that quite a number of open surgeries have been closed, and others, it is apprehended, will

follow suit. However disagreeable this may be to the proprietors there will be little difference of opinion as to the social advantage which will accrue to the profession by the elimination of this trading element.

The Oral Instruction of the Deaf and Dumb.

It is now thirty years since the Association for the Oral Instruction of the Deaf and Dumb opened its training college, and it is not too much to say that in the interval a very great improvement has taken place as the result of its propaganda throughout the United Kingdom and its dependencies in the education of this unfortunate category of persons. It is to be regretted that this useful work, which to such a great extent assists in making its pupils useful members of society, does not receive more generous support. To be deaf and dumb constitutes a disability fully as grave as deprivation of sight, yet the victims of the former infirmities, for some reason, do not appeal with equal force to the charitable, and this in spite of the fact that the training which this Association is the means of imparting is of far greater practical utility than the assistance that can be rendered to the blind. We note in the report that no dinner or festival in aid of the funds has been held since March, 1897, and it occurs to us that in view of our insular habits this may in part explain the inadequate attention which the Society has received at the hands of the charitable disposed.

City Ambulance Work.

THERE is much to be said in favour of the establishment of a trained ambulance corps throughout the great cities of the United Kingdom. At present the work of removing our dead and wounded fellow-citizens is carried out by the police, who are by no means generally provided with easy-running wheeled ambulances of modern pattern; indeed, in many cases they have nothing available for this purpose but a paltry hand litter, which is eked out should occasion arise by a passing cab. Some towns, notably Liverpool and Glasgow, have organised a street ambulance service which is worthy of general imitation on account of its convenience, humanity, and efficiency. By its means any unfortunate sufferer from any kind of accident, sickness, or other disabling condition can be at once removed to hospital, to say nothing of the fact of first-aid treatment that can always be administered by the ambulance men. There can be no doubt whatever that the establishment of such a corps in the metropolis and in other crowded centres of population would result in a great saving of human suffering, and to some extent also of life and limb. To be of substantial value the ambulance stations would have to be liberally equipped and distributed at fairly frequent intervals, and should also be connected the one with the other by telephone. The present moment, when a large number of St. John Ambulance volunteers have returned from South Africa, would be especially favourable for the establishment of ambulance services in our great towns.

The "General Servant."

ATTENTION has been recently drawn in a pointed manner to a most deserving class of the community by the announcement of her Majesty the Queen's intention to give a Coronation tea to 10,000 general servants. It has been further intimated, however, that the girls will be selected solely from among those on the books of the Metropolitan Association for Befriending Young Servants, the Girls' Friendly Society, and the Ladies' Association for the Care of Friendless Girls. Now, with all due admiration for the excellent work achieved by the three societies mentioned, it may be questioned whether the scheme of selection thus advanced will secure the recognition of the most deserving general servants of the metropolis. Applying the test of length of service it is clear that servants of old standing will not belong to any of the associations mentioned, inasmuch as the latter are intended for the protection of young girls whose lot is cast amid the manifold dangers and temptations of the modern Babylon. The nature of those risks to young girls is brought home to the hearts of the medical profession in a way that it is to no other section of the community. Surely it would not be impossible to hit upon some plan of selecting ten thousand worthy general servants who had been in one place, say, for two or three years. A letter signed by two responsible householders and a clergyman from personal knowledge would be sufficient guarantee of good faith.

Laundries and the Factories Acts.

THE inclusion of laundries within the jurisdiction of the Factories Acts has done a good deal towards strengthening that most useful branch of legislation. It is now possible to control the hours of labour, which formerly were lengthened to an extent that was simply scandalous. The time during which every young person is permitted to work in such an establishment is limited by the Act to sixty hours per week. Further, in order to forestall any attempt at evasion, the laundry proprietor is obliged clearly to state the times he has fixed and to abide by that selection. Last week a large laundry company was fined in a London police-court for employing a number of young persons beyond the specified hours. The factory inspector did not press for severe penalties, in spite of the fact that there were two previous convictions on record. The company escaped with the comparatively trifling fine of £11, but it is to be hoped that the publicity of this exposure will serve as a warning to other laundry proprietors. From the point of view of public health, a good deal remains to be done by way of the control of laundries by the sanitary authorities. There should be some system whereby the Medical Officer of Health should have full powers of dealing with workpeople in these establishments. During the present small-pox epidemic in London a number of cases of that disease have been traced to laundries. There can be no doubt that a considerable amount

of infectious disease is spread by the agency in question.

The Influx of Enteric Fever.

IT is clear enough that the experiences of the recent war in South Africa cannot fail to leave a lasting impression on the policy of the Army Medical Service. It may be advisable, however, to remind civilian authorities here at home in the United Kingdom that there are other than purely military risks arising out of the situation. Perhaps the most serious matter is the enormous importation of enteric fever patients that has been going on for the last two and a half years, and is likely to continue for some considerable time longer. It is a well-known fact that the specific bacteria of enteric fever continue to be discharged by a convalescent from that malady for weeks or even months after his apparent recovery. That fact is of direct practical importance when we consider the many hundreds of soldiers invalided home on account of an attack of that specific fever. These men are distributed over the face of the whole Kingdom, both in town and in country districts. Fortunately, the general sanitary standards throughout the country are sufficiently high to prevent any fear of disastrous outbreaks resulting on a large scale. It is not improbable, however, that the wholesale distribution of the *bacillus typhosus*, which we imagine has been going on for some time in the United Kingdom, must here and there give rise to small localised outbreaks. It must not be forgotten that enteric fever is still endemic, even in London, with its carefully protected and ample water supply.

The Cambridge Medical School.

CAMBRIDGE has been of recent years rapidly growing in popularity as a University centre for the training of medical students during the first period, or more theoretical, as distinguished from the clinical part of their curriculum. But Dr. Latham's recent indictment shows that the further development of the Cambridge Medical School is in danger of being hampered by a lack of business-like capacity in those who now to a great extent control affairs. The physiological department has always been considered one of the most important, but Dr. Latham shows that the absence of Sir M. Foster, who is relieved from duties for three years and a half, and yet continues to receive half his stipend, and the insufficient teaching now afforded, are serious drawbacks. It also appears that the anatomical department is but inadequately equipped with material for the study of practical anatomy. As many as eighteen students are occupied in the dissection of one cadaver, and in 1901 eighty-nine students absented themselves from the practical anatomy work who ought to have been there. We are all interested in the development of the Cambridge Medical School, and trust that the Senate will lose no time in looking into the matters which Dr. Latham has drawn attention to, and, if necessary, rectify all defects without delay.

An American Plan for Checking Hospital Abuse.

INASMUCH as hospitals are medical charities, intended for the relief exclusively of those who are unable to pay for medical care, it is plain that persons belonging to any other social class who avail themselves of the services of hospital physicians virtually obtain such services under false pretences. Dr. Fowler, of Brooklyn, has gone to the trouble of taking proceedings against a number of hospital patients belonging to the above category for the express purpose of checking a widespread abuse. Several of the defendants paid up before the cases came into court, but others resisted payment on the ground that Dr. Fowler, as a servant of the hospital, was thereby incapacitated from charging for his services. The fees varied from fifty to six hundred dollars, and in all the cases judgment was either given in favour of the plaintiff or there was an adjournment. Whether County Court judges in this country would be willing to assist in repressing hospital abuse is a point which may be doubted, but it would unquestionably be an excellent means of deterring unscrupulous persons from defrauding the sick poor by taking their places in our hospitals. Who will bell the cat?

A Strike of Medical Witnesses.

AT the last Suffolk Assizes, a lad was charged with indecent assault on a child of six, and the Judge's attention was called to the fact that there was no medical evidence, the two Bungay doctors having declined to examine the child when taken to them by the police on the ground that the fees allowed by the Secretary of State for attendance at the Assizes were altogether inadequate. The Chief Constable has communicated with the Home Office on the matter, and we may hope his representation will receive the attention it merits, otherwise the example set by our Bungay *confrères* is likely to be followed by other medical men to an extent which may seriously interfere with the administration of justice.

Heroinomania.

HEROIN, although it still ranks among our "new remedies," is not free from a fatal attractiveness, and already we have to recognise that it is capable of giving rise to a special form of "craving." M. Jean Leyna de la Jarrige, in his interesting thesis on "*Héroïne—Héroïnomanie*," clearly shows that heroin must be considered a most undesirable agent in the treatment of morphinomania. It has been strongly advised for this purpose, but it is well that those who are so using it should realise that they are in danger of adding to their difficulties, and that in all probability the last estate of their patient may be worse than the first. We sincerely trust that the medical men of this country will do nothing to further the spread of heroinomania in this country, but exert their influence in preventing the adoption of a habit which is disastrous to mind and detrimental to body.

Lumbago.

LUMBAGO, or pain in the back, it is hardly necessary to explain, is a symptom and not a disease. In its ordinary form it is a painful manifestation limited to the muscles of the back, which serve to regain or maintain the erect position, hence it is very apt to follow a strain or effort such as that involved by remaining standing in one position for an unduly long time. Very often the so-called lumbago coincides with, and is probably due to, some functional disturbance of the kidneys; indeed, pain in the back is always an early and prominent symptom of renal congestion. The precise significance of the pain can only be ascertained by further examination and observation. The rheumatic form of lumbago is a very distressing and obstinate affection, but except for the irksome disability which it entails has not much importance. That due to the kidneys, on the other hand, may pass off as suddenly as it has come, or it may prove to be the prelude of graver trouble, according to the degree to which the renal functions are disturbed.

The Midwives Bill.

THIS Bill, after many vicissitudes, has at last secured the final approbation of the House of Commons. It is admittedly a flagrant example of the so-called tentative legislation, and this is held by its supporters, and apparently by the Government, to excuse numerous shortcomings and to justify certain inconsistencies. The Bill does not profess to establish what may be called real midwives, *e.g.*, women who have received adequate training in their calling, and have afforded evidence of even a moderate standard of proficiency, nor, on the other hand, does it openly declare that its scope is limited to the organisation of a class of monthly nurses. The best that can be said of it is that the principle embodied in this piece of experimental legislation may, in years to come, provide the basis for further developments.

The Bacillus of Dysentery.

It is said that Dr. Merin, who is in charge of the branch of the Pasteur Institute at Saigon, has discovered a bacillus he considers to be the true cause of dysentery. Dr. Merin's work in conjunction with Dr. Yersin on Asiatic Cholera has been so excellent that further particulars of his discovery will be awaited with interest.

The Chesterfield Friendly Societies.

FOR some time past the Chesterfield and District Friendly Societies' Council and the Midland Medical Union have been discussing, through the medium of five representatives of each body, certain points relating to an increase in the fees of adult and juvenile members. Difficulties have now arisen, and the former body threaten to form a Medical Aid Association for Chesterfield. This means that the services of the present lodge surgeons who practise in the town and district will be dispensed with, and a medical man will be appointed by the friendly

societies to devote his whole time to the interests of their members. Even now, we trust some way may be found out of the difficulty by an exercise of tact, judgment and forbearance on both sides.

It appears that no less than 1,479 of the deaths occurring in the Highland crofting counties of Scotland were uncertified. The fact was admitted by Mr. Balfour who, however, was unable to promise that any legislation would be introduced to reduce this appalling proportion of deaths of persons not medically attended.

PERSONAL.

LORD ROBERTS has accepted the invitation to preside at the distribution of prizes to the successful students of St. George's Hospital Medical School in October next.

DR. PATRICK MURISON, Medical Officer of Health for the county of Sutherland, has been appointed to the important post of Medical Officer of Health for the Corporation of Durban, Natal.

DR. C. C. EASTERBROOK, Senior Assistant Physician at the Royal Edinburgh Asylum, has been appointed Medical Superintendent to Ayr District Asylum, Galloway, with 431 beds.

WE regret to learn that Dr. J. W. Washbourn, physician to Guy's Hospital and to the London Fever Hospital, who acted as physician to the Yeomanry Hospital in South Africa, is lying seriously ill at Tunbridge Wells.

DR. MITCHELL, of Southwaite, near Carlisle, has just been presented with an illuminated address, an album, a large solid silver bowl, and a purse of money containing £261 in recognition and appreciation of his services for thirty-four years in the district.

THE Asylums Committee of the County of London invite applications for the important post of Medical Superintendent of their new Asylum for Epileptics at Horton, Surrey. The age limit is forty, with salary commencing at £500; further particulars will be found in another column.

M. COMBES, the Prime Minister of France, belongs to the medical profession in virtue of a medical degree, although his energies have found scope in many other directions, literature and politics to wit. He has an engaging personality, and he is known to take the greatest interest in the social questions which are awaiting solution not only in France but throughout the civilised world.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

PRESENTATION OF THE JOHN USHER INSTITUTE OF PUBLIC HEALTH TO THE UNIVERSITY OF EDINBURGH.

THE formal presentation to the University of this Institute, recently described in these columns, took place on June 11th, in the presence of a large gathering of medical men and others, presided over by Sir William Muir, Principal of the University. Sir John Usher, the donor, described the circumstances leading up to the foundation of the chair of Public Health of which the Institute is a necessary complement. One

part of his speech deserves special note as bearing on the recent controversy between the Town Council and the medical men of the city in regard to reporting work. He said: "It was brought to my notice that the city of Edinburgh would require not an institute but a laboratory for their work in connection with public health, and I said to the architect, 'You had better make some provision for that,' which was done. I thought that in a matter of this kind the town and gown might work together very well for their mutual advantage, but that was not the opinion of all those who have the management of our town affairs. However, after full discussion, it was resolved to accept the gift, and I hope that their final decision may prove that they have made a wise one." It has all along been known that Sir John Usher has favoured the step the Town Council took in transferring the reporting to the University, and one cannot but sympathise with their desire to acquiesce in the wishes of one who has been, and whose family have been, great benefactors to the city in the past. No doubt many members of the Council felt in a difficult position in coming to a decision, and it will be well if the profession will loyally accept the existing state of matters, even though it was not of their choosing, and do their best to co-operate with the authorities in coping with the recognition of infectious disease. Sir William Turner, in moving a vote of thanks to the donor, read a letter, now of some historical interest, received from the late Lord Playfair, then M.P. for the University, in 1873. It ran:—"I am always jealous for the reputation of our University, and that it should keep abreast of public wants. Medical officers of health are now becoming a great requirement of the country, but with the exception of the diploma of Trinity College, Dublin—for State Medicine—there is no certificate of the qualifications of young medical men for their fitness to discharge such important duties as are involved in public health office. . . . Would it not be worthy of consideration whether the University of Edinburgh should put itself in advance of these rapidly growing requirements for the public service? A supplementary diploma for public hygiene would give a great advantage to your graduates who obtained it."

In consequence of that letter degrees in Public Health were instituted, and the first was conferred in 1875 on Sir James Russell, a former Lord Provost of the town. The proceedings terminated by the presentation of an illuminated address to Sir John Usher from the Students' Representative Council.

Belfast.

[FROM OUR OWN CORRESPONDENT.]

[We are not responsible for opinions expressed by our local correspondents.]

THE EPIDEMIC OF SMALL-POX.—The facts regarding the outbreak of small-pox, to which reference was made in this column last week, have at last been made public. It appears that since March 13th, twenty-two cases have been reported to the authorities. Of these, one has terminated fatally, and the other twenty-one are in the Union Hospital, seventeen being convalescent. It has proved exceedingly difficult to secure adequate isolation in the crowded buildings of the Union Workhouse, and great credit is due to Dr. Gardiner Robb and his colleagues for the energetic measures they have adopted, including re-vaccination of the inmates and officials, and frequent medical inspections. The want of proper accommodation is the fault of the City Corporation, as mentioned here last week. As is the wont of such bodies, it is now trying to atone for former dilatoriness by a great show of energy, and work is said to be proceeding day and night at a temporary hospital at Purdysbron, which will contain sixteen beds for males and sixteen for females. The inhabitants of that neighbourhood are protesting loudly at the idea of such unwelcome visitors—but no one seems to take much notice of their protests, the daily

papers telling them that "experience has proved that a well-conducted isolation hospital is very rarely a source of infection."

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

DR. MINCHIN'S TREATMENT OF TUBERCULOSIS BY GARLIC.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—As I have had frequent opportunities of carefully examining several of Dr. Minchin's cases before, during and after a course of his garlic treatment, I can endorse everything Dr. Minchin says in the current number of THE MEDICAL PRESS AND CIRCULAR as to the wonderful effects of this treatment in various forms and stages of tuberculous disease.

About two years ago Dr. Minchin told me that he was confident that he had discovered a germicide which was fatal to tuberculous bacilli, while it was perfectly harmless to the patient and to other tissues. With the painful memory of the numerous once highly-vaunted remedies for tuberculosis, which after a brief trial have been consigned to the well-merited limbo of oblivion, I received this assertion of Dr. Minchin's with natural scepticism. However, when nine months ago Dr. Minchin offered to take into the Kells Union Hospital any cases I chose to send in, as test cases, I gladly availed myself of his offer and sent him in several cases of well-marked tuberculous disease. Three of these cases I see are reported by Dr. Minchin in this week's MEDICAL PRESS AND CIRCULAR. As I did not know the nature of the germicide used by Dr. Minchin until I saw this week's MEDICAL PRESS AND CIRCULAR, I had no opportunity of otherwise testing its effects than by sending them into the Union Hospital and seeing them there while undergoing this treatment. Anyone will allow that the environments of a union hospital are hardly conducive to the rapid arrest and cure of tuberculous disease, still in every case the effects were simply marvellous. Effects which were proved by microscope, stethoscope, thermometer and weighing machine, as well as by the patient's appearance and feelings. The change was as rapid, as striking, and the convalescence in every way similar to that which usually follows any acute infective disease which has been accompanied with a state of high fever.

This appears to me to be the most satisfactory phase of the treatment, as it emphasises the fact, now so generally received, that tuberculosis is usually an acquired and not an inherited disease, and that when the bacillus, the cause of all the trouble, is killed, the patient will, as a rule, recover as he would after the elimination and death of the germs of either variola or typhus. I trust I am not over sanguine, but from careful observation of numerous cases I feel certain that further extended trial will prove that in the garlic treatment as discovered by Dr. Minchin we have at length a simple, safe, and cheap remedy for most forms of tuberculous disease. If this proves true Dr. Minchin will have made the greatest medical discovery of the age, and conferred on suffering humanity an inestimable boon.

I am, Sir, yours truly,
JOHN RINGWOOD,

June 7th, 1902. Late Medical Officer, Kells Union.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Minchin's communication, "The Successful Treatment of Tuberculosis and Lupus by Garlic," in your issue for June 4th, appears to me to be of great value, and a safe step forward in the dark and difficult region of the pathology and prevention of phthisis. Dr. Minchin uses garlic, both by inhalation and by the intestinal tract. He makes the important remark that "garlic is largely used by the country people throughout Ireland . . . it enjoys a reputation among them for curing coughs, when it is used as an infusion and mixed with whisky."

Empiricism, the expression of human experience, precedes, and is indeed a true part of science; the strongly expressed longings of a people for a special food should arouse our earnest attention. As an illustration I may cite that forty years ago, when I had charge of Natives of India, I found among them a passionate craving for "acid fruits," lime juice, tamarind, &c. At that period medical fashions in India very much debarred the use of fruit by Natives; but the Native was importunate, there was no resisting his earnest beseechings for lime-juice, tamarind, &c.; the instinct of the Native conquered medical fashion, and "acid fruits" were made rations in emigrant ships jails, &c. Similarly, the Native had a supreme longing for onions, and for garlic in his curry. These early experiences cause me to attach great importance to Dr. Minchin's observation of the longings of the Irish peasantry for garlic, and their faith in its value "for curing coughs."

During the past twenty-five years here, I have had a similar experience of the longing of præphthical cases for the onion. My plan has been to record every case of phthisis and præphthisis, especially noting the correlative facts of structure and function, of hereditary deviations of structure and function, of atavism, in such phenomena. You have often favoured me with space for the record of these generic views of phthisis; I now ask to be allowed to give a parallel confirmation of Dr. Minchin's experience; my experience is with the onion.

May I venture to quote what I published in *THE MEDICAL PRESS AND CIRCULAR* of May 28th, 1884: "Of all the subjective phenomena associated with phthisis, and often for a long series of years, in the præphthical, there are few more striking than the prevailing passion for onions. I could fill columns with the emphatic statements of patients as to their great craving for onions, and their thorough agreement with their digestion and system. Of those asked one hundred and seventy-nine had this desire, against thirty-four who had not, but such numbers do not convey at all the passion which many of the præphthical have for them. There is no other more marked craving of the system. Nature never speaks in vain; and I have no doubt that there exists some 'nascent' condition, some state of molecular 'energy' in the onion, which goes near to supplying the body with the true correlative for healthy growth. Such is the craving for onions in many of the phthical, and such their agreement with the system, that I do not doubt but that it is an instance parallel with that of the Swiss, who by some instinct, or insensibly evolved experience, ate burnt sponge to cure their goitre, or parallel to the passion of the low-fed Hindu for tamarind and lime-juice. . . . A plant to be in perfect health must have its elective essential elements in the soil; the amount may be extremely small, but that amount is all-essential to health, life, and 'survival.' The very smallest secular changes are the occasions or courses of the greatest operations in Nature, nor is the human body exempt from parallel laws."

The medical mind, to-day, is, I believe, too much commanded by the bacillus, as the "cause" of phthisis, overlooking the great biological orderly, wide and profound "correlations" of phthisis, correlations which extend back often to many generations, and involving structure and function; but I will not now repeat what I have portrayed on these subjects so often in your pages, my object being to emphasise the value of the direction of work in which Dr. Minchin is engaged.

I am, Sir, yours truly,

WILLIAM H. PEARSE.

Plymouth, May 12th, 1902.

HOSPITAL APPOINTMENTS.

To the Editor of *THE MEDICAL PRESS AND CIRCULAR*.

SIR,—The holding of more than one appointment either as Physician, Surgeon or Gynecologist to several hospitals is, I consider, most unfair to the profession.

Surely there are quite as able men in these branches who, through want of interest, coin, &c., are allowed to remain outside the pale (so to speak) while those hold-

ing duplicate posts cannot possibly give the same time or attention as if they held only the one.

In some provincial hospitals the rule of retirement at sixty years of age does not exist. This, I consider, is also an injustice to others who, perhaps, are quite equal if not superior in talents, and, being younger, are better able to perform the duties pertaining to the appointment, but who are thus excluded from office. Why nowadays (as in every other profession but medicine) merit should not come first I should like to know?

New blood should be transfused at intervals into every hospital staff, and would soon tell, by the reduction of mortality, shorter occupation of beds by patients, and the vast curtailing of expenses in proportion to the numbers relieved. How few men who have been appointed on the staff of any of the large hospitals could honestly say they had gained the position by merit alone I trow not.

I am, Sir, yours truly,

London, June 16th.

A. D.

THE PHARMACEUTICAL SOCIETY OF IRELAND AND LEGAL PROSECUTIONS.

To the Editor of *THE MEDICAL PRESS AND CIRCULAR*.

SIR,—The article in your issue of the 4th inst. having been brought under the notice of my Council, I am directed to assure you that the recent prosecutions by this Society could in no way be accurately described as "groundless legal actions," and to say that they were dismissed by the magistrate solely on the grounds of the form in which the summons was worded. The fact that the magistrate refused either of the defendants their costs would alone show that there were real offences against the Act in both cases, and so neither could be claimed as "legitimate trading." Many similar cases have resulted, both in Great Britain and Ireland, in convictions, and some have even received the stern attention of the General Medical Council.

My Council deeply appreciates the support you have at all times afforded them in carrying out the provisions of the Pharmacy Act, and they feel that your strictures were caused through reading a most misleading paragraph which appeared in the daily papers on the Monday following the decisions.

My Council consider that, as they have at all times engaged the highest legal advice obtainable, and entrusted to them the carrying out of the prosecutions, it is at least regrettable that the members of my Council should be charged with want of common attention when they are unsuccessful solely through the technical error in the framing of the police court summonses. While joining you in regretting the undesirable effect these technical defeats may have on the public, my Council are certain that in no way are they forgetting their position, either in regard to the safety of the public or in maintaining the legal rights of their licentiates.

I am, Sir, yours truly,

ARTHUR T. FERRALL.

(Registrar.)

[The two summonses to which we referred in our article were dismissed by the presiding magistrate on the grounds that they were brought against the wrong persons. Our comment that more care should be bestowed on the initiation of prosecutions was the result of this, and was written in no unfriendly spirit.—ED.]

DR. DOVER AND HIS POWDER.

To the Editor of *THE MEDICAL PRESS AND CIRCULAR*.

SIR,—I ask permission to supplement the interesting account you gave in your issue of May 14th of Thomas Dover, one of the pupils of the great Sydenham, by an account of a few less known incidents of his memorable voyage. And I would draw attention to the fact that Dr. Thomas Dover was selected to be the surgeon of the fleet because of the high reputation he had already acquired in his profession. The name "buccaneer," as applied to Dover, gives a wrong impression; neither he nor his companions were in any sense "filibusters" or buccaneers.

On the contrary, he was one of a body of gentlemen who sailed as privateers under commission from good Queen Anne; one of the heroes of the people that went from the banks of the Thames and the Avon and the Plym and the Dart, "self-taught and self-directed, with no impulse but what was beating in their own loyal hearts, went out across unknown seas fighting, discovering, colonising."

Dr. Thomas Dover sailed under his friend Captain Woodes Rogers, who in 1708 was called from being Governor of the Bahamas to be admiral of the little fleet of two vessels, the *Duke* and *Duchess*, that some patriotic inhabitants of Bristol had furnished and equipped to fight against the Spanish in the South Sea. Woodes Rogers sailed in the *Duchess*, and William Dampier, who had just published his memorable "Vindication of his Voyage to the South Sea in the ship *St. George*," was master of the *Duke* and pilot of the expedition. Rogers, it would seem, having no personal knowledge of the Pacific. Dampier, besides being a bold seaman, had also studied navigation as a science. Dr. Thos. Dover's official title was "Second Captain of the *Duke*, President of the Council, and Chief Medical Officer." The expedition sailed from King's Road on August 2nd, 1708, and after touching at Cork, steered for the Canary Islands. Rogers, a strict disciplinarian, suppressed a mutiny by having the principal offender flogged, and he as regularly conducted Divine service and required a religious life of his crew, as did Drake, who excommunicated a petty officer for swearing.

Off Teneriffe they captured a Spanish bark laden with wine, which they added to their own stores, and made for Cape Horn in the beginning of January, 1708-9. Here they encountered violent storms, and were driven as far south as 61° 53', and it was resolved to make for the Twin Islands—*Mas-a-Tierra* and *Mas-a-Fuera*—the former of which is known as Juan Fernandez, from the Spanish pilot who is credited with discovering it. On arrival Dr. Dover went on shore in a boat, and brought off a man dressed in goatskin and speaking English with difficulty, who turned out to be no other than Alexander Selkirk, who in 1703 had joined Dampier's Privateering Company, and was put on shore by Captain Thomas Stradling, with whom he had quarrelled, with a few books, his nautical instruments, a knife, boiler, axe, gun, powder and ball. Before the ship left he begged to be re-admitted, but Stradling refused, with the curious result that Selkirk became a hero for all time.

Dampier at once recognised his old shipmate, who was a good seaman, and as such was welcomed by Rogers and appointed mate of the *Duke*. After refitting at Juan Fernandez, they cruised off the coast of Peru for some months, capturing some small vessels and one larger one, in attacking which Thomas Rogers, a brother of the admiral, was killed by a shot in the head. They then sailed for Santiago de Guayaquil, and sacked the city, an operation which Dampier had performed some three years previously. On December 21st, 1709, he captured a Spanish treasure ship off the coast of California, in capturing which Rogers got a bullet-wound in the mouth which smashed his upper jaw, the bullet being extracted six months afterwards, presumably by Dr. Dover. They retained the vessel as a prize. Dr. Dover was placed in charge, with Alexander Selkirk as his sailing master. On December 27th they sighted a rich Manila treasure-ship bound for Spain; the *Duke* and the new prize, now named the *Marquis*, were becalmed, but the *Duchess* attacked the Spaniard, who proved a Tartar, for she beat off the *Duchess*, and later on both the *Duke* and the *Marquis*, and sailed away with the rich cargo of silver ingots. In this fight Rogers had his heel bone shot off and his ankle broken—the principal medical officer of the fleet held no sinecure. Since they left Santiago de Guayaquil the men had been suffering from an epidemic of a dysenteric character, supposed to have been due to the bad water they had shipped, and for which Dr. Dover prescribed his celebrated powder.

This outbreak of disease decided Rogers to seek Guam

in the Ladrone, then, as now, celebrated for its abundant and pure water; there they refitted and rested the crews. Hence they sailed for Batavia, where they took in provisions, and started on their voyage to round the Cape of Good Hope, which they successfully accomplished on December 27th, and arrived in the Downs on October 1st, 1711. During the return journey the epidemic of dysentery so occupied Dr. Dover's time that Rogers appointed the mate of the *Duchess*, E. Cook, captain of the *Marquis*, to allow of Dr. Dover giving his undivided attention to the sick. How well he performed his professional duties is shown by the fact that during the voyage there was not a single death from scurvy.

Selkirk's share of the spoils of war was £800, a large sum in those days, Dover secured considerably over £10,000, and Rogers was commissioned by Robert Walpole as Captain-General and Governor-in-Chief of the Bahama Islands, where he died at Nassau on July 16th, 1732.

Soon after the expedition returned Selkirk was introduced to Sir Richard Steele, who made his life in Juan Fernandez the subject of a paper in the *Englishman*. This paper is said to have been the source of Defoe's inspiration for his classic "Robinson Crusoe." Dover settled down in practice in London, and increased his wealth and reputation by his wonderful powder, the history of which I may some day find time to give, and late in life took to writing. His "Treatise on Mercury" appeared in 1733, and in the same year his "Ancient Physician's Legacy," which called forth a rejoinder, "Physical and Physiological Remarks on Dr. Dover's late Pamphlet," by H. Bradley.

I am, Sir, yours truly,

GEORGE FOT.

Dublin, June 9th, 1902.

Literature.

PRACTITIONER'S HANDBOOK OF DISEASES OF THE EAR. (a)

WHATEVER doubts we may have entertained in our mind as to the advisability of collaboration in the writing of a practitioner's handbook are set at rest by the perusal of the work before us. It is an excellent example of a method, the chief danger of which lies in the fact that specialists are apt to become discursive. Happily, this danger has been avoided, and the object, set out in the preface, to be "simply what its title indicates: 'A Practitioner's Handbook,'" has been achieved.

Dr. Macnaughton Jones is personally responsible for a good many of the chapters, and it is hardly necessary to add that the work is well done. *En passant*, we are glad to note that in his short introductory chapter he gives full credit to the late Sir William Wilde, of Dublin, as being a pioneer in the then neglected field of otology.

In future editions we should like to see stress laid upon one minor point, and that is the use of an aural probe bent at an obtuse angle, as the use of straight aural probes necessarily occludes any view of the meatus, &c.

Dr. Milligan and Dr. Tilley have contributed excellent chapters upon the complications of chronic suppurative middle-ear diseases and diseases of nose and nasopharynx in their respective relation to ear symptoms. A special word of praise must be given to the chapter on the anatomy of the ear by Professor Birmingham and Dr. Joyce. Dr. Dudley Buxton, in a chapter of six pages, tells a general practitioner all that is necessary for him to know regarding the proper anæsthetic to use in nasal and aural cases. And this short chapter may be taken as typical of the whole book, in that it contains

(a) "The Practitioner's Handbook of Diseases of the Ear and Naso-Pharynx." By H. Macnaughton Jones, M.D., M.Ch., F.R.C.S.I. and Ed.; W. E. H. Stewart, F.R.C.S.Ed.; W. Milligan, M.D., C.M.; Herbert Tilley, M.D., B.S., F.R.C.S.Eng.; Ambrose Birmingham, M.D., F.R.C.S.I., F.R.U.I.; and Robert Dwyer Joyce, F.R.C.S.I., M.B.C.S. Sixth Edition. Pp. xv. and 308. Illustrations 182 and Seven Plates. Price 10s. 6d. net. London: Ballière, Tindall and Cox.

all that and no more than a general practitioner should but often does not know.

In conclusion, we should like to congratulate Dr. MacNaughton Jones most heartily on the excellence of the work for which he is responsible, and to which he has himself so largely contributed. The publishers also deserve considerable credit for the manner in which the work is turned out.

MAY ON DISEASES OF THE EYE. (a)

THIS manual has undoubtedly met with considerable favour, inasmuch as a second edition has been called for within the short period of eight months. Its success has been well deserved since, as a concise, practical, and systematic handbook on diseases of the eye it may be said to be one of the best. The author has been at great pains in the revision of this edition, and has added new illustrations, seven plates, and eight pictures of the fundus, showing the common diseases thereof. These new features have greatly enhanced the practical value of the work, without appreciably augmenting either its bulk or cost. Except in the passages which have come under revision, the text remains the same as in the previous edition; a further detailed criticism of the work, therefore, on this occasion is uncalled for. We may, however, add that both students and practitioners will find this manual exactly suited to their requirements so far as a handy volume of diseases of the eye is concerned. In this respect it admirably fulfils its *raison d'être*, and we cannot do more than cordially recommend this new edition.

QUAIN'S DICTIONARY OF MEDICINE. (b)

In this, the third edition, of the colossal undertaking initiated by that indefatigable worker, the late Sir Richard Quain, various modifications have been introduced on lines which must have suggested themselves to those who have made much use of preceding editions. Articles which, as the Editor observes, were excellent in themselves, but not in accord with the special object in view, have been judiciously omitted, overlapping has to a great extent been eliminated, while the pruning knife has been skilfully used for the removal of discursive or otherwise superfluous matter. Thanks to the economy of space resulting from this process of emendation it has been possible to find room for a considerable number of new articles, in addition to amplifying and, in some instances, rewriting, pre-existing contributions; and in spite of this literary hyperplasia the publishers have managed to comprise the compilation as a whole in a single portly volume. This volume, it is true, comprises close upon two thousand pages of solid type, so that the writers have not necessarily been cramped.

We have made a leisurely survey of the work, selecting for examination subjects which happen to have come more or less prominently into notice in the medical journals or at the medical societies, with the object of ascertaining the degree to which the matter has been brought up to date. We carry away from this critical review a highly favourable opinion of the ability and thoroughness of the contributors, together with genuine admiration for the editorial direction which has succeeded in welding the various contributions into a homogeneous and harmonious whole. Nowhere are we able to point to noteworthy errors of omission, still less to errors of commission.

It is, of course, a disadvantage to be restricted to the views of an individual contributor instead of being presented with a synopsis of contemporaneous views on a given subject, though individuality has its merits as well as its drawbacks. The disadvantage is obvious in

respect of such a subject as general anaesthesia, which in this instance, is dealt with at sufficient length by Dr. F. Hewitt. The author is known to prefer the use of a mask for the administration of chloroform to that of any "regulating" inhaler, but the reasons which he gives for the preference are far from convincing. The mask, he says, is less likely to permit of injury of the skin by chloroform, but the fact remains that the only instances of "chloroform burns" in our experience have followed the use of a mask or similar appliance. In any case no such advantage can be claimed for the mask as against Junker's inhaler, since an accident of the kind has been rendered actually impossible with the latter. The author gives no statistics of the mortality of the ordinary method as compared with that of a regulating inhaler, otherwise, no doubt, his figures would contradict his conclusions.

The volume is embellished by the insertion of twenty-one full-page plates, fourteen of them being in colour and of distinct excellence, and there is no lack of illustrations in the text elsewhere. The "Dictionary" is a medical library in itself; the information it gives, though condensed, is complete, and it is obvious that brevity has not been the only, or even the first, consideration of the authors.

PROBLEMS RELATING TO SURGICAL OPERATIONS. (a)

THIS volume, which is an essay awarded the Alvarenga prize for 1901 by the College of Physicians of Philadelphia, is a very interesting account of a series of experiments carried out on animals (mostly dogs) with the view of throwing light on the effects: 1, of severing and of mechanically irritating the vagi; 2, of intravenous infusion of saline solution; 3, on the physiological action of cocaine and eucaine; 4, on the effect of temporary closure of the carotid arteries. These experiments were evidently all carried out in a masterly way, they are described in simple and intelligible language, and each of the four divisions is followed by a summary of experimental evidence which of itself is most instructive, besides being supplemented by clinical application on the human being. The work, we should imagine, will be eagerly read by physiologists, and ought to be of great interest to all surgeons.

INFECTION IN MILITARY SURGERY. (b)

THIS practical and interesting work deals with the terrible effects of infective germs in wounds received during warfare; the authors lay stress on the fact that both the suffering or the death of the wounded is brought about more as a consequence of the disorders caused by infective germs than as a result of the traumatism, the effect of the projectile. They start with a symptomatic division of wounds into those progressing without and those progressing with infection. The first chapter treats of the infection of wounds in warfare and is divided into three parts—(1) the nature of infective germs; (2) the mechanism of the production of infection; (3) the more or less favourable form for the reception of the germs in the organism. Chapter II. takes the reader through the evolution of those bullet wounds which are either very slightly or not at all infected by germs. Chapter III., comprising 100 pages, is devoted to the consideration of those bullet wounds which have become contaminated by infective germs. Both these chapters deal successively with the lesions of the soft parts, of the arteries, veins, nerves, bones, and joints. The next four chapters are respectively on pyæmia, septicæmia, tetanus and hospital gangrene, all being considered from the point of view of military surgery.

Finally, the last chapter treats of the various foreign bodies, including the projectile itself, which may be introduced into the tissues by a gunshot wound, and

(a) "Manual of the Diseases of the Eye. For Students and General Practitioners." With 273 original illustrations, including 36 coloured figures. By Charles H. May, M.D., Chief of the Clinique, and Instructor in Ophthalmology, Eye Department, College of Physicians and Surgeons. Second Edition, revised. London: Baillière, Tindall, and Cox. 1902.

(b) "Quain's Dictionary of Medicine." Edited by H. Montague Murray, M.D., F.R.C.P., Joint Lecturer on Medicine, Charing Cross Hospital, &c.; assisted by John Harold, M.B., B.Ch., Physician to St. John's and St. Elizabeth's Hospital, &c.; and W. Cecil Bownquet, M.A., M.D., M.R.C.P., Physician to Out-patients, Victoria Hospital for Children, &c. London: Longmans, Green, and Co. 1902.

(a) "An Experimental and Clinical Research into Certain Problems Relating to Surgical Operations." By George W. Crile, A.M., M.D., Ph.D. Pp. 196. Philadelphia: J. B. Lippincott Company.

(b) "De l'infection en chirurgie d'armée." Par Drs. A. Nimier and Ed. Laval, Pp. 398. Paris: Felix Alcan. London: Baillière Tindall, and Cox.

remain *in situ*. The authors refer to various experiments that have been made to determine the condition of these bodies after a lengthened sojourn in the economy. It is impossible, in a necessarily curtailed notice, to do justice to the merits of a work such as the one before us, or to specify any one chapter as being specially interesting and instructive; suffice it to say that the whole book is interesting and instructive, the writing being concise and simple, the references to other works short and to the point, the accounts of the military surgery and its failures in different campaigns of various nations never wearisome; in fact, the work should be in the hands of every Army surgeon, and it seems a pity that no translation of it into English is available.

BROOKS ON THE ELEMENTS OF MIND. (a)

A TITLE of this kind over the name of an author unknown to us at once excites a feeling of apprehension akin to dismay. Nor is that feeling diminished on learning that the work is "an examination into the nature of the first division of the elementary substances of life." The author owes his inspiration to "a fortuitous train of thought" which enabled him to discover the elements of mind. These, when compounded with those of Force and Matter, constitute "the mysterious substance we call life." The use of this word "substance" to express a quality, or function, which is life, warns us that the author is either going to use a vocabulary of his own or intends to invest familiar words with a significance of his own creation.

His first original (?) observation is that vices and virtues differ not so much in kind as in degree, so that virtue may under given circumstances become a vice and *vice versa*. Well, that is hardly an acquisition to our knowledge, and had our author read even a little he would not have been at the pain of discovering the platitude.

Let us, however, plunge into the vortex. The author describes his theory as the "Greater Mind Theory," which, when asked to explain, he says is "simply a new name given to well-known mental and physical phenomena exhibited in a greater or less degree by every kind of organism, whether animal or vegetable. . . in fact, all the imitative forces in life, whether they be those of mind, matter, or of physical force." Reserving judgment with regard to the *G. M. T.*, we proceed, but we stumble on the *Ego* and the *Greater Ego*. *Ego* apparently is John as he sees himself, the *Greater Ego* being John as he appears to his Maker, though the term elsewhere seems to mean "life in the abstract."

Now, we set out with the firm intention of criticising, hostilely if possible, the author's theory, and in order to find out its weak points we have waded through or stumbled over page after page of verbal quibbling without succeeding in obtaining any tangible criticisable idea of what the author is aiming at. There is abundant evidence of long and painstaking reflection, of sustained introspection and of extraordinary agility on the part of the author in shifting the position of the point under consideration as soon as the reader is brought close to it. What the theory is we know not; it eludes our grasp, we cannot even "see as through a glass darkly." Our impression is that the author is the victim of a big idea to which he is unable to give technical expression. There may be something behind his prose, but there does not appear to be anything in it—and there we must leave him.

HOLLANDER ON THE REVIVAL OF PHRENOLOGY (b).

THIS well-printed octavo of 512 pages contains a very interesting collection indeed of facts and arguments relative to intellectual localisation in the organ of mind.

(a) "The Elements of Mind" By H. Jamyn Brooks. London: Longmans, Green, and Co. 1902.

(b) "The Revival of Phrenology, the Mental Functions of the Brain: An Investigation into their Localisation, and their Manifestation in Health and Disease." By Bernard Hollander, M.D. (Freiburg, I.B.), M.R.C.S., L.R.C.P. Lond. London: Grant Richards; and G. P. Putnam's Sons, New York. 1901.

The authors of the fruitful researches which decided the topography of the motor centres in the cerebral cortex with approximate accuracy did not, for the most part, appear to have developed much faith in the existence of corresponding centres of intellectual power. And the observers, who professed such scientific credence, have, for the most part, displayed strangely contradictory opinions as to the geography of such centres. To find the majority of the professional public fondly believing that the frontal lobes were the chosen seat of the intellectual functions, while a few physiologists emphatically express their confidence in the view which places them at the opposite pole of the cerebrum, awakes some distressful recollections of the hopelessly vagrant opinions of the medical contemporaries of Bob Sawyer and Benjamin Allen. We consider ourselves deeply indebted indeed to the author for the mass of instructive evidence which he has collected—with the laborious care of an enthusiast and the judicious skill of an experienced master—on this very important and very interesting subject.

Dr. Hollander has also performed a noble duty in this volume—by constituting himself a minister of tardy justice to the memory of the great physician and physiologist whose enthusiastic life labours laid the foundation of our knowledge of the "Foundation of the Brain." To the ordinary educated man—even to the average medical practitioner—Gall is known merely as the foolish "system" of phrenology. A few, better-read than the majority of the professional public, know that he used to go to church every Sunday, and sit in the front seat of the gallery—not for purposes of devotion, but to observe the heads of other members of the congregation; and that he first localised the "bump" of veneration by observing that the most obviously religious always presented a notable elevation of the bregmatic area of the skull. But they are entirely unaware of the fact that Gall's great work on the anatomy or physiology of the brain remained practically unopened, and still constitutes a vast mine of information on its subject. A case of aphasia was placed on record by Gall nearly a century ago.

The vast series of facts and arguments collected in this volume are far too numerous to be even glanced at within the limits of a review. We must, accordingly, recommend all our inquiring readers to make themselves acquainted with its contents. We feel sure that they will be well rewarded for their trouble.

HOOD ON THE TREATMENT OF INJURIES. (a)

WE have carefully read this little volume, and have found it to contain much practical information. The late Mr. Hutton, the well-known bone-setter of thirty years ago, was not a medical man, but he attempted to cure surgical injuries, with the assurance of a "Modern Sequah," by means of what he called "The Secrets of his Art." He, it must be remembered, was entirely unacquainted with anatomy and surgery, but nevertheless he undertook to treat every case of injury and ankylosed joint that came before him, setting up passive motion where frequently qualified surgeons of repute would hardly dare to meddle, and when he restored motion by forcibly and suddenly breaking up adhesions produced by immobility he invariably told the patient and his friends that the case had been mistaken, and by his manipulation he had replaced "a little bone which was out of its place." Often he was successful in his treatment in restoring motion in a joint. But at best he was only a quack, and if he did harm by his manipulations he got a "quack's pardon."

We are therefore glad that Mr. Wharton Hood, who is a fully qualified medical man, and who appears to have devoted special attention to these forms of injury for many years has given the result of his experience to the profession, and has apparently rescued this class of practice from the region of quackery and placed it on a scientific and surgical basis. He divides his subject

(a) "The Treatment of Injuries by Friction and Movement." By Wharton P. Hood, M.D., St. Andrews M.R.C.S., L.S.A. London: Macmillan and Co., Limited. 1902. Pp. 182. Price 4s. 6d.

into eight chapters, and mentions the following among others: Injuries in general, individual fractures, individual dislocations, sprains, laceration of muscle, muscular exercises, conclusions.

Anyone connected with accident insurance companies knows full well how grossly dishonest some of the reports they receive are, and what impositions are practised on such companies from time to time by many who ought to know better. In the most trivial accidents the most aggravated accounts of the injuries invariably reported to be present is given in order to ensure a maximum amount of compensation.

If the little work before us assists even in a small way in producing a limitation of these dishonest and fraudulent reports of injuries received, the author has not written in vain, and we think the book will be largely consulted.

PROUST ON NEURASTHENIA. (a)

By many of our readers this not too elaborate monograph on neurasthenia will be welcomed for the simple reason that the subject is, as a rule, scurvily treated in text-books of general medicine. The remarkable lucidity and charm of the original have tempted the author of the English edition to attempt a translation which, unfortunately, fails to reproduce these qualities. The translator's sins are of omission, not of commission, that is to say, he translates accurately enough the sense of the original, but he does this in a form which, as not unfrequently, baffles the reader, especially one who is not familiar enough with the French language to guess the original phraseology. In spite of these blemishes the work may be commended to the notice of practitioners desirous of guidance in the recognition and treatment of a very difficult class of cases. The subject is admirably treated, and the advice given is sound. We may add that the work is clearly printed, and attractively turned out.

YEARSLEY ON ADENOIDS. (b)

It is remarkable that no monograph on the subject of adenoids has appeared in the English language before the one now under consideration, for it is over thirty years since Hans Wilhelm Meyer called attention to this important and by no means infrequent condition. Mr. Macleod Yearsley has filled the gap in an eminently satisfactory manner. After a short historical introductory chapter, he discusses the etiology of adenoids in a clear and instructive fashion. We are glad to find that he does not accept as etiological factors all the anatomical and pathological peculiarities that are met with from time to time in association with adenoids; and we fully concur with his remark that many of them should properly be transferred from the category of causes to that of results. It is probable that the same line of thought would apply in some measure to tuberculosis. Mr. Yearsley points out in the chapter on Symptomatology that "by their interference with proper nasal breathing and the consequent tendency that they exert to respiratory troubles, adenoids are a potent factor in the predisposition to phthisis." The remark met with in text-books that adenoids are found in cases of struma, would no doubt be equally correctly expressed by saying that struma is met with in cases of adenoids. In the chapter on Anatomy and Pathology, Mr. Yearsley very properly attacks the partial fallacy that adenoids disappear at the time of puberty; and explains that the greater facility in breathing sometimes met with at this time is due to enlargement of the nasopharynx rather than to atrophy of adenoids. In the excellent chapter on symptoms and complications, which forms about one-third of the whole book, the author is at his best, and not only medical practitioners but parents and school teachers would undoubtedly benefit by its perusal. The various operative procedures for the removal of adenoids are then clearly described, and the book concludes with

a very useful chapter on Anæsthesia from the pen of a recognised authority, Mr. Bellamy Gardner. The illustrations are good and instructive. At the end of each chapter is a full bibliography, and it is clear that the writing of the book has involved a great deal of assiduous research. The work is slightly marred by some typographical errors, and in a few places the construction of sentences is defective or highly involved. This remark applies especially to paragraphs on pages 18, 20, 23, and 69. The defects are the more noticeable because in the main the writing is singularly good and clear, and they will no doubt be corrected in the next edition, which we hope Mr. Yearsley will soon be called upon to bring out.

FURNEAUX ON PRACTICAL HYGIENE. (a)

The Board of Education have rightly insisted that candidates for its examination in hygiene should undergo a practical training, and not merely be crammed with ill-understood book information, or have listened to a given number of lectures. This is well, and marks an advance in methods which cannot but prove beneficial to students. The study of domestic science, as the author of this excellent little work clearly shows, is too frequently pursued in such a manner that but vague ideas are formed of the physical and chemical laws on which science is based, and consequently many of the expressions constantly in use convey but a feeble impression of their true meaning and significance.

The object of this book is to provide the student with a practical guide to elementary physics and chemistry, as far as is necessary to form a sound basis for the study of domestic science. The student is led through a series of simple exercises and experiments, each of which may be performed with apparatus of the simplest kind.

The descriptions are clear, concise, and thoroughly practical. The illustrations are peculiarly suitable. Both in design and in execution the work is praiseworthy. We venture to think it will prove of service, not only for the purpose for which it was originally designed, but as a convenient volume to which medical men might refer with advantage when preparing lectures for nurses, or discourses on health matters for the people.

CHILDREN'S DISEASES. (b)

THE newly-formed Society for the Study of Disease in Children may be congratulated on the success which a membership of 237 in the first year of its existence shows it to have attained, and also on the publication of the volume now before us, which contains such a record of useful work as more than to justify the existence of this society. Consisting as it does of clinical reports of cases shown at the nine meetings of the Society, it is not a volume which lends itself readily to review or summary, and it is only possible to mention some of the more important papers. The subject of renal disease in children is discussed by Dr. Sequeira in a report of a case of Cirrhotic Kidney, by Dr. Leonard Guthrie in a paper on Chronic Interstitial Nephritis, and by Dr. Ashby, who records a case of Glomerulo-Nephritis in a newly born infant. Perhaps the most important contribution in the volume is that by Drs. Carpenter and Stevenson on Tubercle of the Choroid. They find it in 50 per cent. of cases of Acute Miliary Tuberculosis and Tuberculous Meningitis, and nearly 10 per cent. of cases of Chronic Tuberculosis. From their observations it seems undoubted that the gravity of the prognosis when tubercles are found has been overestimated, and that in rare instances recovery may ensue, the choroidal tubercle becoming quiescent as the general condition improves. We have not space to do more than allude to articles by Dr. Ashby on Fœtal Rickets, by Dr. Sansom on Osteo-Arthritis, by Dr. Carpenter on Multiple Fibrous Nodules in an infant

(a) "The Treatment of Neurasthenia." By Dr. A. Proust, Professor of the Faculty of Medicine of Paris, &c., and Dr. Gilbert Ballet, Professor of the Faculty, Physician to St. Antoine Hospital, Paris. Translated by Peter Campbell Smith, L.R.C.P., L.R.C.S. Ed. London: Henry Kimpton. 1902.

(b) "Adenoids." By Macleod Yearsley, F.R.C.S. London: The Medical Times Office. 1901. Pp. 110, 25 illustrations. Price 5s.

(a) "Elementary Practical Hygiene" (Section I.). By William S. Furneaux. Pp. 239, and 146 figures. London: Longmans, Green, and Co. 1901.

(b) "Reports of the Society for the Study of Disease in Children." Vol. I., Session 1900-1. London: J. and A. Churchill. Price 12s. 6d.

apparently free from rheumatism, and upon the urine of a newly born child, by Dr. McCaw on Tetanus Neonatorum, and by Dr. McAlister on Cirrhosis of the Liver in Children. The volume is of convenient size, the type is clear, there is a good index, and the illustrations are nearly all excellent.

NEW BOOKS AND NEW EDITIONS.

The following books have been received since the publication of our last monthly list:—

ADLARD AND SON (London).

King's College Hospital Reports. Vol. VII. Edited by Norman Dalton, M.D., Albert Carless, F.R.C.S., John Phillips, M.D., and W. D. Halliburton, M.D., F.R.S. Pp. 457.

BAILLIERE, TINDALL, AND COX (London).

The Practitioners' Handbook of Diseases of the Ear and Nasopharynx. By H. Macnaughton-Jones, M.D., F.R.C.S., W. B. A. Stewart, F.R.C.S., Wm. Milligan, M.D., C. M. Herbert Tilley, M.D., F.R.C.S., Ambrose Birmingham, M.D., F.R.C.S., and Robert D. Joyce, F.R.C.S., with 182 illustrations and 7 plates. Pp. 384. Price 10s. 6d. net.

Clinical Lectures on Stricture of the Urethra and Enlargement of Prostate. By P. J. Freyer, M.D., M.Ch. Second Edition. Pp. 138, illustrated. Price 5s.

The Dynamic Aspects of Nutrition and Heredity. By Frank Horridge. Pp. 192. Price 5s.

Clinical Lectures on Hydatid Disease of the Lungs. By Alfred A. London, M.D. Lond. Pp. 132, with 3 plates and other illustrations. Price 5s.

Notes on Medicine for Medical and Dental Students. By W. D. Woodburn, L.D.S. Pp. 98. Price 3s. 6d.

CASSELL & Co. (London).

Clinical Methods. By Robt. Hutchison, M.D., M.R.C.S., and Harry Rainey, M.A., F.R.C.P. Ed. New Edition, revised. Price 10s. 6d.

J. AND A. CHURCHILL (London).

The Year-book of Pharmacy, with Transactions of the British Pharmaceutical Conference, 1901.

The Schott Methods of Treatment of Chronic Diseases of the Heart. By W. Besley Thorne, M.D. Fourth Edition. Pp. 138. Price 6s.

The Diseases of Children. By James F. Goodhart, M.D., LL.D. Aberd., F.R.C.P. Seventh Edition, with the assistance of Geo. F. Still, M.D., F.R.C.P. Pp. 813. Price 12s. 6d. net.

Clinical Lectures on Surgical Subjects, delivered by Christopher Heath, F.R.C.S. Second Series.

FANNIN AND Co. (Dublin).

Transactions of the Royal Academy of Medicine in Ireland. Vol. XIX. Edited by John B. Story, M.B., F.R.C.S., General Secretary. Price not stated.

WILLIAM GREEN AND SONS (Edinburgh).

Manual of Ante-natal Pathology and Hygiene. The Fetus. By J. W. Ballantyne, M.D., F.R.C.P.E. Pp. 527. With 15 coloured plates and 55 figures. Price 20s.

GRANT RICHARDS (London).

Heresies or Agnostic Theism, Ethics, Sociology, and Metaphysics. By R. Croft. Pp. 597. Price 10s.

HEALTH RESORTS DEVELOPMENT ASSOCIATION.

1. Llandrindod Wells. Edited by George W. Way.

2. Deal. Edited by George W. Way.

KEGAN PAUL, TRENCH, TRUBNER, AND Co., LTD. (London).

Bradshaw's Dictionary of Mineral Waters, Climatic Health Resorts, &c. 1902. Price 2s. 6d.

E. AND S. LIVINGSTONE (Edinburgh).

Elementary Text-book of Zoology. By Arthur T. Masterman, M.A. Cantab., F.R.C.S. Ed. Second Edition. Pp. 628. Price 12s.

LONGMANS, GREEN, AND Co. (London).

A Manual of Surgical Treatment. By W. Watson Cheyne, F.R.C.S., F.R.S., and F. F. Burghard, M.D., F.R.C.S. Part VI., with 124 illustrations. Pp. 479. Price 18s.

The Earth in Relation to the Preservation and Destruction of Contagion. By G. Vivian Poore, M.D., F.R.C.P. Lond. Pp. 257. Essentials of Histology. By E. A. Schafer, LL.D., F.R.S. Sixth Edition. Pp. 416.

Drink, Temperance, and Legislation. By Arthur Shadwell, M.A., M.D., Oxon. Pp. 304.

The Thompson Yates Laboratories Report. Edited by Hubert Boyce and C. S. Sherrington. Vol. IV. Part II. Price 20s.

THE NEW SYDENHAM SOCIETY (Agent: H. K. LEWIS).

The Pathology of the Blood. By Dr. Rud. R. von Limbeck. Translated from the second German edition by Arthur Latham, M.A., M.B.C.P. Lond., and John Nachbar, M.D. Pp. ix, and 338.

Selected Essays and Monographs. Pp. 325.

OLIVER AND BOYD (Edinburgh).

Manual of Bacteriological Technique and Special Bacteriology. Second Edition. By Thos. Bowhill, F.R.C.V.S., F.R.P.S. Pp. 324, with 136 illustrations.

G. P. PUTNAM'S SONS (New York).

The Mental State of Hystericals. By Pierre Janet, Litt.D., M.D. Translated by Caroline E. Corsey. Pp. 535.

REBMAN, LTD. (London).

Clinical Hematology. By John Da Costa, M.D. With eight coloured plates. Pp. 474. Price 22s. 6d.

A System of Physiologic-Therapeutics. Edited by Solomon S. Cohen, M.D. Vol. II. Dietotherapy and Food in Health. Pp. 372. Price 12s. 6d.

Tuberculosis as a Disease of the Masses. By S. A. Knoff, M.D., New York. Pp. 76. Price 1s.

Christian Science, Medicine, and Occultism. By Dr. Moll, of Berlin. Translated by F. J. Rebman. Pp. 47. Price 1s.

THE UNIVERSITY PRESS (Chicago).

Neurological Technique. By Irvine Hardesty, Ph.D. Pp. 183. Price 8s.

THE UNIVERSITY PRESS (Dublin).

The Royal University of Ireland. Examination Papers, 1901. Pp. 660.

VERLAG DER MEDIZINISCHEN WOCHEN (Berlin).

Praktische Winke für die Diabetes-Küche. Von Dr. W. H. Gilbert, Baden-Baden. Pp. 72.

JOHN WRIGHT AND Co. (Bristol).

Protoplasm, its Origin, Varieties, and Functions. By J. W. Hayward, M.D. Pp. 51. Price 1s. 6d.

New Medical Appliances.

COMPRESSED MOSS.

WE have received from Mr. Martindale, of New Cavendish Street, W., various samples of compressed moss for surgical dressings, &c. The absorbent properties of dry moss are well known; in fact it will absorb about twenty times its weight of moisture. In addition it possesses marked antiseptic and deodorant qualities which make it very suitable for surgical purposes. The compressed sheets are easily teased out, and then form soft absorbent compresses which can be applied to suppurating surfaces between two layers of gauze. There are several kinds, varying in thickness and fineness of texture. The substance is also employed in the form of moss felt and moss soles for the feet, and is made up into hygienic towels. As the moss does not become matted its softness remains, ensuring a degree of comfort unattainable with cotton wool for instance. The moss may also be used as a padding for splints in cases of compound fractures complicated with flesh wounds. The cost is a negligible quantity, and we see no reason why moss should not come into general use for these purposes.

A POISON-BOTTLE COLLAR.

DR. HADYN BROWN, of Surbiton Hill, has submitted to us an ingenious invention of his own which has for object to distinguish bottles containing poisonous substances from others. It consists of a tin ruff or collar with a serrated circumference, and stamped with the word "poison" in large raised letters. This can be slipped over the neck of any bottle, and when in place it is impossible to move the bottle without becoming aware of its presence partly by the rattle it makes and partly by sight; or, if handled in the dark, the prickly shape of the metal would at once attract attention. The cost of the contrivance is the merest trifle, and in view of the recent fatal accidents on the part of chemists and dispensers it is to be hoped that the contrivance will command a ready sale. When placed on liniment bottles the collar can be tilted aside so as to allow of the bottle being wrapped in paper. It certainly affords a simpler and on the whole more effectual safeguard against accidental poisoning than any we have yet seen.

THE widow and orphans of Dr. Robt. Barry, who died from the effects of a carriage accident at Limerick, were yesterday awarded £300 damages in consequence of the negligence of the defendants' servant.

Medical News.

A Sanatorium Burned Down.

The sanatorium of the St. Luke's Society in Chicago was destroyed by fire on Monday, ten persons being killed and thirty injured.

Association for the Prevention of Tuberculosis.

The annual meeting of the Dublin branch was held on Monday, June 9th, the President of the Royal College of Physicians in the chair. The annual report regretted that the efforts of the Public Health Committee of the Dublin Corporation to promote the voluntary notification of pulmonary tuberculosis had so far met with little success. During a period of six months only sixty-five cases of this disease were notified, chiefly by dispensary physicians. As an objection to the addition of pulmonary tuberculosis to the list of diseases notifiable under the Infectious Diseases (Notification) Act, 1889, it has been urged with truth that such a procedure would prevent many persons in the early stages of the disease from earning their living or mixing with their fellow-men, as the penalties incurred by persons who, while suffering from any dangerous infectious disorder, wilfully expose themselves in public would then apply to them. The time seems now to have come when an amending Bill might be introduced in Parliament to bring pulmonary tuberculosis within the scope of the compulsory Act, except in regard to the provisions above objected to. The adoption of the report was proposed by the President of the Royal College of Surgeons and carried. Sir John W. Moore proposed:—"That this meeting urges on our sanitary authorities to adopt voluntary notification of consumption for the thorough disinfection of all dwellings occupied by a consumptive, provide sanatoria for the treatment of mild cases, and provide for the isolation of advanced cases of consumption." He said that the statistics for 1890 showed that pulmonary consumption accounted for 42,987 deaths in England and Wales. In Ireland in the same year 10,676 deaths were referred to pulmonary consumption, while the average number of deaths for the previous twenty-nine years was 10,143. There was no diminution in Ireland. Though the people had diminished, the number of deaths had been almost steadily maintained. That mortality represented in Ireland 2,260 per million of the population, as against 1,332 in England and Wales. The Local Government Board had recently given to the Dublin Sanitary Association a most remarkable reading of the provisions of the Public Health Act of 1878. There was a section of that Act which covered dangerous infectious diseases, and the Sanitary Association asked the Local Government Board whether that section could be made to apply to pulmonary consumption, and the answer was no, that that section only applied to the diseases scheduled in the Notification Act. Now, unfortunately for the Local Government Board, the next section to the one which was referred to in the schedule gave the sanitary authorities power to add to that schedule any disease which, in their opinion, was a dangerous infectious disease. The resolution was adopted, and then, after the transaction of the remaining business, the meeting terminated.

A Put-up Job.

DR. A. H. GIBBON, medical officer of health for Bury, brought an action which was tried at the Suffolk Assizes against a member of the Bury Town Council for slander. The defendant was alleged to have stated in public that the small-pox scare was a "got-up job" between Dr. Gibbon and the public vaccinator. The jury returned a verdict in favour of the plaintiff with one farthing damages.

Ulster Medical Society.

THE ANNUAL meeting of this Society was held on Thursday evening, the 12th, Professor Whitla, the President, in the chair. The annual reports and state-

ment of accounts showed an increase in the membership, and a balance of about £100 in the treasurer's hands. The new constitution and rules for the Society, necessitated by Professor Whitla's gift of a medical institute, were discussed at length, and passed. They provide, *inter alia*, that in future there shall be two classes of members—fellows and ordinary members—the former paying two guineas per annum if resident in Belfast, or one guinea if in the country, and ordinary members paying one guinea. Present members of the Society may remain ordinary members for life if they so wish (though the great majority have already intimated their intention of becoming fellows), but those elected in future will cease to be members ten years after the date of registration, and unless they become fellows their connection with the Society must cease. The idea is, in fact, that the great majority must pay two guineas, but that a special concession is made to country members, and to town members for ten years after their registration as medical practitioners, when presumably they are fighting their way in our crowded ranks. The new rules also provide that the president shall hold office for two years, that meetings be held on the first and third Thursday of each month from November to May, alternately at 4 and 8.30 p.m. and that the Council shall consist of twenty-one members, of whom seven are trustees, and as such *ex officio* members. The first seven trustees are to be nominated by Professor Whitla, and their successors will be elected by the Society. The rules having been passed, Professor Whitla read the trust deed of the new institute, and announced the names of those whom he intends to nominate as trustees. They are as follows:—Dr. John Campbell, F.R.C.S.E., Dr. Dempsey, Professor Lindsay, Dr. McCaw, Dr. Mitchell, F.R.C.S.I., Dr. Joseph Nelson, and Dr. Cecil Shaw. The office-bearers for next session were then elected as follows:—President: Dr. John Campbell, F.R.C.S.E. Vice-Presidents: Dr. Agnew (Lurgan), Dr. Austen. Hon. Treasurer: Dr. W. B. McQuitty. Hon. Secretary: Dr. Thos. Houston. Hon. Librarian: Dr. R. R. Leatham. Hon. Pathological Secretary: Professor Lorrain Smith. Council: Professor Byers, Drs. Colville, Donnan (Holywood), J. B. Moore, Morrow, and Robb.

Livingstone College.

ON June 14th a conversazione was held at Livingstone College, and interesting demonstrations given on various material connected with hygiene in the tropics by Dr. Charles F. Harford. Livingstone College has been established for the purpose of teaching intending missionaries how to care for their own health and that of their fellow-workers, and to indicate the best methods of dealing with the more simple diseases of the natives of the country in which they may be called to work. It is not intended to train men as "medical missionaries," and those entering for the course of training are required to sign a declaration that they will not take to themselves this title, or otherwise assume the position of a qualified doctor. There is certainly as much need to teach would-be missionaries hygiene as to lecture them on theology, and Livingstone College will be doing a good work if it succeeds in impressing the importance of care for the body by those who undertake the "cure of the soul."

The Prince of Wales and St. John Ambulance Brigade.

THE Prince of Wales on June 11th, in his capacity of Grand Prior of the Order of the Hospital of St. John of Jerusalem in England, unveiled at the church of St. John, Clerkenwell, the memorial which has been erected to the memory of the members of the St. John's Ambulance Brigade who have died on service in South Africa. The total number of men who have served is 2,046, and in the performance of their duty sixty-six are known to have sacrificed their lives. After the unveiling a bugler sounded the "Last Post." Now that peace is once again our true cause of rejoicing it is well that we should not be slow to honour the memory of those who have laid down their lives while ministering to the sufferers in the days of war.

Notices to Correspondents, Short Letters, &c.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate, providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

THE NEGRO AND THE DOLLAR.

To the Editor of THE MEDICAL PRESS and CIRCULAR.

SIR,—The story in your last issue (page 644), under the above heading, recalls to memory an account in the *Lancet*, in 1892, a cutting of which I have by me, headed "A Curious Incident," in which a certain Lord A.—swallowed a half-crown, "and after a protracted illness got rid of one shilling, two sixpences, a three-penny-bit, and three bright pennies," the exact change for half-a-crown! He was under the care of Dr. Mint. Probably the whole thing is "mint" for a joke? It is, however, satisfactory to know the patient was too honest to attempt to pass any base coin! It is sad to learn that he died, as, had he lived, he could have been utilised as a chance bureau. Poor fellow! He "paid the debt of nature" but not with the half-crown. His motto must have been, "You'll find no change in me."

I am, Sir, yours truly, A. D.

DR. JOHN CAMPBELL.—We hope to have space for your paper on "The Treatment of Dysmenorrhœa" in our next.

DR. E. L.—Our attention had been called to the local reference by another correspondent, but the name was probably drawn in without the sanction of the gentleman concerned. At least, this is the view we have formed on reading it.

ELBEK.—Undoubtedly crowded out at press.

THE PHYSIOLOGY OF SLEEP.—BEDROOM VENTILATION.

To the Editor of THE MEDICAL PRESS and CIRCULAR.

SIR,—Referring to the interesting article in your issue June 4th, on the "Physiology of Sleep," would you allow me to state that an effective and an expeditious ventilator, free from draught, may be formed by fixing a sheet of glass or a thin board (glass preferred, as it does not obstruct the light), say six inches wide, to the inside of the sill of a window, which should then be opened two or three inches. This makes a splendid "inlet" ventilator, while the chimney, of course, acts as an outlet ventilator. It also allows of blind being drawn to within six inches of sill, to darken room at night, and it saves the metal mountings of the blind from rain or damp.

I am, Sir, yours truly,
J. J. MEAGHER,
Architect.

Meetings of the Societies, &c.

LONDON.

WEDNESDAY, JUNE 18TH.

ROYAL METEOROLOGICAL SOCIETY (Society's Rooms, 70, Victoria Street, S.W.).—4.30 p.m. Papers: Mr. F. C. Bayard: English Climatology, 1891-1900. Mr. W. L. Dallas: Earth Temperatures Recorded in Upper India.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Mr. E. W. Moughton: Clinique. (Surgical.)

THURSDAY JUNE 19TH.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.)

FRIDAY, JUNE 20TH.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Mr. W. Dodd: Clinique. (Eye.)

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN (Pendlebury Children's Hospital, Manchester).—4 p.m. Papers: Dr. A. E. Sansom: Some Remarks on Heart Disease in Children. Mr. W. P. Montgomery: On Tendon Grafting, with Cases.—Dr. H. Ashby and Dr. G. Carpenter: On Splenic Enlargements, with some Observations on the Blood.—Dr. E. Cautley: Atresia of the Conus Pulmonalis, with Patent Septum Ventriculorum. Mr. C. M. Gwynne (Sheffield): The Surgical Treatment of a Case of Infantile Paralysis of the Lower Extremity.—Mr. S. Stephenson: Fleeting Amaurosis in Children presenting Symptoms of Meningitis.

MONDAY, JUNE 23RD.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN (20, Hanover Square, W.).—Communications by Mr. Arthur Underwood. Paper by Dr. Sim Wallace on "Some Effects of Refinement of Food." The President will deliver his Valedictory Address.

Appointments.

BARTON, GEO. ALEX. HEATON, M.D.Brux., M.R.C.S., L.R.C.P., L.S.A.Eng., Second Anesthetist to the North-West London Hospital.

COCKILL, W. B., M.R.C.S., L.R.C.P.Lond., Certifying Surgeon under the Factory Act for the Kendal District of Westmoreland.

CRIMP, C. L., B.A., B.C.Cantab., Assistant Medical Officer to Bethnal House Asylum, E.

CRUICKSHANK, E. W., M.B., M.S.Aberd., Certifying Surgeon under the Factory Act for the Eynsham District of the County of Oxford.

FORDE, G. B., M.R.C.S., L.R.C.P.Lond., Certifying Surgeon under the Factory Act for the Rochford District of Essex.

GLEGG, WILFRID, M.D., C.M., M.R.C.P.Ed., Assistant Surgeon to the Birmingham and Midland Ear and Throat Hospital.

GRIFFIN, INNES, M.R.C.S., L.S.A., Certifying Surgeon under the Factory Act for the Banbury District of Oxford.

LAMBERT, E. A., M.D.Ed., Certifying Surgeon under the Factory Act for the East Isley District of Berks.

MACKENNIK, ERNEST, M.D.Glasg., Certifying Surgeon under the Factory Act for the Cheadle District of Staffs.

MOORHEAD, RUPERT E., L.R.C.P., L.R.C.S.Ed., L.F.P.S.Glasg., Medical Officer and Public Vaccinator for the Fourth District of Bath.

PICKERING, G. W., L.R.C.P., L.R.C.S.Ed., L.F.P.S.Glasg., Certifying Surgeon under the Factory Act for the Haltwhistle District of Northumberland.

SYKES, WALTER, L.R.C.P.Ed., M.R.C.S.Eng., Senior House Surgeon to the Birmingham and Midland Eye Hospital.

TROTTER, ALEXANDER, M.B., B.Ch.Ed., Resident Surgical Officer to the Birmingham and Midland Eye Hospital.

WINTERBOTHAM, EATYER, M.R.C.S., L.R.C.P.Lond., Certifying Surgeon under the Factory Act for the Brixworth District of the County of Northampton.

Vacancies.

Birkenhead Union.—Resident Assistant Medical Officer. Salary £120 per annum, with board, washing, and apartments. Applications to John Carter, Clerk to the Guardians, Clerk's Office, 45, Hamilton Square, Birkenhead.

Bristol City Lunatic Asylum.—Medical Assistant. Salary £140 per annum, with furnished apartments, board, and washing. Applications to Edmund J. Taylor, Clerk to the Visiting Committee, The Council House, Bristol.

County of London.—Medical Superintendent of the Epileptic Colony Asylum, Horton, Surrey. Salary £300, rising to £600, with house, rates, taxes, and water free. Applications to E. W. Partridge, Esq., London Asylums Committee Office, 8, Waterloo Place, S.W. (See advt.)

Fisherton Asylum.—Assistant Medical Officer. Salary £150 per annum, with board lodging, and washing. Apply to Dr. Finch, Salisbury.

London Hospital, Whitechapel, E.—Surgical Registrarship. Salary £100 per annum. Applications to G. Q. Roberts, Secretary and House Governor.

Nottingham General Dispensary.—Assistant Resident Surgeon. Salary £160 per annum. Furnished apartments, attendance, light, and fuel. Applications to Secretary, M. I. Preston, Journal Chambers, Nottingham.

Parish of St. Marylebone.—Medical Officer, Southall Schools. Salary £100 per annum. Application to the Clerk to the Board, Guardians' Offices, Northumberland Street.

Queen's College, Ireland.—Dunville Professorship of Physiology in the Queen's College, Belfast. Applications to the Under Secretary, Dublin Castle. (See advt.)

Royal Albert Hospital, Devonport.—Resident Medical Officer. Salary £110 per annum, with board and lodgings. Applications to Chas. W. Dickinson, Capt. R.N., Secretary, Royal Albert Hospital, Devonport.

The Hartlepool Hospital.—House Surgeon. Salary £100 per annum, with board, washing, and lodging in the institution. Applications to Robert M. Edger, Assistant Secretary, 9, Albion Terrace, Hartlepool.

Valkenburg Asylum, Mowbray, near Cape Town.—Assistant Medical Officer. Salary £300 per annum, with board, lodging, and washing. Applications immediately to the Agent-General for the Cape of Good Hope, 100, Victoria Street, London, S.W.

Marriages.

MORTON—BOULTON.—On June 7th, at Christ Church, Harrogate. John Leyden Morton, M.D., son of Thomas Morton, M.D., of Kilburn, to Sarah Gertrude Boulton, youngest daughter of the late S. Boulton, of Liverpool, and adopted daughter of Mrs S. Cash, of 3, Granby Road, Harrogate.

TEALE—WOOD.—On June 7th, at St. Hilda's Church, Darlington. Alan Isherwood, second son of the late John W. Teale, M.D., F.R.C.S., J.P. of Scarborough, to Lydia, youngest daughter of William Wood, Speedwell, Darlington.

WALES—DOWLING.—On June 11th, at All Saints', Marple, Edward Garneys Wales, M.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P., son of Thomas Garneys Wales, Downham Market, Norfolk, to Annie, elder daughter of E. J. Dowling, Beech House, Torkington, near Stockport.

Deaths.

BARNES.—On June 10th, at Dartmouth Park Road, Highgate Clifford Henry Barnes, M.B.Camb., in his 30th year.

DICKINSON.—On June 11th, at Allassio, Italy, Edward Dickinson, M.R.C.S.Eng., formerly of Rugby, in his 89th year.

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Original Communications.

ON THE CLINICAL FEATURES AND POST- MORTEM APPEARANCES OF A CASE OF DECIDUOMA MALIGNUM. (a)

By J. HALLIDAY CROOM, M.D., F.R.S.E.,
F.R.C.S. Edin.

President of the Royal College of Surgeons, Edinburgh;
President of the British Gynaecological Society.

I VENTURE to bring this paper before you, not because I believe that I can add anything to the existing knowledge of the subject, but rather because I trust that I shall be able to illustrate some points in its clinical features and pathological aspect by a case that has come under my observation.

The subject of deciduoma malignum has already been discussed in the Society at length in consequence of a most valuable paper written by my friend and colleague, Dr. Haultain; and the views he propounded then seem gradually to have gained acceptance. Since the subject was first broached by Saenger, the literature has been gradually accumulating to a very large extent, yet in its secondary manifestations, and in the infrequency of its occurrence, there is still a wide field for further study. As to its exact nature—though the subject has been copiously discussed—it cannot be said that its pathology has yet been absolutely decided. The contention of one party, that it is a sarcoma, as held by teachers in the metropolis here as well as in this Society, has been, I think, to a very great extent, discarded, and I believe that by far the greater consensus of opinion is in favour of its being epitheliomatous, the result of a pregnancy, and originating from the coverings of the villi.

The cases which have been recorded present great similarity in their clinical features. There is generally, in a patient of the age of thirty or thereby, the history of profuse bleedings following abortion or ordinary labour, and in 60 per cent. of cases following myxoma of the chorion, the hæmorrhage being succeeded by foul-smelling discharges and the evacuation of masses of blood clot and shreddy tissue from the uterus. Metastatic deposits in the vagina, in the lungs, in the brain, &c., commonly lead to death in cases where prompt extirpation of the uterus is not had recourse to. There is very marked cachexia, and so rapid a progress of symptoms that the whole history of the case, from the first observation of any abnormal condition to the death of the patient from lung or other secondary complications, may not occupy a longer period than a few months or even weeks. There is, as a rule, no great difficulty in recognising the condition, and there is only one possible method of treatment, namely, early extirpation of the uterus. But where the difficulty arises is in relegating the disease to its true place in pathology, and here there are nearly as many theories advanced as there have been observers.

Saenger believed the growth to be from decidua cells, hence his name for it—Deciduoma Malignum.

(a) Read before the British Gynaecological Society, April, 1902.

Gottschalk advanced the hypothesis that malignant degeneration of the stroma of the chorionic villi produced the condition, which he named "Sarcoma chorio-cellulare."

Fraenkel considered the sole origin of the tumour to be from the epithelium covering the villi, and that it was therefore a carcinoma.

Gebhard believes the growth to be a mixed carcinoma of maternal and foetal structures.

Marchand, whose work on this subject is extremely valuable, advanced in 1895 a view which is still, I think, generally recognised to be the true one regarding the origin of the condition. Briefly, he holds that the tumour arises from both the kinds of tissue composing the epithelial layers of the villi, namely syncytium and Langhans' cells, which undergo a malignant degeneration and proliferation, resulting, in the case of the syncytium, in the formation of large cells with large nuclei, polynucleated protoplasmic masses or giant cells, and multinucleated trabecular protoplasmic structures surrounded by blood spaces; while the Langhans' cells become polyhedral clear cells, smaller than the giant cells. He also believes that the metastases form by way of the blood vessels, and that decidua cells take no part in the growth.

The three observers last named thus appear to agree in regarding the natural character of the growth as epithelial, and differ merely upon the yet debatable ground of the origin of the syncytium from foetal or maternal structure.

Marchand's teaching is entirely supported by the work of Haultain, whose views, very carefully and fully laid before this Society in 1899, are essentially the same as those held by the very latest writers on the subject. The difference of opinion between Marchand and the earlier observers probably arose from the fact that Marchand was the first observer to find villi in a case of this kind. The presence of villi was afterwards demonstrated by Haultain in a case which conclusively proved the origin of the proliferating cells to be from their epithelial covering. In the current number of the *American Journal of Obstetrics* there is an elaborate and careful discussion of the whole subject by Dr. Pierce, of Chicago, but his conclusions only confirm what we learned of the subject in 1899. If its origin from the chorionic villi be accepted, deciduoma forms a unique growth of a parasitic nature and, necessarily, can only arise after pregnancy. So far, this cannot be contradicted, no case having yet been described without a previous pregnancy, which is not open to objection.

An interesting feature connected with the origin of the growth is the great frequency with which it follows myxoma of the chorion. This, however, is only to be expected when we remember that this so-called chorionic degeneration is in reality due to an intense proliferation of villous epithelium. The mere fact of deciduoma being so often a sequela of vesicular mole is therefore one of the strongest proofs of its epithelial origin; it is merely a maintenance of the usual epithelial proliferation found in that condition.

In the majority of cases the area of active growth is situated superficially in the uterine cavity and then forms a tumour which bulges into that cavity. On

section, the growth presents the appearance of placental tissue, being mainly composed of blood clot, but on microscopic examination it shows the characteristic multinucleated granular masses and large nucleated cells derived from the syncytium and Langhans' layer of the villi respectively. If the area of origin be found, it will probably show chorionic villi whose epithelial coverings are in an intense state of proliferative activity.

The case to which I specially refer was as follows. The patient, *et.* 44, was admitted to my ward in the Royal Infirmary, Edinburgh, on June 14th, 1898. She had had five children, the last in August, 1892. She had also had two miscarriages, one between the birth of the first and second child, and the last six years before her admission. Her menstruation had been quite regular every twenty-eight days, lasting six or seven. She had not menstruated since February, 1898, until the end of May, and was under the impression that her change of life had arrived, especially as her recent periods had been associated with more severe hæmorrhage than usual. There had been some inter-menstrual leucorrhœa of an offensive character. She had observed a swelling of her lower abdomen, but she had only noticed it a few weeks before she came to the Infirmary. Except leucorrhœa, there was no discharge of any kind. She had complained from time to time, recently, of attacks of pain.

The woman was extremely emaciated, and on examination I found, stretching up to midway between the pubis and umbilicus, a tumour, hard, firm and consistent, which, from the history and nature of the case, I took to be a rapidly growing sarcoma. I observed on the left labium a small tumour, about the size of a walnut, situated in the region of the Bartholin's gland on the left side. This I took to be an ordinary retention cyst in the Bartholinian duct, and, as it gave her considerable pain, opened it before doing anything to the larger tumour, and was surprised to find that it was not a Bartholinian cyst at all, but a solid mass, which could only be enucleated with difficulty, and was of a structure unknown to me. This very peculiar tissue was subjected to microscopic examination, and, as it presented appearances similar to those of deciduoma malignum, I was led to alter my opinion with regard to the uterine tumour, and determined to operate without delay. Unfortunately, the patient sank very rapidly, lung complications having set in, and died before it was possible to do so.

In its clinical history this case, you will perceive, is somewhat different from those already described. First of all, the patient was beyond the average age of women the subjects of deciduoma, for though these tumours have been met with between the limits of seventeen and fifty-five, the mean age of their occurrence is thirty-three. This woman was forty-four.

As to the question of the age incidence: deciduoma may occur at any stage of a woman's reproductive life; in the cases collated by McKenna, the youngest was seventeen and the oldest fifty-four. Its occurrence is most frequent in the second decennium of the reproductive cycle. The figures fall off considerably both at the beginning and at the end of reproductive life. It is most instructive therefore to observe that these tumours develop just at that period of a woman's life when conception is most frequent, and this is just the very opposite of what we find in sarcoma, for sarcoma is comparatively rare under thirty-five, and most common between forty and sixty. As has been very well remarked by McKenna, too much attention has perhaps been paid to the microscopic character of the tumour cells and too little to the age incidence of the tumour.

Again, it must be noted that in this particular instance the affection did not occur, as it usually does immediately after pregnancy, the last recognised pregnancy having ended in abortion six years previously. This is a rather curious and interesting fact, for, in the recorded cases, it has been shown conclusively that this disease—deciduoma malignum, or by whatever name it is known—occurs in distinct relation to pregnancy, and very often in connection with a myxoma of the chorion. So far as I am aware, no case has been recorded in

which the interval between pregnancy and the occurrence of the tumour has been so prolonged as in the one before us to-night. The rapid development of this tumour six years after a recognised pregnancy rendered the diagnosis of deciduoma malignum most unlikely, and it is difficult to see what relation there could be, if any, between the last recognised pregnancy and the development in the uterus of a tumour containing any of the elements of pregnancy whatever.

In the recorded cases, the average time of the occurrence of one of these tumours after labour has been 6.9 weeks, after abortion 11.4 weeks, and after myxoma, 10.0 weeks. In two instances only, so far as my knowledge goes, has there been anything approaching to so long an interval between pregnancy and the growth of the deciduoma malignum as in my case; these were the cases recorded by Hollmann and Löhlein, and both occurred after myxoma. In Hollmann's case there was four years' interval, and in Löhlein's case two years' interval. As McKenna has pointed out, if these were true cases of syncytium malignum, there must either have been some interrupted and unsuspected gestation between the time when the hydatid mole was expelled and that when the malignant neoplasm was observed; or remnants of myxoma must be capable of setting up malignant processes after a very long period of latency.

It must be noted that in my case the last recognised pregnancy, six years previously, was not a myxoma but an ordinary miscarriage. I admit that it is very difficult to see how the products of pregnancy could have remained so long latent and then have ultimately become active and developed this tumour. The only alternative left is to suppose that the sudden amenorrhœa in February was the result of conception, although one would have expected, as is usual in such cases, a hæmorrhage and an attempt at abortion, and no such symptom appeared. It is the fact that in the uterus no signs of pregnancy beyond the characteristic cells of the deciduoma malignum were found.

A further point which seems to me of extreme interest in this case is that, from the commencement of her amenorrhœa until the day she died, the patient had no hæmorrhage whatever. Now, so far as my reading goes, hæmorrhage has been the characteristic feature and the first symptom in almost every case of deciduoma malignum, beginning sometimes as soon as six weeks, and sometimes as late as two years, after delivery, the usual period being about six weeks. I have found no cases unassociated with hæmorrhage of this kind, except two.

Seanger's case was somewhat exceptional in this way. There was hæmorrhage so long as the abortion preceding the tumour was incomplete, but after the development of the tumour there never was any during its subsequent growth. In a case recorded by Bruce also, there was a similar absence of hæmorrhage. But as a rule almost without exception hæmorrhage is a characteristic feature, and the hæmorrhages are usually profuse, resembling those floodings which accompany abortion. They are also, as a rule, intermittent, but so abundant and frequent as to cause profound anæmia. In my own case, though there was never a trace of hæmorrhage of any kind, the patient was profoundly anæmic and cachectic.

The only discharge which was at all characteristic of deciduoma malignum was a bad smelling leucorrhœa, which was rather of a watery nature, suggesting rather an ordinary malignant disease of the uterus than deciduoma malignum. The passing of a sound showed the cavity of the uterus to be enlarged, and the sound felt as if it touched friable matter; on its removal, however, there was only the very slightest discharge of blood.

The short duration of the illness was quite in keeping with the character of the disease, because from the menstrual cessation in February, which was obviously the starting point of the illness, till her death in June, was only six months, and this is not an unusual duration for the disease.

Metastatic deposits in the labia have, of course, been already described in the recorded cases.

As to Diagnosis and Treatment.—Should the seat of origin be superficial, early symptoms of profuse hæmorrhage following the expulsion of the ovum will be present and thus closely simulate an ordinary imperfect abortion. From the early disintegration of the new growth a sanious discharge soon appears, followed by extreme cachexia, from the absorption of the toxins of decomposition, and, in default of timely operation, the patient rapidly succumbs from exhaustion, should she not already have become a victim to metastases in the lungs, brain or indeed any of the vital organs.

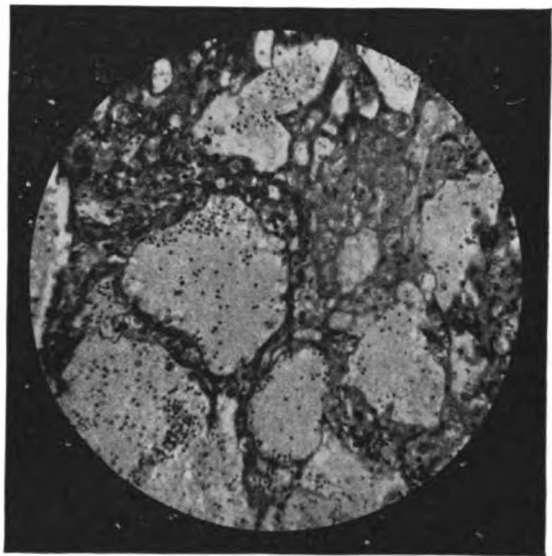
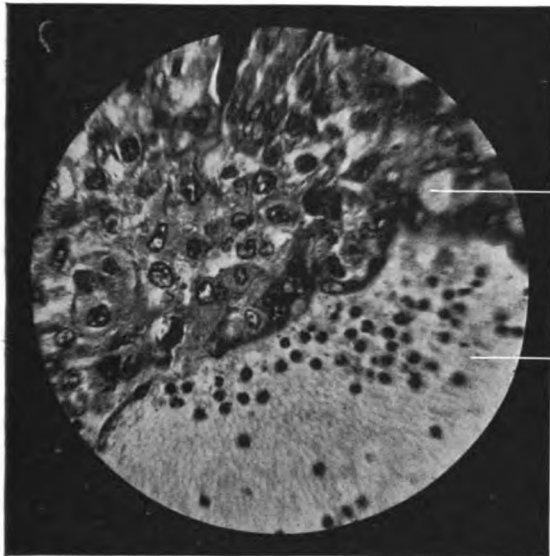
Unfortunately in a small number of cases the primary area of active growth is deep in the uterine wall where a malignant proliferating villus has travelled; indeed, sometimes the apparently initial growth may be found outside of the uterus, as in the vagina, ovary or other organ, owing to the migration of such a proliferating villus. In these cases the symptoms of uterine hæmorrhage are naturally absent, and the first indication of the disease may be due to metastatic foci in the lung or brain. In this latter type of case early diagnosis is impossible, and in many instances the truth is first known on the post-mortem table.

When, as in the majority of instances, uterine hæmorrhage is present, an early diagnosis can be made. The disease should be suspected if bleeding follow the expulsion of a vesicular mole, or return after curettage for

In illustration of the case the President showed the following specimens:—

1. Half the tumour, showing uterus, cyst and deciduoma.
2. Portion of the lung with secondary deposit.
3. Section of the tumour mounted on glass.
4. Section of the lung with large metastatic deposit.
5. A similar section with several smaller deposits, and the following microscopic slides:—(1) Characteristic cells in the area of active growth of the tumour; (2) centre of the tumour with mass of fibrin; (3) section from nodule on the uterus, with actively proliferating cells; (4) section from secondary deposit in the vagina.

Pelvis.—The pelvis was completely occupied by a large nodular mass which passed upwards into the abdominal cavity, to within two inches of umbilicus in middle line, and rather higher on the left side than on the right. The upper surface of this mass was thrown into large irregular nodules of uniform soft consistence, and apparently composed of necrotic tumour tissue and recent hæmorrhage. The posterior surface was comparatively smooth and non-adherent, and the rectum and ovaries were lying quite free behind it; laterally it reached out to both sides of pelvis, to which it was firmly adherent. Anteriorly the bladder was healthy, empty and adherent to the front of the mass. Extending above the bladder and between it and the uterus there was a large cyst



imperfect expulsion of the ovum. In these instances the uterine cavity should be thoroughly explored by the finger, and scrapings carefully examined microscopically.

When scrapings from a simple curettage are examined after the expulsion of a vesicular mole, the mere presence of multinucleated trabecular and solid protoplasm with chorionic villi cannot be considered a sufficient indication of the presence of the disease so as to warrant vaginal hysterectomy, as such appearances may be present from the retention of normal vesicular villi. Should the disease be malignant, the profuse character of the bleeding during the scraping of the uterus will form a far more valuable indication of the disease and may be corroborated by the microscopic appearances presented.

From the intense malignancy of the disease, early detection is most essential for a possibility of cure. It cannot be too strongly stated that repeated curettings without digital examination of the uterine cavity after imperfect abortion are to be avoided; at the same time, it is well to make it a rule to have all scrapings removed from a bleeding uterine cavity examined microscopically. The ease with which an expert opinion can now be got leaves no extenuating circumstances, should the disease be only diagnosed after months of hæmorrhage and when any hope of cure is out of the question.

filled with fluid. The tumour proper was infiltrating and expanding the fundus of the uterus.

The weight of this mass, 7 lbs. 7 ozs.; the maximum vertical length, 10½ ins.; maximum transverse breadth, 9 ins.

On removing the mass a small soft hæmorrhagic nodule, about 1 in. in diameter, was found on the left side of the upper vaginal wall.

[The report of the autopsy is given in detail, but the condition of the pelvis and the mass removed from it has, for convenience, been placed first.]

POST-MORTEM REPORT OF THE CASE BY DR. WELSH, Pathologist to the Royal Infirmary, Edinburgh.—The mass removed consisted of three portions formed by the bladder, the uterus with the tumour, and a cyst lying between the other two. 1. The bladder was completely adherent to, and was stretched up over the front of the cystic portion posterior to it. The length from urethra to the summit was 5 ins.

2. The cystic portion lay between the bladder which formed its anterior wall, and the tumour and uterus which formed its posterior wall. The cyst was completed above by a thick membranous structure 3½ ins. long, which bridged the space between the front and

upper part of the tumour and the upper end of the bladder.

The lower portion of the posterior wall of the cyst was formed by the anterior aspect of the cervix. Its lowest point lay exactly at the os externum, but separated from the anterior vaginal fornix by the bladder. The general site of the cyst was in the pouch of Retzius, or in the cellular tissue between bladder and cervix with peritoneum as its roof. Its walls were composed of a thin white tough membrane, which, where the bladder was contiguous to it, could be separated off the bladder wall, there being a little loose cellular tissue joining them together. At the upper portion the reddish purple structure of the tumour could be seen shining through the posterior wall. The lower part of this wall lying in front of the cervix (see *ante*) was free of tumour formation. There were one or two hæmorrhages into wall of cyst, which contained a bloody serous fluid under considerable tension, as it spurted out on incision. The length of the cyst from its upper end (the bridge of membrane $3\frac{1}{2}$ ins. long) to lower end (at level of external os) was 6 ins., its breadth (from tumour posteriorly to bladder in front) $3\frac{1}{2}$ ins.

3. Uterus and tumour; the cervix, unaffected by the deciduoma malignum, was 2 ins. in length. The body of the uterus measured 6 ins. from external os to the summit of the tumour, 4 ins. from back to front, and $4\frac{1}{2}$ ins. from side to side. The cavity of the body, $3\frac{1}{2}$ ins. in length, did not extend nearly to the summit; its antero-posterior breadth was $\frac{1}{2}$ in.; the posterior wall was $\frac{1}{2}$ in. thick and $3\frac{1}{2}$ ins. long. The new formation affected the anterior wall and fundus. Its shape was irregularly pyriform, its consistence firm, its length 6 ins., its breadth 4 ins.; it extended from the internal os to the summit of the whole uterine mass, and at the summit was adherent to the small intestine. Behind and to the left were the left ovary and tube, situated on a short pedicle of broad ligament $1\frac{1}{2}$ ins. from the middle line of the uterus posteriorly. The rest of the broad ligament was taken up by the tumour. On the extreme left the tumour was adherent to the descending colon. Anteriorly and to the left of the middle line the tumour was hummocky, and showed reddish purple hæmorrhagic areas. On section, it was firm, brittle, and showed in its centre a limited spherical portion $1\frac{1}{2}$ ins. in diameter, separated by a trench from the rest and apparently necrotic. Elsewhere the structure of the growth was red and spongy, hæmorrhagic looking.

The remainder of the report was as follows:—The body exhibited considerable emaciation; rigidity in lower limbs only. The abdominal tumour was especially prominent below umbilicus; walls loose and flaccid. P. M. discoloration.

Thorax.—The pericardium contained about 5 ozs. of serous fluid. No evidence of inflammation or new growth.

Pleura.—No apparent change in the pleura on either side. The left contained 35 ozs. of deeply, and the right about 2 ozs. of slightly, blood-stained fluid.

Heart.—Weight, $9\frac{1}{2}$ ozs. Chambers of right side occupied by ante-mortem clot.

Valves.—Arterial valves competent. Pulmonary, 0.1; aortic, 0.9; mitral, 1.25; 1.45. Slight chronic thickening along the attachment of the aortic segments; the other valves healthy; some patches of fatty degeneration, and slight atheroma of the aorta.

Left Ventricle.—Slightly dilated. Walls thin, muscle warped, flabby, and showed some anæmia and fatty changes. There were several minute foci of recent hæmorrhages grouped together just beneath endocardium on posterior surface of left ventricle near the auriculo-ventricular groove.

Other chambers practically normal.

Left Lung.—2 lb. 7 ozs. Very adherent along its posterior border. Greatly collapsed and compressed up against the root. The very irregular surface showed numerous nodules projecting and raised above general surface. The nodules varied in size up to 2 ins. in diameter, and were covered externally by a thin reticulated layer of fibrin, which had a bright red colour from dilated vessels and hæmorrhages just beneath it. On

section, many large nodules were found in lung substance, but the greatest mass was towards root of lower lobe, where several appeared to have run together. The upper lobe was greatly collapsed between the pressure of fluid in pleura and this mass of new growth at root of lower lobe. In section the nodules were of uniform and somewhat soft consistence, mottled pink colour with irregular patches of hæmorrhages and very largely necrotic.

Right Lung.—1 lb. 13 ozs. No adhesions. Also showed nodules of similar character, more numerous, but smaller, the largest only about 1 in. in diameter, much less elevated above surface and less depressed in centre, each covered with thin layer of fibrin which was only slightly reddened. On section many similar nodules throughout the lung tissue, which was anæmic and collapsed, but to less extent than the left lung.

Abdomen.—There was no ascites and no evidence of any acute peritonitis; only chronic adhesions in certain places. The anterior abdominal wall, from a point about 2 ins. below umbilicus downwards to pubis, was firmly adherent to a large nodular tumour mass growing up from the pelvis. To this mass also coils of ilium were firmly adherent in two places, one near the middle line, and the other towards the left margin of tumour. There were practically no adhesions between the tumour mass and any structures behind it, for the rectum passed down quite freely to the anus, and the ovary on each side was lying quite free. The pouch of Douglas was intact.

Liver.—4 lb. 11 ozs. The gall-bladder contained dark orange bile, no calculi; biliary passages quite healthy. On section the liver tissue showed some venous congestion, but no evidence of any malignant disease.

Spleen.—7 ozs. Very pale, soft and diffuent; no sign of new growth.

Kidneys.—Left 8 ozs., right 6 ozs. Both very anæmic, with fatty changes in the tubules of the cortex. The left in addition showed a few hæmorrhagic nodular and wedge-shaped areas in superficial cortex, very ill-defined and indefinite, probably early infarcti due to emboli from the new growth. Some of these found in right kidney.

Stomach, Intestines, and Rectum.—Showed no gross lesion apart from adhesions above noted, and also a small diverticulum about 2 ins. long in ileum about $4\frac{1}{2}$ ft. from ileo-cæcal valve.

Brain.—3 lbs. 1 oz. There was a small soft nodule about a $\frac{1}{2}$ in. in diameter, superficially and extending about $\frac{1}{8}$ in. into cerebral cortex occupying the middle mater on its inner surface showed an area of similar superficial extent covered by a thin layer of hæmorrhage and softened tissue. About an inch or more behind this there were several small hæmorrhagic points on inner surface of dura, but though the whole encephalon was carefully cut up no other gross lesion was detected.

THE TREATMENT OF DYSMENORRŒA. (a)

By JOHN CAMPBELL, M.A., M.D., F.R.C.S.Eng.,

Surgeon to the Samaritan Hospital for Women, and Assistant Surgeon to the Maternity Hospital, Belfast

I MAKE no apology for bringing under your notice the treatment of dysmenorrhœa. The affection is common enough, and its treatment troublesome enough, to make it interesting alike to the family doctor and to the specialist. I shall not now trouble you with any abstruse theoretical considerations, nor shall I ask you to follow me through any of the usual classifications. I shall simply approach the subject from the purely clinical standpoint, and shall consider the treatment of cases in accordance with the physical condition of the pelvic organs as discovered by examination.

Cases of dysmenorrhœa may be divided into two main classes, with sub-divisions, as follows:—

I.—Cases with no pelvic lesion:—

1. The anæmic.
2. The neurotic.

(a) Read before the Ulster Medical Society on May 8th, 1902.

II.—Cases with pelvic lesions:—

1. Uterus abnormal, appendages normal.
2. Uterus normal, appendages diseased.
3. Uterus displaced and appendages damaged.

I.—The cases with no pelvic lesion are those minor ones which require no local treatment and which, in unmarried women, do not even need a pelvic examination. They include the numerous young women whom we label anæmic or neurotic, those who, in plain English, neglect their bowels, take insufficient open-air exercise, and, either from necessity or fancy, use a deficient or an unwholesome dietary and clothing or footwear unsuitable to the vagaries of our climate. Among them we find people of all grades in the social scale. The servant girl, the ware-room girl, or the shop girl is often compelled by necessity to lead a life which lays the foundation of much suffering; while the more leisured maiden is almost equally strongly driven by the conventions of school or home life towards the same goal. The chief feature in these cases is the facility with which they respond to a course of general hygienic treatment, and they may for practical purposes be subdivided into the *anæmic* and the *neurotic*.

II.—The second class includes all those who resist the aforesaid general measures and need further investigation. Among them we have the anæmic and neurotic, but these terms can no longer be used to classify them into subdivisions, and so become of secondary importance, being subordinate to the physical condition in which the pelvic organs are found on examination. Hence in Class II. we have the following groups:—

1. The uterus abnormal, being in some cases a little too large, in others a little too small, and in many a little ante-flexed, but in all cases having its appendages free from recognisable deviation from the natural state.

2. The uterus approximately normal, but having its appendages somewhat diseased, whether in the form of thickened tubes, or adherent tubes, or enlarged, or inflamed, or adherent, or prolapsed ovaries.

3. The uterus retroverted or retroflexed or in that position which is described as retroversion and ante-flexion. Now this is a subdivision to which I would direct special attention, because the deviation of the uterus is such an obvious thing that it is liable to bulk too largely in the field of view and to lead us to become too mechanical in our treatment and to court woeful disappointment for both doctor and patient. That great past master in the art of gynecology, Lawson Tait, used to say that it did not matter what position a uterus lay in so long as it was healthy. There is a great deal of truth in this. To replace and keep in place the uterus of a woman who has been recently confined is, as a rule, the easiest thing in the world; but to replace and keep in place the uterus of a nullipara is, in the majority of cases, beyond the skill of mortal man. The reason is that in the former case the uterus has simply flopped back owing to its own weight, whereas in the latter it has fallen back during an attack of acute inflammatory congestion, or has been drawn backwards by the shrinking of adhesions or of inflamed ligaments, and the results of inflammation will remain in and about it throughout the patient's life. As a subject for treatment a uterus displaced to a slight or medium degree is far less favourable than one displaced to the utmost extent, because those adhesions or contracted ligaments which prevent it from going fully back will equally prevent you from getting it fully forward. Of these cases the worst of all is the retroverted and ante-flexed uterus. It has been the seat of ancient inflammation of a chronic kind, which has at the same time both pulled the uterus backwards and drawn it

bodily into the hollow of the sacrum, while leaving a marked ante-flexion as well. Under this subdivision we should also include the rarer lateral displacements to one or other side, as they owe their origin to similar inflammatory causes. In all these cases the local lesions found by examination are the main basis of our prognosis and treatment, but the period at which the menstrual pain commences may form a rough guide as to the condition in some cases. I refer to premenstrual pain, which commencing a few days or more before the flow appears is symptomatic of diseased appendages.

When a patient appears complaining of dysmenorrhœa the duty of the practitioner is clear. If she is married he examines. If she is unmarried he for a time treats her either for anæmia or neurosis, as may be indicated, and, if no improvement follows, he, at a future time, makes a careful examination, with or without an anæsthetic.

Taking now the question of treatment in detail, I need not weary you with much about the management of the anæmic and neurotic cases. Each one will have to be judged on its own merits, and the question of diet, exercise, clothing, and occupation dealt with to suit the patient. In the anæmic cases a course of iron and purgatives between the periods is essential. The milder preparations of iron do well if their use is prolonged. I prefer the ammoniated citrate of iron mixture for most cases, and the reduced iron in pill for those who have very good teeth. In cases where the tongue is foul and flabby a course of arsenic together with aloetic purgatives should precede the iron. For a week before and for the week of the period the iron should be stopped and the following given: R. potass. bromid., gr. x; tr. cimicifugæ, ℥xx; tr. bellad., ℥x; aq. chlorof., ʒss, three times a day. This will suit a large proportion of cases. Where it fails a quarter of a grain of extract of cannabis indica two or three times a day during the painful period will answer. Thus far treatment is easily managed, but the regulation of the bowels presents a serious difficulty in many cases. The kind of purgative does not much matter, and the one which the patient can be most easily got to take will be as a rule the best. The morning saline, the aloetic dinner pill, or the evening dose of cascara are all equally efficacious if taken regularly and in proper amount. Herein lies the chief difficulty. Many women and girls exhibit very little judgment in the regulation of the bowels by a laxative or purgative. They either take too much and then leave it off altogether for fear of it weakening them, or they take it irregularly, occasionally missing a dose or two, for social or other reasons, and so interrupting the regular daily evacuation of the bowel. The use of laxatives is particularly desirable before and during the period, and this is a time which tradition has labelled improper for the use of medicine, so that we often have to combat that idea.

In the cases where anæmia is not marked, and where neurosis seems to be a chief factor, the general management and the attention to the bowels will be the same as in the anæmic, but a greater variety of remedies will be required for the pain. The bromide and cimicifuga mixture does very well with some, but the cannabis indica does not suit as a rule on account of the excitement it is liable to produce. If the bromide and cimicifuga alone fails drachm doses of tincture of hyoscyamus may be added to it. The liquor caulophyllin et pulsatillæ co. in drachm doses often succeeds, or phenacetin in ten or fifteen grain doses may be tried. The neurotic cases are very disappointing to treat. A remedy which gives great relief at one time is a total failure the next. One remedy alone is fairly certain to relieve, and that is electricity. It is, however, troublesome to apply

and requires several repetitions. The use of twenty to forty milliamperes of the constant current has given me good results in some cases where both drugs and dilating had failed, the negative electrode being in the uterus and the positive on the abdomen. The introduction of the electrode is the great difficulty.

Coming now to the second class of cases, viz., those in which there is something abnormal about the uterus or its appendages, we, of course, have to pay due attention to general treatment and to relief of pain by drugs. The main question, however, is that of dilating and curetting. This operation is applicable to them all, but is more useful in some than in others, and it is important for purposes of prognosis to form some idea of what should guide us in advising it strongly or cautiously as the case may be. A good result may be expected in the first subdivision of cases, in which the uterus is normal in position and mobility, but is a little enlarged or inteflexed, or shows signs of endometritis, while the appendages are healthy. Dilating to sixteen of Matthews Duncan's dilators, followed by curetting and the use of a gauze uterine drain for five or six days, is the treatment here. The result is likely to be more lasting than if the dilatation alone is done. The following is an illustration of a successful case:—The patient was about twenty-five years of age. She complained of pain on the first two days of menstruation severe enough to confine her to bed. It was worst on the second day. It had always been present since puberty, and, for two years past, had been steadily getting more severe. Dilating, curetting, and the use of a gauze drain made her quite free from pain, and she remained so for four years, after which I lost sight of her. Her uterus at the time of operation admitted the sound 3½ inches. There was much endometrium, and some mucous polypi in the cervix. Nothing pathological could be felt about the ovaries and tubes. In the second subdivision, where the ovaries and tubes are involved, the prognosis must be very guarded. Dilatation is here rather an experimental operation than one from which we can confidently look for good results. The disease of the appendages is the essential thing. The uterus may be improved by curetting, and, to some extent, the patient's sufferings may be ameliorated, but the appendages will continue to give trouble. The improvement following treatment of the uterus is so slight as not to be noticed by the patient, who complains that you have done her no good, or even, when the appendage mischief is of a progressive nature, that you have made her worse. The following case is an example of failure. A girl, æt. 20, had had dysmenorrhœa for several years, which was steadily getting worse. The pain came on a few days before the period, and was most severe on the first day. There was a well-marked ante flexion of the uterus. Under chloroform the sound passed the normal distance, and the right ovary was found to be adherent. An ill-defined thickening in the right broad ligament also existed. Dilating and curetting and the use of the gauze drain was followed by no improvement. Subsequently pessaries and drugs of many kinds were tried without benefit. Some years ago the American writers strongly advocated curetting for tubal disease. They argued that, the uterus being the *focus* from which the tubes were infected, the removal of the primary disease would benefit the secondary extensions or allow the tubes to drain. The truth is that in most cases the symptoms depend upon lesions both of the uterus and its appendages. The more the uterus is at fault and the less the appendages intervene the greater the benefit from curetting, and *vice versa*. Curetting the uterus probably does not benefit the tubes at all. Unfortunately, the ap-

pendage mischief mostly so overshadows the uterine trouble that the removal of the latter is hardly appreciated by the patient.

The third and last subdivision includes those who have displaced and more or less adherent uteri and appendages. They are as hard to relieve as the preceding group. Here again you might try dilating and curetting and replacement as a last resource, but the hope of substantial permanent improvement is slight.

It may occur to some of you that we might open the abdomen and break down adhesions and remove diseased appendages in some cases, or do ventro-fixation of the uterus in others. This specious German idea appeals to the imagination, but unfortunately it will not do in real life. Removal of uterine appendages for pain, unless there is gross disease necessitating their removal on other grounds, is a mistake. The woman who has painful ovaries will almost certainly have painful stumps. The same applies to fixations. The most thorough breaking down of adhesions and the most accurate attachment of the uterus, whether by ventro-fixation or by vagino-fixation, or by shortening the round ligaments, will not enable you to promise improvement. If any of these operations are done for pain, menstrual or otherwise, they should only be done when all else has failed, and the fact that cure is uncertain should be very clearly stated.

In spite of the advances of modern gynecology, bad cases of dysmenorrhœa remain very difficult to remedy, and we must simply admit the fact. I regret to have to give you a report which is, to some extent discouraging, but I must speak the truth as it has been revealed to me.

THE DIAGNOSIS AND TREATMENT OF MALIGNANT STRICTURE OF THE ŒSOPHAGUS. (*a*)

By CHARTERS J. SYMONDS, F.R.C.S.,
Surgeon to Guy's Hospital.

AMONG the earlier symptoms of malignant stricture of the œsophagus there may be nausea, repulsion for food, &c., which are often taken for ordinary dyspepsia. In the central portion of the œsophagus pain alone may be present. The passage of a bougie is the only way to clear up the case. I am disposed to think that the employment of this instrument has excited in the past unnecessary apprehension, but provided a large bougie be not used, and provided also that no force be employed, there is practically no danger. In peculiarly tolerant individuals the possibility of entering the trachea must be remembered, and before introducing food it is well to examine the condition of the parts by the aid of the laryngoscope. I consider that extra-œsophageal disease rarely gives rise to any serious dysphagia. I think that "spasmodic" obstruction, apart from the "hysterical" form, has always, when marked, an organic cause, and that it would be better to speak of such cases as "intermittent" dysphagia. I may point out that both diagnosis and treatment should be considered with respect to the occurrence of the disease in three special districts, viz., the upper part of the œsophagus, the central part, and the cardiac end. In the first, it may be stated that all organic obstruction is due to malignant disease, which in this situation has a special tendency to cicatrise rapidly. In the central part, sarcoma or a myoma, both rare diseases, may cause fatal obstruction. In this situation a pouch may give rise to some diffi-

(a) Abstract of Paper read at the Laryngological Society on June 6th, 1902.

culty in diagnosis, but can generally be excluded. In the lower end alone, simple stenosis may occur, and in this situation it may also be difficult to distinguish the disease of the œsophagus from a cancer of the stomach which has caused great reduction in the size of the cavity (leather-bottle stomach). In estimating the extent of the disease I would call special attention to the great value of the steel bulb, and draw your attention also to the value of the Coudé bougie in difficult cases of obstruction of the lower end.

In the matter of treatment I consider that a patient may be left alone so long as he can swallow fluids and semi-solids well, and so long as a small bougie (No. 12 catheter gauge) can be passed. If, however, the dysphagia increased, even though a bougie can be passed, then a tube should be inserted or gastrostomy performed. If, again, a bougie cannot be passed, or only with difficulty, then the same course should be followed, as complete closure may occur at any time; and, lastly, if the patient cannot swallow and a bougie cannot be passed, then immediate mechanical treatment is required. My view in reference to the passage of bougies with a view to dilating the stricture is injurious, in that it irritates the parts and leads to an increase of obstruction. The treatment, like the diagnosis, must be considered according to the position of the obstruction. In cricoid obstruction I have found that a short tube is badly tolerated; the long rubber tube, however, gives excellent results. If even this be badly tolerated gastrostomy must be performed, and this as early as possible. In disease of the central portion I have found the short tube very serviceable in a fair number of cases. When it acted well it was superior to any other method. If pulmonary symptoms arise it is necessary to replace it by the long feeding tube. In disease of the cardiac orifice tubage is so uncertain that I consider gastrostomy to be the best method of treatment when dysphagia becomes serious.

The Milroy Lectures.

TYPHOID FEVER. (a)

DELIVERED BEFORE THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

By W. H. CORFIELD, M.D. Oxon., F.R.C.P., &c.,
Professor of Hygiene and Public Health, University College.

THE lecturer defended the name typhoid fever as that used by Louis and Jenner, and as being the least objectionable name to give to the disease, pointing out that the name of enteric fever is a bad one, not only because it gives the name to a general disease from a particular lesion, but because it suggests the false idea that the disease is due to that lesion. He proceeded to give a short history of the subject from the beginning of the last century, first introducing a hitherto unknown author, Dr. Christopher Mayr, of Vienna, an unopened copy of whose Latin work on fevers, published in Vienna in 1806, he had found in the library of the Royal Medical and Chirurgical Society of London. He stated that there is no other copy of this book known in London, whether in the British Museum or anywhere else, and that the leaves had not been separated when he found it. This author gives an admirable classification of fevers into genera and species, the different forms of typhus forming his second genus, and including typhus fever and the oriental plague, which were confused together until long after that time, the occidental plague or American yellow fever, all of which he regarded as

contagious, and three varieties which he regarded as non-contagious, and which were evidently, from his excellent description, varieties of typhoid fever.

This author also gave a most interesting disquisition on the contagion and on the causes of these diseases. It is remarkable also to note that he includes phthisis pulmonalis among the fevers, though he does not say whether he regards it as contagious or not.

The lecturer then gave an account of the work and views of MM. Louis, Chomel, Gaultier de Claubry, Montault, Rochoux, and other French physicians, some of whom considered typhus and typhoid as the same disease, and others as different diseases. After alluding to the work of a number of other investigators, especially Dr. Lombard, of Geneva, and Dr. Shuttuck, of Boston, he gave an account of an important paper, read by Dr. H. C. Barlow before the Parisian Medical Society on February 6th, 1840, on the distinction between typhus and typhoid fevers. In this paper Dr. Barlow described the differences between the two fevers, and decided positively that they were quite distinct from one another. Two months after this Dr. Alexander P. Stewart also read a paper on the same subject before the Parisian Medical Society, but, contrary to the opinion generally held, he did not advance the knowledge of the subject in any way by his paper, and in fact did not lead us as far as Dr. Barlow had already done. The work of Prof. Forget, of Paris, on follicular enteritis (even a worse name for the disease than enteric fever) was next alluded to, it being quite clear that Prof. Forget thoroughly understood what typhoid fever was, and that it was a different disease from typhus.

Such was the position when Dr. William Jenner (afterwards Sir William Jenner, Bart., G.C.B., President of the Royal College of Physicians), undertook the investigation of the question. As he had been Resident Medical Officer of the London Fever Hospital, he had had an excellent opportunity, of which he made the best use, of observing cases, both of typhus and typhoid fevers, and in 1849 he published his admirable paper on the identity or non-identity of those diseases. He proved to a demonstration that they were different diseases, and in a subsequent paper also proved that without a doubt their causes were different.

It was reserved, however, for Dr. Charles Murchison, in his able paper read before the Royal Medical and Chirurgical Society of London in 1858, to demonstrate that typhoid fever is caused in some way or other by water, air, and soil contaminated with foul organic matters. In his great treatise on the continued fevers of Great Britain, he maintained that the poisons of those diseases were generated *de novo*; that of typhoid fever from decomposing excrement.

In 1873 Dr. William Budd produced his masterly work on the disease, proving that "typhoid fever is in its essence a contagious or self-propagating fever."

The lecturer finally quoted from his own paper "On the Alleged Spontaneous Production of the Poison of Enteric Fever," read before the Epidemiological Society in March, 1874, when he combated the views of Dr. Murchison, and maintained that the disease was infectious and had a special poison, which was not generated *de novo*, but was always derived from a previous case of typhoid fever. The correctness of this view has now been established by the discovery of the organism peculiar to the disease.

In his second and third (final) lectures, Professor Corfield gave detailed descriptions of a number of outbreaks of typhoid fever which had been traced to specific contamination of drinking water, and exhibited a table which he had prepared demon-

strating the fact that during the ten years 1891 to 1900 (with the exception of 1897) typhoid fever has been more prevalent in St. George's, Hanover Square, in November and December than in August, September and October, the months when it is normally prevalent, the average number of cases per month for November and December having been 7.2, and for August, September and October only 4.2. This excess of typhoid fever in November and December was coincident, he said, with the increase in organic matter in the water supplied by the Thames companies when the river was in flood. He pointed out that Mr. Shirley Murphy, the Medical Officer of Health of the London County Council, had drawn attention to the fact that in 1894 there was an excess of typhoid fever in November and December in the London districts supplied by all the water companies, except the East London and the Kent companies, and that this followed exceptional floods in the rivers Thames and Lea. Dr. Corfield stated that he was satisfied from these facts that the distribution of inefficiently filtered river water during November and December was the cause of the increase in the number of typhoid fever cases which occurred among persons especially liable to the disease.

Among the cases of polluted well water described by him, perhaps the most interesting and remarkable was one which he had recently investigated at a country house where there had been a case of typhoid fever, and where, by a peculiar arrangement of the suction pipes of a pump, water was, in certain circumstances, syphoned automatically from a pond polluted with the house sewage into the well supplying drinking water. He then described a number of outbreaks in which the poison of typhoid fever had been distributed by means of milk, oysters, cockles and mussels, ice-creams, ginger-beer, and even oranges and grapes, these fruits having been thrown, because they were decaying, into an ash-pit where typhoid excreta had been previously put, and having been picked up and eaten by a number of children. Among the reports quoted were some from Belgium, France and Germany, kindly sent him by Dr. Kuborn, of Seraing-Liège, Dr. Brouardel, of Paris, and Dr. Pistor, of Berlin, respectively, and also some from different parts of the United States, and others by Dr. J. Ashburton Thompson, the President of the Board of Health of New South Wales.

In concluding his account of the communication of the disease by foods, the lecturer stated that in 1871 he was called on to inspect the house at which His Majesty (then Prince of Wales) was supposed to have contracted typhoid fever, and reported the results of his investigations in a letter which appeared in the *Times* of January 22nd, 1872, in which he showed that, although there were certain sanitary defects in the house in question, there were no such defects as had been previously described. For instance, it had been said that the water-closet in their Royal Highnesses' suite of apartments was directly connected with a cesspool beneath them, and that its soil-pipe was not ventilated. Neither of these statements was true; there was no cesspool under the water-closet at all, nor, indeed, anywhere on the premises, and the soil-pipe was fully ventilated. There was, in fact, nothing the matter with that water-closet, and it is certain that His Royal Highness did not get his attack of fever from any foul air in it. There was, however, a defect in a water-closet in the middle of the house, and he was unable to say positively that the outbreak of the disease was not due to defective sanitary arrangements. On looking through his notes, made some thirty years ago, he had come to the conclusion that, although it was proved that the outbreak was not caused by water or milk, it was in all probability

caused by some other food (such as oysters or salad) which was partaken of by His Royal Highness and other gentlemen of the party and some of the men-servants (among whom all the cases occurred), perhaps at a shooting luncheon, but not by the Princess of Wales, or by any of the other ladies or female servants. Had the outbreak been caused by the insanitary condition of the premises, it would certainly have attacked some of those who were most in the house, whereas it attacked those who were most out of doors and some of those who did not sleep in the house at all.

He then described cases in which the disease had been distributed by means of sewer air and by the washing and mangling of clothes. The questions of ground water and of direct infection were also considered. An account was given of the behaviour of the typhoid bacillus in various circumstances, and the lecture concluded with a reference to the prevalence of typhoid fever in South Africa and its probable dissemination by means of dust and flies, as well as by water, and with some tables of statistics showing the great diminution of the death-rate from the disease in England and Wales, and also in Paris, during recent years. The increase of the disease in Paris during the years 1899-1900 was not peculiar to that city, as it was shared by London and England generally, and it was only heard of because the Paris Exhibition was held in 1900.

THE SALT BATHS OF BEX.

By EUGENE DE LA HARPE, M.D.,

Privat-docent of Bacteriology at the University of Lausanne;
Physician to the Baths.

BEX-LES-BAINS is situated in the Rhone Valley, some twelve miles from the Lake of Geneva, on the railway Lausanne-Brigue, access thereto being by train via Paris-Lausanne; from the railway station by electric tram. It lies on the right bank of the Rhone, and is surrounded by high mountains which envelop the Rhone Valley east and west; the Dent du Midi (10,450 feet) to the S., and opposite, the Dent de Morcles (9,400 feet) being the most important peaks, which render the protection against wind as complete as possible.

There are a great number of walks and tours, either in the valley or up in the mountains. Electric railways are carried up to several mountain villages. These enable pedestrians who are not very strong to obtain exercise down hill without too much fatigue. The Grand Hotel des Salines and its baths lie half a mile away from the village of Bex at an altitude of nearly 1,400 ft. They stand in the middle of a large park, close to the mountains and the forests, and in the immediate vicinity of the Avangon stream. The climate is mild and sedative, the air pure, and the absence of wind is very remarkable, the only strong wind occasionally felt being the *foehn*, the well-known warm south wind of the Alpine valleys. In the warm summer days mornings and evenings are cool, refreshing atmospheric currents coming down at night from the mountains.

Spring and autumn are the seasons preferred by English people, especially the spring. Owing to the mildness of the climate, the bathing season begins early (April 1) and closes late (end of October). The best months are May, June and September; October is generally very fine and especially appreciated by pedestrians, cyclists, &c.

Mineral Waters.—The bath establishment gets its salt water from mines in the mountains north-east of Bex. The cold brine is very nearly saturated, containing 308 per mille of chlorides (chloride of sodium, 275; potassium, 2; calcium, 22; magnesium, 9). This brine ranks also among the most concentrated of Europe (Rheinfelden, 312 per mille chlorides; Droitwich, 310; Biarritz-Biscous, 298; Salies de Béarn, 248; Ischl, 236, &c.). The *eau mère* (*Mutterlauge*) has nearly the same strength, 314 per mille chlorides, and besides, 0.2 iodide and 0.9 bromide of magnesium. Used for baths and also, diluted, for drinking. Baths are prepared at diffe-

rent strength, generally beginning with 2 or 3 per cent. salt and increasing the concentration in the course of the cure. In most cases a certain quantity of *mutterlaug* is added to the bath; it is considered to have stronger resolutive properties than the common brine. It is also taken internally as a resolutive and laxative, and applied externally to the skin by means of "Priessnitz" packings.

A cold sulphur water containing between 20 and 40 per mille volumes of sulphuretted hydrogen and 2.3 per mille of chloride of sodium is used for drinking, inhalation, spray, gargle, &c.

The bath establishment possesses, besides the salt baths, a complete hydrotherapeutic installation, with water at 48° F.; also Nauheim baths, prepared by means of liquid carbonic acid, and apparatus for inhalation. Other means of treatment are baths with extract of pine and local applications of fango of Battaglia. Fango is a volcanic mud collected out of some warm lakes of Italy. It is applied very hot to the diseased joints or limbs, the patient being then wrapped up in blankets.

Grape cure is made from the beginning of September, first with grapes sent from the Valais, and later with those from Bex itself. Both kinds are of the white *chasselas* variety, very rich in sugar.

Indications.—Bex can be advised in all cases where the salt medication is useful; lymphatism and scrofula, rickets, the combination of baths and climate being especially good; chronic diseases of the female generative organs, exudates and remains of acute processes in the pelvis; also such remnants in the abdomen after perityphlitis, appendicitis, peritonitis, or in the chest after pleurisy; chronic rheumatism, rheumatoid arthritis, &c. Anæmic and neurasthenic patients come to Bex for the hydrotherapeutic treatment.

The sedative properties of the air have an evidently favourable action on nervous excited patients.

Fango is a kind of treatment which requires patience from the invalid as well as from the doctor; but I found it very useful in certain cases of rheumatism and gout, and the more so in neuralgia, neuritis, in fact in many cases where nervous pain is great. In sciatica it does sometimes wonders. It is good also in chronic exudates of the pelvis in females.

It is needless to dwell here upon the value of the artificial Nauheim baths, so well known in England. It suffices to say that the climate of Bex is favourable for cardiac patients, and that it is very easy to make here a "terraincur," the country offering roads and paths of various declivities. In cases of chronic inflammation of the respiratory organs, especially of the larynx, and in asthma, the climate proves also extremely beneficial. Tuberculous patients are not received in the establishment.

Transactions of Societies.

LARYNGOLOGICAL SOCIETY OF LONDON.

A MEETING of this Society was held at 20, Hanover Square, on Friday, June 6th, the President, Mr. E. CAESSWELL BABER, being in the chair.

Mr. CHARTERS J. SYMONDS opened a discussion on "The Diagnosis and Treatment of Malignant Stricture of the Œsophagus," which will be found on page 680.

Dr. HERBERT TILLEY related two cases illustrating the apparent simpleness of the early symptoms for malignant stricture of the Œsophagus. The first case was originally diagnosed as ulcer of the stomach. There was no difficulty in swallowing. On examining the case the left vocal cord was found to be paralysed, and about three inches down the trachea a small nodular mass projected into its lumen. The patient died from hæmorrhage, and on post-mortem examination a malignant ulcer of the lower end of the Œsophagus was found. The mass in the trachea was a secondarily infected mediastinal gland. The second case occurred in a man, æt. 51. He complained of loss of voice, flatulence, anorexia, and inability to swallow solid food. On examination complete bilateral recurrent paralysis was found. Attempts were made to pass an Œsophageal bougie, but even the smallest one was arrested opposite the lower end of the manubrium sterni. On further examination

a mass of stony hardness was observed in the region of the left lateral lobe of the thyroid. The patient died, but no post-mortem examination was made. Dr. Tilley thought these cases suggested that invaluable information as to the cause of the patient's symptoms might be obtained by the use of the laryngoscope.

Sir FELIX SEMON pointed out the value of the presence of laryngeal paralysis and enlargement of the cervical glands as aids to diagnosis. He thought alterations in the voice were often present before the ordinary symptoms of malignant disease of the gullet. In cases where the disease affected the posterior aspect of the cricoid cartilage, the substance of the posterior crico-arytenoid muscles became affected and caused a myopathic paralysis of one or both of these muscles. This might produce respiratory defects of greater urgency than the difficulty of swallowing. Paralysis might also occur by involvement of the laryngeal nerves when the disease was situated lower in the Œsophagus. He considered enlargement of the glands, and especially those felt on deep pressure behind the clavicle to be of diagnostic value. He agreed with the advice which Mr. Symonds had given, namely, in cases where great difficulty was experienced in passing a bougie, to prescribe a night's rest and a dose of opium previous to further attempts. He considered that the dangers of chloroform in these cases should not be underrated, and related a case in which unfortunately death had occurred. He thought that functional or spasmodic stricture, apart from organic, certainly occurred.

Dr. E. CLIFFORD BEALE called the Society's attention to the possibility of diagnosing growths of the Œsophagus by means of the X-rays, and showed some photographic plates which had been kindly lent to him for the purpose by Dr. Hugh Walsham. He thought that this method of examination gave more information as to the amount of thickening and growth present. Referring to the case related by Mr. Symonds, in which a patient after gastrostomy had been able to swallow with comfort, he suggested that this good result was produced by rest and freedom from irritation. Other similar cases had been reported and acting on them, he was then treating a case by getting the patient to swallow hot water after every meal in order to wash the Œsophagus, and afterwards to swallow a sticky mixture of opium. The result so far had been most satisfactory. He agreed that intra-thoracic disease seldom caused dysphagia.

Mr. H. B. ROBINSON emphasised the importance, which had been pointed out by Sir Felix Semon, of the enlargement of the cervical glands and instanced a case where a mass of glands above the right clavicle had been the first sign which finally led to a diagnosis of stricture of the Œsophagus. He also instanced a case of cystic adenoma of the thyroid which had caused dysphagia by pressure, which was relieved by operation.

Dr. J. DONELAN related a case of malignant stricture of the Œsophagus situated sixteen inches from the teeth, in which a long bougie had been of great use. Its introduction had been considerably aided by the use of cocaine, and he suggested that adrenalin might also be useful.

Dr. DUNDAS GRANT related some difficulties which he had experienced in this class of case.

The PRESIDENT doubted the value of Œsophagoscopy from a diagnostic point of view and referred to the value of letting the patient sip a solution of cocaine or eucaine before the introduction of bougies. He had not obtained much assistance from the Röntgen rays. As regards anæsthetics in these cases, he could not help thinking there was some peculiar danger. He asked Mr. Symonds whether he had had any experience of Œsophagectomy in these cases, and whether he would give a few more particulars about the risks of gastrostomy.

Mr. C. J. SYMONDS in replying thanked Dr. Tilley and Sir Felix Semon for raising the question of laryngeal paralysis and its value as an early diagnostic sign. He had seen cases where laryngeal paralysis had helped him in the diagnosis, but as a rule he had been able to settle it on other grounds. He could not recall any case where enlargement of the cervical lymphatics had

led him to the diagnosis of malignant stricture of the œsophagus, and was glad to learn of Mr. Robinson's case. He had had one case of spasm of the sphincter at the lower end of the œsophagus which might be called spasmodic stricture. Referring to Dr. Grant's difficulties, he suggested the use of the steel bulb, without which he would certainly have missed many cases. He was interested in Dr. Donelan's case, but held strongly that long tubes were inappropriate for disease of the cardiac orifice owing to the many disappointments he had had. Answering the President as to the danger of gastrostomy, he was not prepared at the present time to give a definite answer; if performed at an early stage it should involve very little risk.

France.

[FROM OUR OWN CORRESPONDENT.]

Paris, June 22nd, 1902.

INFANTILE CHOLERA.

THE treatment of acute gastro-enteritis (infantile cholera) of young children has been the subject of a recent article by Dr. Marfau, and, as the season is approaching in which this affection is more frequently met with in infants, especially those who are artificially fed, it may be useful to give the experience of the author. Since gastro-enteritis of infants has its origin in the decomposition of the contents of the stomach and the intestines, it is certain that by suppressing temporarily alimentation the source of the evil is arrested. Yet up to late years it had been considered very dangerous to withdraw, even for a short time, from infants their natural food. But, as M. Marfau remarks, it is not abstinence from milk that the child ill supports, but abstinence from water. Consequently the medical attendant should be careful to replace the milk which he suppresses by an equal quantity of boiled water.

In grave cases of infantile cholera, says the author, all kinds of nourishment should be suppressed at the outset and only pure water allowed. If milk is continued the vomiting diarrhoea will persist, and the general condition become aggravated, as any alimentary substance introduced into the digestive tube becomes putrefied, increasing thereby the virulence of the microbes and give rise to toxins.

Pure water can alone be ingested without inconvenience. The water should naturally be sterilised by boiling a few minutes; it can be given cold and very freely for twenty-four hours. If at the end of that time the vomiting and diarrhoea have ceased, and the temperature of the child has fallen to the normal, a gradual return to the usual nourishment might be commenced, but frequently during the day the boiled water will take the place of milk. If after the first twenty-four hours the condition had not improved, the hydric diet might be prolonged for a similar period.

Although the digestive disturbances may have disappeared, the condition of the patient grows worse, acute cachexia sets in and a fatal termination results. In such cases, says M. Marfau, the cause lies in the fact that the treatment had not been commenced early enough, and the organism was impregnated with microbes or toxins which could not be eliminated. To obviate this difficulty, he associates with the hydric diet injections of salt water, a powerful eliminator of microbes, and has rarely in consequence had to deprecate a fatal re-

sult of the affection. At the same time, he prescribes bathing twice or three times a day in water at 95° F. during five or ten minutes. These baths calm the nervous system, regulate the temperature and favour diuresis. Of therapeutic agents he prescribes calomel in fractional doses, and salicylate of bismuth.

An easy way to prepare lécesthine:—

Raw eggs (yolk), 3x;

Water, 3ij;

Beat up, add

Glycerine, 3xi;

Chloride of sodium, 3ij

Cherry-laurel water, 3iij;

Syrup of lemons, 3iv;

Rum, 3ij.

Two tablespoonfuls three times a day.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, June 21st, 1902.

At the Free Society of Surgeons Hr. Schäfer related a

CASE OF PUNCTURED WOUND OF THE SPLEEN.

The patient was a young man who had received a stab in the left side from a dagger, and who immediately collapsed and was taken to hospital. The wound was in the fourth intercostal space and in the mid-axillary line. At first there was neither exudation into the pleura nor pneumothorax, nor bloody expectoration. Appearance, however, altered during the course of the next few hours. The patient became restless and cyanotic, the pulse frequent and small, a large hæmaturia formed in the region of the wound and effusion into the left pleural cavity. Operation was performed by Madelung nine hours after receipt of the injury. The wound was enlarged downwards, and omentum soon came into view. The seventh and eighth ribs were resected, and the ninth to eleventh cut through, and the opening was enlarged to the crest of the ilium. A clear view was now obtained into the left pleural cavity, which was filled with fluid, non-clotted blood. The left lung was compressed, but some breathing took place in it, and it was not injured. In the diaphragm was an opening through which a portion of the omentum had escaped. In the spleen was a wound which was sutured over, over which also the omentum was fastened by suture. The stomach was uninjured, and there was no blood in the abdominal cavity. This had all escaped into the pleural cavity through the opening in the diaphragm. The patient recovered slowly but completely.

A speaker related the case of a woman who had fallen on her left side on to the corner of a chair and had a rib fractured. The day after she was admitted into the Charité with great anæmia and a very bad pulse. The abdomen was quite soft, but contained a large quantity of exudation. Laparotomy was performed, and one to two litres of blood were found in the abdominal cavity. On passing the hand round he felt a torn organ below the diaphragm, but could not tell at first whether it was spleen or kidney, and he was only certain when he had the pedicle of the former in his fingers. It was impossible to suture the spleen, and the only thing left was to extirpate it. This was easily performed, the whole operation lasting only

twenty-five minutes. This was a week ago, and the patient had begun to recover slowly.

Hr. J. Israel gave a communication on

SURGERY OF THE URETERS.

A man who had suffered pain in the left lower abdominal region for twelve years, noticed a swelling in 1900 for which he was operated on in Port Elizabeth, where he then was. After that the whole of the urine escaped from the opening made. This wound closed on an incision being made in the lumbar region, but now a fistulous opening remained in this part, which the speaker satisfied himself ran inwards and downwards. No kidney could be felt. All the urine ran away through the fistula. Methylene blue was now injected through the fistulous opening, and the opening then closed, and by the cytoscope a small quantity of the solution was seen to escape through the opening of the right ureter, nothing at all coming through the left. By blocking up the fistula about 200 grammes of urine entered the bladder, then tension was set up and the plug forced out. A diagnosis was made of fistula into the pelvis of a solitary kidney of which the right ureter was scarcely permeable, the left not at all. He now sought to get at the pelvis by a lumbo-inguinal incision, but did not succeed. He then brought the edges of the fistula together after freshening them, but fever, pain and retention of urine following compelled him to remove them. Some time later he made an extra-peritoneal incision into the bladder, and quite to the left made a fistulous opening through the bladder and abdominal wall, and this he united to the fistula in the pelvis of the kidney by a metal tube. This was armed at both ends with indiarubber tubing, and so placed that they closed both fistulae tightly. In this way the patient was kept dry, and the urine was not decomposed.

In a second case a fistula remained after parturition, between a ureter and the uterus. For the relief of this there were two routes, the abdominal and intravaginal. For improvement of the first he had thought out his extra-peritoneal method. This operation consisted of four steps: (1) Lumbo-inguinal incision; (2) stripping back of peritoneum and searching for the ureter; (3) freeing of it and severing of it between two ligatures; (4) implantation of the ureter into the bladder. In order to find the ureter the vasa spermatica was sought for, as well as the point of division of the iliac artery, both of them easy to find. When found the ureter should be followed as far down as possible before implanting it. The implantation was easy so long as the bladder was movable and the ureter could be stretched. Neither was the case here, and on attempting to free the stump of the ureter and rendering it movable the superiority of the extra-peritoneal method was evident. A further advantage was that if later on there was leakage at the point of suture neither the peritoneum nor the retro-peritoneal connection tissues became infected in consequence of it.

At the Free Society of Surgeons, Hr. Köhler related

A CASE OF STRUMECTOMY

with a peculiar feature. When the capsule was freed an extraordinary number of large vessels came into view, which bled considerably. The speaker therefore sought for the superior thyroid artery and vein, and tied them. He then enucleated the tumour, the bleeding still being very profuse. He then placed a ligature round the

isthmus, and removed the left half. He then proceeded to check the hæmorrhage, and had to ligature over sixty vessels, as packing was quite useless. For safety he used silk ligatures, which had to come out later on by suppuration. Recovery was comparatively rapid, and a recurring paralysis that came on at first, disappeared.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, June 21st, 1902.

OSTEOMYELITIS TRAUMATICUS.

At the "Gesellschaft der Aerzte," Von Eiselberg exhibited two cases of considerable interest. The first was a man with an epithelioma of the nasal septum, which had recurred several times. Treatment had totally destroyed the bony support, and to repair this defect, he had performed an osteoplastic operation with remarkable success; and although he renounced König's method of operation, and advised not to interfere, no bad effects have as yet supervened.

He then showed a labourer, æt. 28, who in his youth fell on the ice and injured his right thigh, which appears to have been treated at the time with splints and extension bands. Three years later great shortening of the limb set in, apparently in the femur. This was associated with some pain, which gradually increased with fever till an abscess formed, leaving a fistula which discharged for several years before it closed.

Eighteen years after the injury he developed idiopathic vesical catarrh, with tenesmus and cloudy urine; at the same time the fistula commenced to redischARGE small quantities of fluid, and finally all the urine passed through the fistula, and nothing came through the urethra. On examining the bladder with the sound a large calculus entirely filling the contracted bladder was found. The morbid changes may be divided into two epochs: first, a traumatic fracture of the femur with subsequent osteomyelitis and formation of a calculus blocking the orificium internum and forcing the urine through the fistula which appears to have penetrated the bladder, consequent upon the osteomyelitic destruction. The Röntgen rays showed the position of the stone clearly, the head of the femur being quite destroyed. The true treatment in this case could not be doubted, viz., to remove the calculus by suprapubic section.

CONGENITAL MYCROGNATHIA.

Lorenz exhibited an eight weeks old child with a malformation of the right lower jaw. The right ear and lower part of the right side of the face were quite absent.

PITYRIASIS RUBRA.

Löwenbach showed a patient with pityriasis rubra according to Hebra's diagnosis. The disease began about eighteen months ago on the internal side of the thigh. It then extended above and below as well as laterally, till it now involves almost the whole surface of the body with a diffuse erythema throwing off a fine scurf; this is associated with multiple swelling of the lymphatic glands. The differential diagnosis from acute eczema was based on the absence of a primary efflorescence; from psoriasis by the absence of a large amount of scales; from lichen ruber by the healthy condition of the mucous membrane of the mouth; from atrophica cutis idiopathica by the absence of atrophy or

any inflammation and that cigarette paper appearance of the skin; from mycosis fungoides by the presence of the glandular swellings; and from lymphodermia perniciosa by the normal state of the blood.

MECHANICAL ABSORPTION.

To determine whether a substance insoluble in water passes through the wall of the intestine is an important point in therapeutics. For example, can bacteria pass through the uninjured wall of the intestine? Secondly, What value can be placed on a drug when we have to calculate the intestinal absorption? To determine how far this can be estimated, Hofbauer used alkanna red with fat as an insoluble body in water, which becomes intensely red in acid and neutral solutions. He fed dogs on sausages to which 10 per cent. of alkanna tincture was added, after which the bowel was examined. The mucous membrane of the bowel was found to have red corpuscles incorporated in the tissues, which proves that the fat was absorbed without going through the changes of saponification, or the insoluble colouring matter would have changed its colour into a deep blue by the alkaline reaction before it was thrown off by the bowel or absorbed.

RELATION BETWEEN STRUCTURE AND FUNCTION IN THE SPLEEN.

Helly in his paper on the subject of the structure and function of the spleen first described the organ as contained within a capsule and formed of a fibrous trabecula containing the vessels and pulp or white and red corpuscles. The controversial point of the anatomy and physiology lies in the vascular structure of the organ, viz., whether it is a closed or an open or intermediary organ. Microscopic investigation and injections confirm the former. Nowhere is there a cavernous space or conducting vessel to be seen leading from the organ beyond the lymphatic pencils in the trabeculae. Some vessels enter the Malpighian bodies and are lost in the network, while others turn into the veins at right angles. In the centre is found a thin membrane of endothelial cells with large nuclei through which red and white corpuscles appear to pass. Foreign bodies may also pass as the large corpuscle of hens and frogs may be seen going through. One peculiarity is that all foreign matter causes these glands to swell at the same time, producing a large number of white corpuscles.

Exner thought that a vascular system that could pass such large corpuscles could not be called a closed organ. Helly said the question was not so much the nucleus or cell of the organ, but whether the blood vessels had a regular entrance and exit which he was inclined to answer in the negative. Kraus asked if the author had experimented with other organs as to the passage of blood corpuscles. Helly said they took three minutes, and owing to the brief period were negative in result. Kraus said he asked this question as Brede and himself had experimented on other glands with bacteria such as liver, kidneys, pancreas, &c., and after fifteen minutes no bacteria could be found in any of them, even after days when examined.

Helly said that dogs' blood could be found fifteen minutes after injection in the spleen of a guinea-pig.

SURGEON-GENERAL EVATT has been appointed principal medical officer of the Second Army Corps at Salisbury.

Continental Notes.

[FROM AN OCCASIONAL CORRESPONDENT.]

THE BATHS AND HOTEL DES SALINES, BEX, VALLEY OF THE RHONE, SWITZERLAND.

On the recommendation of a distinguished London physician of Swiss origin I found myself at the beginning of May at the above hotel in charge of an invalid member of my family—a married lady of middle age slowly recovering from prolonged anæmia. The fact that among the 150 visitors already assembled in the hotel and villas attached to it fifty at least hailed from the British Isles served to show that the hotel was tolerably well known, at least to some classes of English folk. It is, however, certain that neither Bex as a health resort nor the baths are sufficiently well known to the medical profession, and I am therefore sending these notes for the benefit of the readers of THE MEDICAL PRESS AND CIRCULAR. For the accompanying account of the baths (inserted on page 682) I am indebted to Dr. de la Harpe, the accomplished and popular resident physician. He, however, modestly says nothing in praise of the bath establishment, which I consider deserving the highest commendation; in every respect it will compare not unfavourably with any similar establishment on the Continent.

It would be impossible to find a Swiss hotel more beautifully situated than this, standing high in the luxuriant valley of the Rhone, and surrounded on every side by lofty, snow-clad mountains. The hotel throughout is thoroughly warmed by radiating steam pipes. This was appreciated during the first weeks of May, when the weather at Bex, as throughout the whole of Europe, more resembled mid-winter than early summer. The hotels of Switzerland, always among the best in Europe, have improved vastly in every essential in recent years, and, in regard to sanitation and sanitary appliances, everything is of the most modern construction and conducive to health and comfort. The food and cooking have been equally improved, and one finds a difficulty sometimes to understand (and this applies strongly to the Grand Hotel des Salines) how so much luxury and comfort can be provided at the relatively moderate charges which the hotel tariff enumerates.

My patient began to improve at once under the influence of the fine air, the beauty of the scenery, and the change of climate.

My experience and the information I have acquired on the spot would lead me to describe this place as an admirable resort for convalescents or merely delicate individuals (not to speak of the cases of distinct disease dealt with by Dr. de la Harpe in his communication) during the spring and early summer months. No doubt Bex must be somewhat hot during the height of summer, but with the waning temperature of September and October one can understand that the climate would again assume a delicious quality. To this fact also I have had ample testimony; whilst I have been able to observe the beneficial effect of both the climate and the baths in a number of cases (besides that under my own care) to which my attention has been directed during my stay of several weeks.

The Operating Theatres.

NORTH-WEST LONDON HOSPITAL.

FIBROMA OF SCAPULA.—ATTEMPTED REMOVAL OF SCAPULA.—Mr. MAYO COLLIER operated on a girl, *æt.* 20, who was the subject of a large growth springing from the anterior aspect of the scapula. The history of the case, he said, was an interesting one, in so far as the affection had been mistaken and treated for lateral curvature of the spine. She had worn a support for a considerable time without reducing the prominence of the scapula or the asymmetry of the spine. The girl applied for further treatment, and came under the observation of his colleague Mr. Jackson Clarke. Mr. Jackson Clarke was able to make a diagnosis of new growth of the scapula springing probably from the concave anterior surface and extending inwards towards the dorsal spines. After an exploratory incision, the exact nature of the growth was ascertained, and an attempt at the complete or partial removal of the scapula was decided upon. The girl having been put under gas and ether, a large curved incision was made extending from the scapula to some distance below its posterior border. This was followed by an incision along the spine of the scapula, provision being duly made for arresting the alarming hæmorrhage that, as Mr. Collier pointed out, so often accompanies operations of this kind. A separate assistant was told off to take charge of the subclavian artery, and compress when requisite. This precaution was, however, found quite unnecessary, the growth being extremely hard and bloodless, and the vascular supply of surrounding tissues not unduly increased. On dividing the attachments of the trapezius from the spine of the scapula and the rhomboids from its posterior border, the extent of the tumour could be more clearly ascertained. It was hard and cartilaginous in consistence, and was found to invade the whole interior aspect of the scapula. It protruded beyond the posterior border, nearly as far as the spines of the dorsal vertebræ as well as into the axillary space. The tissues surrounding it were rapidly divided, and the scapula lifted up from the ribs as far as possible. It was now found that the growth was extensively attached to the ribs and had invaded the intercostal spaces and probably the chest cavity. An attempt was made to separate the mass from the chest wall, but the extent and nature of the attachments rendered this impossible. A part of the growth, about one-third (all that could be got at), was removed and the wound closed, as offering the patient the best chance of prolonging her life. Mr. Mayo Collier said this case was interesting from several points of view. Certainly in its early stage it was most likely to be mistaken for spinal trouble. A correct diagnosis was impossible. The operation, so far as it went, was comparatively speaking a bloodless one, and but for adhesions of the ribs and the invasion of the chest cavity by the growth, could have been completed without serious loss of blood. The growth itself, he remarked, was unusual. It was not the ordinary sarcomatous type. It was (at least the portion examined) pure fibrous tissue, of cartilaginous consistence almost as bloodless as a turnip. The prognosis was, he thought, so far hopeful.

The girl, some time after, was fatter and looked better.

The scapula was in better position, and she was free from most of the discomforts experienced before the operation.

ST. MARK'S HOSPITAL.

EXCISION OF HIGH-LYING CARCINOMA OF THE RECTUM.—Mr. SWINFORD EDWARDS operated on a woman, *æt.* 39, who had been troubled with bleeding from the rectum off and on since November last. She had but little pain, but the practitioner, on making an examination, discovered a lump in the rectum, quite four inches from the anus. On examination under an anæsthetic Mr. Edwards was able to verify the diagnosis of carcinoma which entirely surrounded the bowel and occupied about two and a half inches of the length of the rectum, its lower margin being, as before stated, about four inches from the anus. The affected area was so stenosed that it was with difficulty that the finger could be got through, but once this was effected it was found possible to pull the bowel down, showing that the growth had not involved the surrounding structures. Under these circumstances Mr. Edwards advised excision in preference to colotomy. The operation was forthwith carried out in the following manner. The bowel having been thoroughly washed out with a 1 in 6,000 sublimate solution, a dorsal incision was made externally from about the middle of the sacrum to the anus; the lower part of the sacrum and coccyx having been dissected free of the soft parts, Badenheuer's section of the sacrum was made, that is to say, the sacrum was chiselled through at about the level of the third posterior sacral foramina. The lower part of the sacrum and coccyx having been removed *en masse*, the posterior connections of the rectum were freed and a large number of bleeding vessels tied. On dissecting round the rectum on its right side the peritoneal cavity was opened with design, and the finger passed in hooking round the rectum. By this means the bowel and included growth were pulled up into the operation area; the rectum was now cut through well above the tumour, and this last pulled downwards and freed anteriorly; it was now found that the peritoneal coat lying over the disease was puckered and tightly adherent to the growth, in fact it looked as though perforation were about to take place. The diseased portion of the rectum was next removed by cutting through the bowel well below the growth after arresting all hæmorrhage by the ligation of numerous vessels in the rectal walls. The large rent in the peritoneal cavity was carefully sutured, after having seen that the cavity itself was free of all blood clot. The upper rectum was now sutured to the lower in its entire circumference by numerous interrupted fine silk sutures and a long black vulcanite rectal tube passed through the anus well into the upper rectum. The operation was completed by suturing the skin towards the upper part of the wound, and the insertion of gauze tampons around the sutured bowel. The operation took two hours, owing, as Mr. Edwards remarked, to the fact that until the peritoneum had been freely opened it was difficult to bring up the bowel into the field of operation, for, as was seen during the operation, the bowel was bound down by the peritoneal adhesion. He also mentioned that one infected gland was found which was of course removed. He further remarked that it was very advantageous to

restore the continuity of the rectal canal in fitting cases, for the patient was then able to use the normal anus, and was not troubled with subsequent incontinence. In operating by the method he had employed, he pointed out that it was not always necessary to remove a part of the sacrum, as sufficient room is often obtained by removing the coccyx; but in this case the growth was situated so high up that a transverse section of the sacrum without first removing the coccyx was thought to be advisable.

The patient bore the prolonged operation well and was but little collapsed after it. A few days afterwards she was doing well.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 25, 1902.

HOSPITAL REFORMS.

THE Board of Superintendence of the Dublin Hospitals, whose report has been recently laid on the table of the House of Commons, has a knack of hitting upon remediable and important errors in hospital management. In its report of last year it called attention in very definite terms to the necessity "that discrimination should be exercised to ensure that the funds provided for charitable relief should not be spent upon persons who are competent to pay for such advantages." This year it draws attention to another blot on hospital management—the admission to the general wards of hospitals of patients suffering from pulmonary tuberculosis. There is no doubt that the present system errs gravely in this respect. A patient in the last stage of phthisis is admitted to a hospital on account of a sudden attack of hæmoptysis, or he is sent in by a subscriber who considers that he is performing a charitable action; or he is admitted on account of some intercurrent disease, or suffering from the effects of accident. He is placed in a bed in a, perhaps, crowded general ward, and no precautions are taken to guard against the extension of infection to others, save perhaps by the placing

of a little carbolic lotion in his spitting cup. When the patient leaves the hospital what must be his ideas of the consequences of his condition so far as others are concerned? If he is an uneducated man, he has received no impressions on the subject. If he is an educated man, he reasons to himself that if the medical authorities consider it safe for a patient, suffering perhaps from bronchitis, to live two feet from him, it will not harm his relatives, who are healthy, if they do the same. This is the unfortunate point in the present hospital arrangement. Not only are the fellow-lodgers of the consumptive made victims, but indirectly, his relatives and friends. The evil of such a procedure is admitted on all sides, indeed it would be impossible even to condone it, but still nothing is done. For this reason, the suggestion of the Board of Superintendence, that in each hospital there should be two suitable wards allotted for the reception of tuberculous patients, is most important. Such an arrangement would not, of course, afford accommodation for any appreciable proportion of the number of cases of phthisis occurring in Dublin, but it would afford accommodation for the few phthisical patients which are admitted to a hospital. Another suggestion of the Board is worthy of note—"Several hospitals possess suitable adjoining grounds for the erection of shelters with the help of which the 'open-air treatment' could be instituted with great benefit to judiciously selected cases. The number of consumptive patients who could thus be treated would of necessity be very limited, yet sufficiently large to offer a useful demonstration of the efficiency of open-air treatment even when practised in the midst of a city." We fear the surroundings of city hospitals are not—save in a few cases—such as would enable the open-air treatment to benefit consumptives. But in these few cases, there is no reason why the suggestion of the Board of Superintendence should not be carried out.

THE HYPNOTIC HABIT.

SOME correspondence has taken place in the lay press concerning the poisonous effects of sulphonal when taken regularly or in large doses. It was started by the relative of a person who, it was stated, had developed symptoms of insanity consequent upon the prolonged use of the drug. Other correspondents assert on the contrary that they have taken it for long periods of time without any appreciable effect upon the general health. Admitting that clinical observations recorded by non-medical persons do not possess that element of scientific impartiality which is indispensable to sound scientific conclusions these contradictory assertions are none the less of interest. It is obvious that no narcotic or hypnotic can be perfectly safe, they all comport an element of danger; in other words, it is merely a question of dose. Now individuals react very differently to drugs, some being vastly more sensitive than others, the difference being no doubt in large measure due to the ease with which the drug is decomposed in the

organism and in the rate of elimination. It follows that the effects must vary *ad infinitum* consequent upon circumstances of which we are, for the most part, left in ignorance. This ignorance is not one of necessity but of omission, that is to say, the public do not take the precautions observed by every medical man of carefully noting the action of a given quantity of a drug on the organism. That sulphonal, for example, should produce insanity is intrinsically improbable, though by determining a grave disturbance of function of one or other organic system it might conceivably evoke a latent taint of insanity. That taken habitually in large doses it gradually induces progressive debility, culminating, it may be, in coma and death, is quite within the scope of possibility; indeed, in presence of renal insufficiency, such a result is even probable. It is important that the public should be led to understand that the arguments advanced against sulphonal apply with approximately equal force to hypnotics in general. We repeat that there is no drug of this class which can be methodically taken to procure sleep without ultimate, and occasionally very prompt, damage to the organism. It is positively appalling to witness the thoughtlessness with which people have recourse to powerful drugs of this kind. They suffer from sleeplessness, attributed to worry or overwork, but most frequently due in reality to some vicious habit—the abuse of tobacco, alcohol, tea &c., or to dietetic irregularities, in other words, to causes absolutely within the control of all, and forthwith they conceive themselves to be called upon to absorb toxic drugs without inquiring whether the symptom would not be amenable to more physiological measures. The public should be taught that the use of hypnotics is at best but the lesser of two evils and that in the majority of instances the remedy is decidedly worse than the disease. One disquieting feature is the ease with which most of these drugs can be procured from the retail chemist without medical authority. The habit of self-medication is so ingrained in certain classes of society, indeed in most, that it seems idle to ask for more stringent regulations in respect of the sale of potent substances. Sufferers from insomnia should be impressed with the fact that it is but the symptom of disturbed function, and should be made to understand that it is absurd to suppress what is in reality a warning, regardless of the mischief that may be brewing within. There is no reason to believe that sulphonal is more dangerous than chloral or any one of the numerous group of substances which the industry of the coal-tar chemist has placed in the hands of the physician. Nor, on the other hand, does it present any distinctive advantages of its own. It is asserted that the tendency of the public to employ these substances is in large measure due to the “recklessness” with which they are prescribed by medical men, but this is a mere excuse, although it is possible that medical men are not always as mindful as they ought to be of the responsibility which they assume in prescribing them.

ANTI-VIVISECTIONIST REASONING AND A BRITISH JURY.

ONE of the many curious phases of human nature is that particular sensitiveness portrayed in the parable of the man with the beam in his own eye who wished to remove the mote from that of another person. An amusing instance of that kind of one-sided vision, which sees wrong only in an opponent, was brought to light last week in the King's Bench Division of the Law Courts. The action was laid by Mr. Stephen Coleridge, the well-known secretary of the National Anti-Vivisection Society, against a Dissenting minister at Derby to recover damages for libel. The gist of the statement on which the action was based appears to be that the methods of the plaintiff and of his Society consisted in the “suppression of the true and the suggestion of the false.” That, by the way, is the precise ground on which THE MEDICAL PRESS AND CIRCULAR has challenged the Anti-Vivisectionist Society in general and its secretary in particular. The sentence in question merely expresses the conclusion that Mr. Coleridge uses arguments that are not in our opinion logical, and that they therefore cannot be accepted as established. It seems extraordinary that a man with the training of a lawyer should confuse the expression of a purely intellectual difference with the accusation of a moral offence. That is the simple fact, however, if we may accept the statement made by the plaintiff in the witness box that he considered the letter of which he complained was a personal attack, as it inferred he was a liar. At the same time, he admitted that he himself was a hard hitter in controversy and expected good blows in return. Quite so:—Mr. Coleridge is in the habit of accusing the medical profession of heartless and wholesale acts of objectless cruelty upon the lower animals. When, however, a country clergyman questions the soundness of his reasoning, he replies to that “hard blow” by bringing an action for libel. The jury showed their sense of the grievance of this hard-hitter by stopping the case, and saying the action should never have been brought, and the judge pointed out that Mr. Coleridge must not be too thin-skinned when he himself was attacked. The dismissal of this action plainly shows what value a British judge and jury attach to Mr. Coleridge's judgment and intellectual methods. To play the part of Don Quixote and attack an honourable profession by every species of quibble and unfair argument may be an amusing pastime. It needs no logical reasoning, that is to say, it needs no absolute, irrefutable truth to convince persons of the kindly but feeble intellectual type of which antivivisectionist audiences are usually composed. It is another matter, however, as by this time Mr. Coleridge himself is aware, to force illogical views upon the sound common sense of a British judge and jury. For our own part we have been unsparing in our condemnation of Mr. Coleridge's methods. In dispute he is master of the art of special pleading, that is to say, of ignoring all facts hostile to his own

views, and of freely availing himself of every kind and species of fallacy. The fact of the matter is that the legal mind need not necessarily be logical. We do not for a moment question the sincerity of Mr. Coleridge's position, in spite of what we consider his unfairness of attack, but while we admire his humane tendencies we cannot admit that his mind is capable of trained reasoning. In controversy Mr. Coleridge has a way of avoiding main issues that is peculiarly characteristic of a special pleader. Does he eat the flesh of animals? If it be permissible to destroy the lower animals in order to maintain human life, is it not equally permissible to make experiments upon them with a view of prolonging human life by making it more secure from sickness? If the one thing be defensible as an abstract proposition, surely so is the other, unless it is maintained that mankind has no right to attempt to cure sickness. Surely, if it be right for man to avoid death by starvation by eating the lower animals it cannot be wrong for him to avoid death from sickness by subordinating the same lower animals to scientific experiment. These are fairly plain issues which may be settled on purely logical grounds apart from the necessity of showing that science is enabled to cure sickness by comparative experimentation. That point is mentioned simply to confine the issue so far as possible within a small compass. Were the medical profession to resort to the law courts for a judgment as to anti-vivisectionist attacks it is likely that the hands of Mr. Coleridge and his party would be fully occupied for some considerable time to come. We are sorry to see that so worthy a cleric as Archdeacon Wilberforce allows prejudice to blind his sense of justice. It is said that on Hospital Sunday he informed his congregation that one collection would be made for the Lord Mayor's Fund and another for the Anti-Vivisection Hospital "run" by the Hon. Stephen Coleridge. If this be so we consider the archdeacon is adopting an unworthy and an un-English method in the "support" of his anti-vivisection propaganda, and one that for logical justice may compare favourably with the proceedings of Mr. Coleridge.

Notes on Current Topics.

An Interesting Case.

SENOR FALPHY PLANA reports a case of a boy who (*Arch. de Ped*) had a severe attack of appendicitis which terminated in the formation of an abscess and was followed by copious purging of fœtid, purulent stools. The appendicitis was followed by peritonitis, and from the history of the case it appears as if the inflammation on the under surface of the diaphragm excited some pleuritic and pneumonic adhesion on the thoracic surface. Through this inflamed area the pus in the peritoneal cavity made its way and communicated with a bronchial tube through which it was evacuated. Don José Falphy writes: "The exhaus-

tion produced by percussion and auscultation produced a violent paroxysm of coughing which continued for at least half an hour, when the patient seemed in the jaws of death; he vomited up in my presence a quantity of pus. It was so fœtid that it became necessary to admit all the air possible, for the atmosphere was irrespirable." For some days he continued to cough up pus, which gradually lessened in quantity and became less fœtid; ultimately he made a good recovery. Cases of abdominal abscesses opening into the bronchi are very unusual. One of the earliest recorded is that of the elder Monro. In his case a hepatic abscess was discharged through the bronchi and for long afterwards the patient spat bile, and one of the latest is that of Dr. Gabriel, whose patient spat up 400 ounces of bile. But it is even more unusual for a peritoneal abscess to be evacuated by the bronchi, and we think Don José Falphy Plana's case well worthy of record.

London's Natality.

THE recent Census returns have afforded material for much discussion and useful research. One of the most important and interesting points raised is that which concerns the natality of the metropolis. Mr. T. A. Welton, at a meeting of the Royal Statistical Society on June 17th, drew attention to the falling birth-rate, and showed that the number of children in London between the ages of ten and fifteen was at the present time 164,000 less than would have been the case had the old proportion of children been preserved. The fertility of marriages appears to have so much diminished that the decrease in London now equals 26,000 births yearly. This is a matter of national importance and demands consideration.

Medical Supplies during the War.

Now that the land enjoys the blessings of peace it may not be uninteresting to look back on some of the work of the military and civil surgeons, more especially during the first period which ended in March 1900, with the relief of Ladysmith after a siege of four months. A glance at the list of drugs used during that time will enable us to form some idea of the work of the medical officers. Commencing with anæsthetics, we find that 132 lbs. of chloroform were issued, and 49½ drachms of cocaine. The chloroform issued was sufficient to anæsthetise 10,000 patients; of ether the amount issued was 10 lbs. 15 ozs., a relatively small amount. Of boric acid. 115 lbs. was issued and of carbolic acid 99 lbs. As might be expected, opium was much in demand; of laudanum, 113 lbs. were requisitioned; of liquid extract of opium, 40 lbs. 1 oz.; of tincture of chloroform and morphia, 65 lbs. 6 ozs.; of tincture of ipecac and opium, 4 lbs. 1 oz.; of wine of opium, 8 lbs.; of paregoric elixir, 109 lbs. 6 ozs.; of aromatic powder with opium, 48 lbs.; of powdered opium, 5 lbs.; of morphia, 1 lb. 10 ozs. Besides this, 21 lbs. of chloral were consumed. And if we would estimate fairly the work done by the medical officers we may add to these the

list of surgical necessities: Medicated wools, 3,819 lbs.; 10,417 yards of medicated gauze; and 10,585 bandages. In the four hospitals at Intombi on January 1st, 1900, there were 1,205 patients under treatment, not counting the drivers, coolies, &c., which brought the total to 2,557. That all the difficulties were overcome redounds greatly to the energy and resourcefulness of Lieut.-Col. Stoneman, A.S.C.

Languages and Medical Education.

THE question of what to teach our boys and girls is always a vexed one, and it is unlikely that any system capable of universal application will ever be devised. So far as the medical profession is concerned, no general agreement has hitherto been arrived at with regard to the languages desirable for a good standard of preliminary education. The one language that can most readily be dispensed with is probably Greek, which, in almost all cases is blotted out from the memory after a few years of general practice. There seems to be a modern tendency to cultivate languages that will not only serve as a means of training the intellect, but will also have a practical value in everyday life. Latin, French, and German appear to answer those conditions, and are certainly most popular among the languages set forth in the medical curriculum, and of these Latin and German are unquestionably the most important, though for some reason French is generally preferred to German. Perhaps the most generally neglected language is English, and it is astonishing how few matriculation students who have a smattering of Greek, German, and Latin, can read and write their mother tongue with the accuracy of assured and competent knowledge. As a means of educating the mind and at the same time of furnishing it with a subject of perennial usefulness English is by far the most valuable language that could be taught to the embryo medical student.

Army Enteric Fever.

THE lessons of the South African campaign will doubtless be cut deep into the minds of men, and will one day lead to valuable and practical reforms. Meanwhile, there is likely to be the usual weary time of probation while the wisdom of the War Office is reposing, chrysalis-like, in the splendid solitudes of Whitehall. If the weakness of any one branch of the Service has been absolutely and hopelessly exposed it is that of the Army Medical Service, which owes its chances of reform to the courageous conduct of a civilian journalist rather than to its *ex parte* defence by the Government. What has the Department done in two and a-half years of constant experience of enteric fever to lessen the incidence of that disease upon the troops? Judged by results no effective plan of dealing with the malady has been devised, for the cases were not reduced in numbers up to the last day of the campaign, and are still occurring with unabated severity. Yet we are told that enteric fever was practically excluded from certain volunteer detachments who habitually boiled

their drinking water. What is possible in the case of volunteers may surely be attainable on the part of regulars. Anyway, the fact demands explanation that in two and a-half years the Army Medical Department with unlimited resources at command has been unable materially to reduce the decimation of troops under its charge by so entirely preventable a scourge as that of enteric fever.

Fees for Medical Evidence.

IT is wise for a medical man called upon to give medical evidence in Court to insist upon being paid in advance. Otherwise, especially in the large class of speculative cases undertaken by lawyers on behalf of impecunious clients, he probably will find he has wasted his valuable time and given his skilled testimony for nothing, not even gratitude. Recently in Yorkshire a medical man insisted upon being paid before giving evidence, and maintained that position firmly in spite of the taunts of the plaintiff's attorney and the pressure of the judge. The plaintiff had brought an action to recover £50 damages against a school teacher for assaulting her son. Her case was dismissed as incredible by the Court, so that the medical man would in all likelihood have had an extremely remote chance of receiving any fee had he been foolish enough to contribute his evidence. Why should a lawyer be permitted to reckon upon gratuitous medical evidence? If the client be substantial enough to bring an action then the payment in advance of a medical witness is no hardship. If the client be unable to pay the medical witness let him say so in an honourable, straightforward manner and not attempt to secure evidence under false pretences. The present writer knows a medical man who was subpoenaed in a similar speculative school assault case. He was detained several days in a strange town. On coming to trial the case was contemptuously dismissed, and he never received a penny in spite of the repeated previous assurances of plaintiff's solicitor that all expenses would be paid.

Allegations against a Public Vaccinator.

AN extraordinary incident which has occurred at a meeting of the Maidenhead Board of Guardians deserves comment from various points of view. So long ago as April 6th last, one of the guardians stated that a certain public vaccinator had made a charge for re-vaccination of a person by whom he had been paid privately. That serious charge was not upheld, but the complainant said he would consider the matter further before giving the names of those concerned. On June 11th he stated that whilst he maintained his ground he should choose his own time for substantiating his allegation. The Committee therefore very properly reported that the charges were unsubstantiated. It is simply scandalous that any public man should be able to act in this manner, and it seems likely that there would be substantial grounds for immediate action on the part of the medical man concerned, or failing the disclosure of his name, on that of the local public public vaccina-

tors as a body. There can be no official privilege sufficient to protect a Guardian from bringing unsupported charges of fraud against a public officer. Even supposing the fee to have been paid twice over, an extremely unlikely occurrence, it is quite possible that there may be an adequate explanation forthcoming by way of inadvertence or otherwise. In any case a public officer is at present labouring under an odious accusation made in the dark. If he belongs to the Medical Defence Union or one of the kindred protection societies, as every medical man ought to do, he would probably get his case taken up at once.

Insanity in South Wales.

THERE appears to be little reasonable doubt that insanity is on the increase in all parts of the United Kingdom. Reports of deficient accommodation and of new asylums are familiar and universal. An illustrative case is that of Cardiff. Formerly, that town was able to provide for all its lunatics at the Glamorgan County Asylum. But the accommodation that proved sufficient for the past generation is unequal for the wants of the present, and for some time past Cardiff has boarded out a hundred lunatic patients in neighbouring county asylums. The general increase of insanity, however, will in all probability soon lessen the number of "foreign patients," as they are termed. Under a statutory provision Cardiff has been ordered to find accommodation for all its lunatics by April, 1904. A large new asylum is to be built at a cost of a quarter of a million, but some doubt exists as to whether it will be ready at the appointed time. To meet that state of affairs Dr. H. T. Pringle, the Medical Superintendent at the Glamorgan County Asylum, has recommended the erection of a temporary hospital to house three hundred patients. With regard to this suggestion it may be remarked that the Lunacy Commissioners exact somewhat stringent conditions as to the quality of temporary buildings of the kind. The reasons of the general increase in lunacy are worthy of the closest scientific investigation in the interests of the community at large.

The Vagaries of Newspapers.

A PAPER called the *Anglo-Celt*, which we learn is published in Cavan, copies from our columns Dr. Minchin's article on the treatment of tuberculosis by garlic, not alone without any acknowledgment of the source from which it is taken, but in a manner which is directly calculated to bring Dr. Minchin into discredit with his professional brethren. The article in the columns of the *Anglo-Celt* is headed in large letters "Certain Cure for Consumption Discovered by a County Meath Doctor.—What Dr. Minchin has Achieved." The article itself starts with the statement that "personally we do not know Dr. Minchin . . . nor have we received a scrap of paper from him eliciting (*sic*) our assistance . . . we are not aware of his religion, his politics, or any of the other potent factors which now-a-days are first inquired into before a man's worth is considered." It then continues:—"As usual with anything

Irish, the English medical papers have boycotted all reference to the discovery, our Irish dailies, with the exception of the *Independent*, which took it from the *Anglo-Celt*, with acknowledgment—treating it in the same indifferent manner. To some the alleviation of man's suffering only touches the heart when there is a jingling of what Shakespeare calls 'saint-seducing gold.' Then come the remarks of grateful patients, and the suggestion that a sanatorium should be at once built, and, lastly, Dr. Minchin's paper, reprinted from our columns without acknowledgment. The impression left by the whole article on any ordinary reader would be that Dr. Minchin had inspired it, and that it was a gross breach of medical etiquette. As "consumptive cures" have led many men into trouble, we thought it well to draw Dr. Minchin's attention to the utterances of the *Anglo-Celt*. The result, as we expected, has been an absolute denial of any connection with the reproduction of his article. We would point out to the *Anglo-Celt* that it is dishonest to copy an article from a scientific journal without acknowledging its source, and that it is disgraceful to distort it into the form of a gross attempt at advertisement on the part of the author. We sympathise with Dr. Minchin in the false position into which he has been drawn by an imitation of Yankee journalism by an irresponsible newspaper.

The Midwives Bill and Trained Midwives.

WE regret to find that a more satisfactory response has not been made to the requests of the authorities of the Rotunda and Coombe Hospitals for some guarantee of the position of their diplomées under the Midwives Bill. These chartered hospitals asked that the powers which had been conferred upon them by charter should not be swept away by a Bill brought forward under the guise of an attempt to improve the training of midwifery nurses, and that their certificate should entitle the holder to registration. The answer to this has been that the special recognition which Clause 2 confers on nurses holding the certificate of the Royal College of Physicians of Ireland and of the London Obstetrical Society has been extended to them. This sounds as if it was a matter of importance, but when it is looked at more closely, it is shown to be valueless. Clause 2 provided that nurses holding the diplomata alluded to, and who, within two years from the date of the Act coming into operation, claim to be certified under the Act, shall be so certified. It also provides that any woman who produces evidence satisfactory to the Board that she has been in *bona fide* practice for one year and that she bears a good character must also be admitted within a like period. Consequently, the Rotunda and Coombe Hospitals have been granted the valuable concession that their nurses need not produce any evidence of character, otherwise their position is identical with that of any "handy woman" through the country. We cannot believe that this was the amendment to the Bill which Mr. T. P. O'Connor, M.P., and Mr.

Gordon, M.P., believed they were obtaining. It certainly was not the amendment which the Royal College of Physicians of Ireland requested Mr. O'Connor to bring forward. There is, however, as yet no need for the hospitals to give up the hope of carrying their point. The Bill will certainly have fresh amendments made to it during the Committee stage in the House of Lords, and the hospitals are sufficiently powerful and influential bodies to have no difficulty in finding supporters there. We trust that they will put their shoulders to the wheel, and not lose their position through mere want of effort.

The Chronometry of Life.

THE normal evolution of the organism implies a certain synchronism of events, not only in respect of the growth of the various parts of the organism, but also in regard to its environment. Any disturbance of this synchronism is attended by suffering, deformity or other physical incapacity. In the ordinary course of nature, once wrote Sir James Paget, the time rates of each creature are adjusted to those of the external conditions most necessary to life. Such adapted changes in parents for the sake of their offspring are everywhere to be seen, and so are instances in which the development of animals of all kinds keep time with those of plants or other animals on which they live. It follows that the evolution of all living things depends in great measure on their mutual adjustment in time as in all other conditions of life. Some persons, for instance, develop more rapidly than the normal, while others are obviously behindhand. Delayed growth is often the direct consequence of intercurrent disease and, passing from the general to the particular, we find that the growth of particular structures may be similarly delayed or prevented. The development of the teeth for instance, is frequently checked by an attack of some acute fever and the growth of limbs or groups of muscles may be arrested for a time as the result of disease of certain nerve centres. Now there is a time-limit for growth and if the process be hindered permanent deformity may ensue since the time still available may be insufficient to allow of arrears being caught up. Premature development is sometimes as disastrous as when it is delayed since there results a want of harmony between the component parts of the organism. We see this well in the teeth when irregular dentition leads to overcrowding and decay. Premature greying of the hair and precocious baldness are examples of chronometric irregularity, and this obtains also in respect of other organs of the body, the want of harmony between the various organs thus entailing more or less marked and serious departures from physiological health. Many cases of failure of health are doubtless due to these errors in the chronometry of life, and the truth of this assumption is confirmed by the adage that a man is as old as his arteries. Many conditions ascribed to disease are in reality merely due to a falling out of the rank of particular organs or systems, thus introducing a potent source of perturbation into the vital processes.

A New Form of Malingering.

THE extent to which malingerers will go in order to produce the particular symptom by means of which they hope to delude the medical inspector is well known, as is their ingenuity in finding unexpected methods of procedure. The South African war has served as a means of instruction in many directions, but perhaps the most curious information which it has imparted is that of a new method of causing a temporary elevation of the temperature. In a recent number of the *New Zealand Medical Magazine*, Surgeon-Captain Purdy, a medical officer of the Sixth New Zealand Contingent, relates how some of the men in his Company were admitted to hospital with a temperature of 103° F. to 104° F., which within twenty-four hours subsided to normal. The cause of this temporary elevation of temperature was perplexing until it was ascertained that it had been obtained by the ingenious expedient of eating cordite. This means of raising the temperature was discovered by the men, who noticed the effects of cordite fumes when lighting a pipe with a stick extracted from a cartridge. It would be interesting to know the manner in which the internal administration of cordite produces this effect.

The Parliamentary Representation of Dublin University.

A CIRCULAR has been addressed to the medical electors of Dublin University by Mr. A. H. Ormsby-Hamilton, M.A., D.L., announcing his intention to come forward in the event of a Parliamentary vacancy. In its course, Mr. Ormsby-Hamilton says, "The Members of the Great Professions of Medicine and Surgery may at all times rely upon my hearty furtherance of measures calculated to maintain their dignity and advance their interests." The importance to all Irish medical men—not merely to graduates of Dublin University—of having a representative for Dublin University who is interested in the affairs of their profession is very great. There are quite sufficient medical electors in the University to materially influence the fate of any candidate who asks for their votes, and we would strongly impress upon them the importance of assuring themselves that their votes are given to one who, not merely before election, but during his whole parliamentary career, may be relied upon to support the interests of the medical profession.

The Coming Presentation and Banquet to Earl Roberts.

THE long-deferred presentation by the Irish University Graduates to Earl Roberts is to take place on July 8th next. It was originally intended that it should have taken place some time ago, but at the expressed wish of Earl Roberts it was postponed until the South African war was over. A large sum of money was collected, the greater part of which was, at Earl Roberts' request, given to the Fund for the Widows and Orphans. Sufficient, however, was retained to purchase a presentation cup, which will be handed to Earl Roberts after a banquet at the

Victoria Hall at the Hotel Cecil. The banquet will take place at 7.30 p.m., the Right Hon. W. E. Lecky, M.P., in the chair. The hon. secretaries will be glad to receive the name of any Irish Graduate who by inadvertence has not received a notice of the forthcoming presentation, and who may desire to subscribe. All such names should be sent as soon as possible to 2, Henrietta Street, Cavendish Square, London, W.

Fires in London Hospitals.

THE disastrous fires which have recently occurred in London have drawn attention to the inadequate provision for the escape of people from many workshops and private houses. But if difficulty exists in the escape of the strong and healthy from a burning building, the removal of the sick and incapable is a task well nigh impossible, unless under the best organisation and with the most efficient management. It is well therefore that those responsible for the care of the physically and mentally defective in our great London hospitals and asylums should consider their means of dealing with fire. We understand that only too many of the hospitals in the Metropolis are quite inadequately provided for such an emergency. Structural arrangements offer almost insurmountable difficulties in many instances. The staff receive no thorough drilling in the proper methods of "first aid." Communication with the fire station is uncertain or does not exist. Oftentimes there is no clear idea as to the quarter from which help should be sought. The nurses receive no special instruction as to proper action in the emergency of fire, and trust is put in a blind hope that British pluck will be sufficient to allow the danger to be "muddled through." Such neglect is little short of criminal. The matter has been prominently before the public, and we trust that hospital authorities will give evidences that every means are being taken not only to prevent the outbreak of fire but in case of need to allow of the prompt and safe removal of patients from danger to safety.

Arsenic and Cancer.

IN the reports which appeared in the newspapers of Mr. Jonathan Hutchinson's Bolingbroke Lecture on Cancer he was made to say that arsenic was the chief factor in the production of cancer. Mr. Hutchinson has since written to contradict a construction which credited him with a view which he does not hold. He adds, however, that he regards it as proved that the long-continued use of arsenic may cause cancer, and he holds it probable that it has contributed to the increase of cancer which has occurred during the last century. One naturally hesitates to dissent from a view formulated by so distinguished an authority, but we are fain to assert that even this modified view does not command the assent of the medical world; indeed, Mr. Hutchinson concedes that the influence of arsenic in the causation of

cancer is probably but small, the increase in the incidence of cancer which has caused so much alarm among the public being much more probably due, as Mr. Hutchinson suggests, to the greater longevity of the race, a larger proportion of persons now surviving to the age most liable to cancer than was formerly the case. Mr. Hutchinson's guarded utterances are not likely to be misunderstood by an audience of medical men, and it is to be regretted that they should be reported in a condensed and misleading form to the public, who are not in a position to see the facts in proper perspective.

Dreams.

WANDERINGS in Dreamland are not governed by geographical considerations or regulated by the scientific principles of travel. Dreamland still remains a *terra incognita*, and the stuff that dreams are made of yet continues unanalysed, and affords fantastic fabric for the revelling of romancers and the meandering of poets. And yet there is reason to believe that a certain degree of order might prevail where only confusion now exists, and superstition and worse might give way to at least a reasonableness of outlook if only dreams were investigated according to the scientific method. Sir Arthur Mitchell, in the current issue of the *Scottish Medical and Surgical Journal*, deals with this very attractive subject in a paper rich in suggestion, and urges that there is no such thing as dreamless sleep. During the whole continuance of sleep the mind is occupied with hallucinations. Sir Arthur believes that if a person resolves every time he is awakened from sleep to ask himself immediately whether he has been dreaming, he will generally, if not always, be aware that he has just passed out of a dream, the details of which he may or may not be able to recall. Dreaming, it would seem, may at first be wholly forgotten, but afterwards recalled. The watcher by the bedside of a sleeping person may sometimes witness what he considers evidences of dreaming, and yet on awaking the person may feel quite positive that no dreaming has taken place. It is practically impossible to determine the extent to which unremembered dreaming occurs, and, therefore, also impossible to say that it may not occupy the whole time of sleep.

Foolish Experimentation.

IT is announced that a Dr. Garnault, of Paris, in order to combat Koch's contention that there is but little danger of infecting man with tubercle from bovines, has inoculated himself with tuberculous material from a cow. He is said to have blistered his arm over an area of twelve square millimètres at a point ten centimètres below the elbow, and then after removing the raised cuticle, to have applied the pounded tuberculous glands of a cow, which had been seized by the authorities, for a period of two hours. The experiment was carried out on June 17th, and no doubt Dr. Garnault and his friends will watch the result with interest. But such a method of investigation cannot receive the support or approval

of medical men, and is not likely to further medical science.

Rheumatism of Single Joints.

RHEUMATISM, as we know, is often a refuge for the destitute in the matter of diagnosis, and this fact may serve to explain the frequency with which inflammation of a single joint is ascribed to rheumatism. There are very good reasons in favour of the view that there is no such thing as single rheumatic joint disease. If joint disease be due to rheumatism, more than one joint will be involved, but multiple joint affections are not on that account necessarily rheumatic, witness the polyarthritis met with in gonorrhœa, syphilis, and sepsis. Disease of a single joint is either purulent, tuberculous, gonorrhœal, or is due to some central nerve lesion. If the disease commences in one joint and subsequently spreads to others it is presumptive evidence that the affection of the other joints is due to secondary infection. The distinction is not merely of interest from the point of view of scientific accuracy, for it may have, and often has, a very important bearing on treatment and prognosis.

Vitalism and Mechanism.

LIFE in its essence is unknowable. Its mystery lies hidden in activity. It is the eternal problem. Recent thought has revolted against mechanical conceptions of life. Mechanism is materialism. Opinion is swinging back to ancient ways. Old methods of expression are being revived. Vitalism is recognised as an inscrutable force. Professor Bunge insists on the impossibility of giving a mechanistic explanation of psychical processes. These are, indeed, the immediate object of our experience the most real of the real. The mechanists ascribe certain qualities which are a pure product of their inner consciousness to external things, and proceed to use the same conceptions to explain all vital phenomena, imagining that by the help of these threadbare and scanty conceptions they may explain the manifold activities of the inner world of consciousness. Truly psychology and physiology are in transition. The transcendentalist exerts a wide influence. The night has come down on the materialists.

King's College.

WE are glad to see that King's College is wisely shaking itself loose from religious restrictions. In future appointments on the staff, save in the faculty of theology, religious tests are to be abolished. Ecclesiastical exclusiveness is now an anachronism, and fatal to progress in science and obstructive to the best interests of art. Although the awakening of the King's College authorities has come late in the day, it has probably saved this in many ways excellent institution from passing into the sleep of death.

Nocturnal Protection.

THE nights following the Coronation processions will be more or less sleepless for many. Mr. Henniker

Heaton estimates that there will be 100,000 homeless wanderers on the night before the Coronation, and makes the wise suggestion that churches might well remain open all night to afford safe refuge for respectable waifs and strays. We certainly think every effort should be made to mitigate the physical suffering which long standing, excitement, and absence of suitable food necessarily brings to children, delicate women, and old people.

Army Medical Reforms.

WE understand that in pursuance of the recommendations of the Committee which recently held an inquiry with a view to reorganisation of the Army Medical Service, under the chairmanship of Mr. Brodrick, it has been decided by his Majesty's Government that the next session of the Army Medical School shall be held in London instead of at Netley, as heretofore, an important concession which candidates will fully appreciate.

The Midwives Bill.

IN spite of the passive disapprobation of the Lord Chancellor, the Midwives Bill has passed the second reading in the House of Lords, so that it cannot be long before it receives its *exequatur*.

THE Raymond Horton Smith Medical Prize at Cambridge University has been awarded to Mr. Laming Evans, M.A., D.D., of Trinity College.

PROFESSOR RUDOLF ALBERT VON KOLLIKER, of Wurzburg, has been awarded the Gold Medal of the Linnean Society of London in recognition of his zoological researches.

Special Correspondence.

[We do not hold ourselves responsible for the opinions of correspondents.]

BELFAST.

THE MEDICAL INSTITUTE.—An active canvass of the medical profession in the country districts around Belfast is being undertaken by a number of medical men, with a view to laying before them the advantages of this new institute, and inducing them to join it. For a subscription of a guinea per annum country members will enjoy the privileges of a club where they can meet friends, have parcels or letters sent, and obtain light refreshments, as well as enjoy the ordinary privileges of membership of the Ulster Medical Society. To increase the benefits of the latter to country members, it has been arranged that in future there shall be one meeting a month at 4 p.m., as well as one at 8.30, and it is hoped that many country practitioners will join the Society and attend the meetings.

Lunacy Department.

ASYLUM REPORTS.—(Continued.)

Glasgow District—Garthloch.—This report is very interesting, and there is plentiful evidence that the reins are in capable hands, and that the administration is efficient. The changes in the population, which show an increase of fifty-five, are as follows:—268 admissions, 153 discharges, and 60 deaths. The recovery rate is 81 per cent., and the death-rate 11.5 per cent., the former

a low, and the latter a high rate. The Brabazon scheme of employment continues to be carried out to advantage, and an interesting exhibit of work done was sent to the late Glasgow International Exhibition. The cause of insanity in sixty-two of the admissions, or 23 per cent., was alcohol. Dr. Oswald makes some very discreet remarks on the importance of early treatment in all cases of mental derangement, and in dealing with the causes of deaths, of which phthisis accounts for 16 per cent., says:—"Beyond doubt the larger proportion of those who died from phthisis contracted the disease here." This appears to be rather a startling admission considering this asylum is practically still in its infancy. The "Nurses' Home" would appear from its description to be on a somewhat elaborate scale, with "attractive fittings and furnishings," and some may be disposed to question, have they not gone too far, and whether these attractions, so liberally provided, are appreciated? The maintenance and expense for the year totalled £17,297 17s. 2d., and the average number of patients resident was 522.

Woodilee.—Here, we have a business-like report, and as there was an addition of no fewer than ninety-four inmates registered during the year, there is a call for immediate extension of accommodation. It is intended to establish a separate hospital suitable for 240 patients, and a home for 110 nurses. The new villa for idiot children, the first in Scotland in coherence with an asylum, has been opened. It is well arranged, efficient for its purpose, and as comfortable as possible. It has accommodation for thirty-five children, and the assistant matron is responsible for its arrangements. The Brabazon scheme of industries is carried out successfully here, too, and provides amusing employment to a number of patients unfit for the usual asylum work. The total admissions was 323, discharges 152, and deaths 77. Of the admissions 145 laboured under the different forms of dementia, including congenitals and cases of senility. The recoveries were only 29.1 per cent. on the total number admitted, and the death-rate 9.4 per cent. Of the deaths twenty-one were due to general paralysis, and one man had been resident for 25½ years. Good work has been done by the pathologist, who, conjointly with Dr. Ford Robertson, published the results of his investigations in the *Journal of Mental Science*. The cost of maintenance per head was £25 10s. 5½d., and the farm and garden account shows a profitable balance.

Lanark District.—There is a melancholy interest attached to the Medical Report, it being the last report of the late Dr. Campbell Clark, whose name will ever be associated with Hartwood Asylum, where he did so much excellent and original work. The Commissioners report in high terms of praise on the condition of the asylum and its management. The rate of board continues the same, viz., 8/9, as also the arrangement for the reception of private patients at a low figure. There were 205 admissions, 127 discharges, and forty-seven deaths. The recovery rate, 49.3 per cent. of the admissions, is above the average, and the death-rate is low—6.8 per cent. on the average number resident. The industrial employment of the patients continues to receive special attention, 72 per cent. of the males and 68 per cent. of the females being, on an average, daily employed, and the advantages derived from the farm, financially and otherwise, have been more than ever fully demonstrated. Alcohol, as a cause of insanity, appears in 20 per cent. of the admissions. There has been only one escape during the year, and this may be regarded as indicative of strict supervision, or contentment of the patients.

Perth District.—The population has decreased by eleven, due to a very low admission rate—eighty—and an abnormally high recovery rate—55 per cent. of the admissions recovering. There is a dearth of accommodation here also, but we note the Board contemplate the erection of a detached hospital for eighty or ninety patients. Besides relieving the constrained accommodation it will be utilised for treating phthisis and infectious diseases.

Western Counties Idiot Asylum.—This report is rather

interesting, and the asylum seems to be conducted with great success. The worthy object of the institution is to provide an intellectual, physical and industrial training for feeble-minded children. The income continues satisfactory, and there are evidences of general prosperity. The total number under care during the year was 294, and a large amount of useful work has been executed. Applications for admission far exceed the accommodation. The Superintendent would like to see a change in the title of the institution. He suggests "training institution" be substituted for the obnoxious term "idiot asylum"—a sensible suggestion. The present title does not convey an accurate impression of its objects.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

CHRONIC HYPERTROPHY OF THE FAUCIAL AND PHARYNGEAL LYMPHOID OR ADENOID TISSUES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—All interested in the subject, and this should indeed include every practitioner of medicine, will be gratified that Mr. Marsh has selected this subject for his Ingleby Lectures (THE MEDICAL PRESS AND CIRCULAR, June 11th), notwithstanding that it is fashionable to consider the subject so thoroughly thrashed out that nothing new that would be serviceable can be said on it.

Agreeing generally with all that is so lucidly set forth by the lecturer, I would ask permission to make one or two remarks:—

Climate.—Statistics from such observers in dry climates as Dr. Hamilton in Australasia, Dr. Tiedmann in South America, and Dr. Daly in the Indian territories of North America, go to prove that neither moist atmospheres nor those laden with the "irritating ingredients" of manufacturing districts are important factors in the production of adenoids.

Nasal Stenosis.—I quite agree with Mr. Marsh that adenoiditis is quite as likely to be a result as a cause of nasal hypertrophy, and in this connection it has to be noted that when the two co-exist in children under the age of puberty, the turbinal congestion and hypertrophy almost always disappear without further treatment on the removal of the adenoids.

But the most interesting feature is that of the *relative frequency* of enlarged faucial tonsils and adenoids. Mr. Marsh considers that there is practical agreement that the two are usually associated, and he rightly attributes the frequent failures of faucial tonsillotomy in earlier days to a non-recognition of co-existing adenoids. However, as I have pointed out in my systematic work (a) we now know that adenoids exist without enlargement of the faucial tonsils in a very large proportion, and in the Medical Report of the Central London Throat and Ear Hospital for 1901 the announcement is made that there were 1,363 operations for removal of enlarged tonsils with adenoids, 127 for enlarged tonsils only, and 615 for adenoids alone. Thus the practitioner is liable to be misled if he makes his diagnosis only or mainly on a visual inspection of the back of the fauces.

This opinion is corroborated by the invaluable report, quite recently published by Mr. Arthur Cheate, of 1,000 children in the Hanwell District School (b). Adenoids "were present in 434, although slight in amount in 39. They were associated with enlargement of both tonsils in 174 instances. Some aural trouble was present in 394. On the other hand, in 40 the ears were normal." These figures I quote at length for another reason; adenoids were slight in amount in less than 10 per cent. of the whole number in which they were present, and in this same proportion the ears were normal. The lesson to be

(a) "The Throat and Nose and their Diseases." Fifth edition. P. 414.

(b) *Journal of Laryngology*, June, 1902. P. 203.

derived is that the charge of over-operation in these cases has but a very insecure basis, and it would be fair to assume that this 10 per cent. represents the proportion to be found of adenoids in the so-called latent condition. I mean those in which, to again quote Mr. Marsh, "measles, scarlet fever, whooping-cough, and influenza are active exciting causes, the first symptoms often dating from one of these illnesses," and it is well recognised that this class of case often occasions serious aural mischief, and is generally of an obstinate character. Lastly, my own statistics of 1,000 cases of diphtheria (a) demonstrate that while the diphtherial exudation was limited to the tonsillar region in 666 cases, in only eight of the whole 1,000 was it not implicated. When to this is added the fact that in the case of enlarged tonsils in children under the age of 10 adenoids are invariably present, it must be conceded that surgical neglect of the condition is fraught with much more serious risk than surgical zeal.

I am, Sir, yours truly,

LENNOX BROWNE.

Mansfield Street, W., June 13th, 1902.

PURE WATER DISTILLATION FOR CAMPS AND ARMIES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—As many proposals have been made to purify the water used for drinking and cooking purposes for the army in the Transvaal and Orange River Colony I beg to draw attention to a description of a new water still in the *English Mechanic*, p. 369, of June 13th, 1902.

It would seem to be just the thing wanted for supplying troops on patrol or in camp in these up-country districts, and it could even be carried in a waggon along with the military transport in full action of distillation preparatory for use in halting. The up-country water is mostly furnished by rivers or vleys, and in both it is liable to become stagnant and contaminated with the decaying remains of wild animals and their ordure during peace time, and much more so during war time, when horses and transport and slaughtered cattle defile the streams all over the country as well. The rivers in the season become dried up into a succession of pools along their course, and get filled with dead animals, remains of beasts, birds, reptiles, and fish, and the nuisance increases till the next rains come and cause a flood, and which will sweep them all down stream, and refill the rivers and pools with fresh water.

The Gem Pure Water Still (address, 121, Newgate Street, London, for inspection), seems to be a construction of a handy character, as it is all in one piece, containing boiling water, distilled water, and condenser, and is heated by Bunsen or any oil burner underneath it.

It may be of any size, from 15 ins. high and 9 ins. diameter, to double or more dimensions, and so may be useful for officers as well as men, in tents or marquees, or huts in any camp, permanent or movable.

W. G. BLACK, F.R.C.S.G., S.M.

Edinburgh, June 19th.

THE RECONSTITUTION OF THE BRITISH MEDICAL ASSOCIATION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The narrow majority, viz., three, by which this report was carried must have been a shock to the supporters and opponents alike of these extraordinary proposals. Some men told me they did not intend to go to the meeting, as there was no chance whatever of the report being adopted; others that they should not go because opposition was useless. Both these sections must be much chagrined to find that the presence of but two more members would have turned the scale against the disintegration of this great Association.

It is to be hoped that this apathy will be shaken up before the meeting on July 9th, and that sufficient members will be present to throw out the "Bill" at its third reading. The task, of course, is more difficult now because only a bare majority is required, but those

who were present to hear the feeble attempt of the several members of the Committee to justify their action, will certainly exert themselves to bring up a good and substantial opposition. The speakers for the report admitted that the scheme was bad, but anything was better than the present government of the Association, so "we implore you to adopt our report," "we had two parties in the work, very much opposed to each other, but we compromised!"

Now what is the result? All members forced to pay 4s. to his branch. The Association gets the same as before, 21s., but is mulct in the cost of the delegates and salaried officials for some departments which are to be created, say £1,000 a year. So much for the loss to the Association. Now for the reformers (?). They send up 300 delegates instructed to vote as they have been told. If these gentlemen pass any resolution by a two-thirds majority it is binding on the Council if the Council does not think it wrong, but the Council may take four months to think it over, and then refer it to the branches for further consideration!

Several members of the Committee say, "If you will not have this scheme what are you to do?" The reply is simple—let the branches send to the Central Council men who will work, and not elect a man in order to do him honour. Pay the representatives properly, and let them meet more frequently, and at each annual meeting let every Councillor give an account of himself to his constituents. All alterations necessary to ensure efficient working can easily be made by alteration of the by-laws without the costly process of reconstruction of the Articles of Association.

I am, Sir, yours truly,

JAS. BRASSY BRIERLEY.

Old Trafford, Manchester, June 21, 1902.

Obituary.

JOHN WYCHENFORD WASHBOURN, C.M.G.

It is with special regret that we have to record the death of Dr. John Wychenford Washbourn, C.M.G., M.D.Lond., F.R.C.P., F.R.C.S., &c., of Cavendish Place, W., Physician to Guy's Hospital and to the London Fever Hospital, one of the most promising physicians of the day, and for whom a brilliant career was confidently expected, which took place at Tunbridge Wells on Friday, in his thirty-ninth year. Dr. Washbourn, whose face and voice were well familiar in London medical circles, was the second son of the late Mr. William Washbourn, of the Blackfriars, Gloucester. He was born on June 22nd, 1863, and was educated at King's College, Gloucester, at Guy's Hospital, London, and at the Universities of Vienna and Königsberg. His career as a student was one of exceptional brilliancy. He took the Fellowship of the Royal College of Surgeons, England, in 1888, becoming a member of the Royal College of Physicians, London, in 1889, of which he was elected a Fellow in 1894. He had been appointed a demonstrator of anatomy at Guy's Hospital in 1888, and in 1890 was appointed assistant physician, physician in charge of the electrical department, and joint lecturer on physiology and demonstrator of bacteriology. Dr. Washbourn was also, in 1889, at the age of twenty-six, appointed assistant physician to the London Fever Hospital, and, three years later, physician to that institution. It is seldom that a professional man has established such a sound reputation at such an early age, and become so widely known as Dr. Washbourn was when he was little more than thirty years of age; and no stronger testimony to his sterling worth and professional abilities could have been offered than his selection by the Maidstone local authorities to inquire into and advise upon the serious epidemic of typhoid which occurred therein 1897. His scientific work in experimental pathology and bacteriology and the wide range of his inquiries had made him so widely known that when he was selected as consulting physician to the Imperial Yeomanry Hospital at Deelfontein in 1900 it was felt that no better selection could have been made, and the best results were anticipated from his visit to the seat of war. He

(a) "Diphtheria and its Associates." Second Edition. P. 35.

served in South Africa—first at Deelfontein and afterwards at Pretoria—from February, 1900, till June, 1901, was mentioned in dispatches, and was decorated with the Companionship of the Order of St. Michael and St. George.

Medical News.

Prosecution by the Pharmaceutical Society.

MR. SWIFT, K.C., the divisional magistrate, has given his decision in the case of the Pharmaceutical Society of Ireland against Mrs. Josephine Preston and Mrs. Margaret M'Dermott for keeping an open shop for the compounding of prescriptions and the sale of poisons, and that, without being qualified to do so, they compounded a prescription for one F. W. Leslie, contrary to the Pharmacy Act (Ireland), 1875. The case was tried on the 18th inst., and the decision of the magistrate given on the 20th, the summons being dismissed.

The facts are briefly told:—William Bowers, a certificated pharmaceutical chemist, owned the establishment, 164, Great Brunswick Street, Dublin, and there carried on the business of a pharmaceutical chemist. He died suddenly in 1892, and his mother took out administration of the estate, and as administrator was clearly entitled to continue the business. The estate was a large one, and had to be divided among many relatives of the deceased; before this was accomplished the administrator became ill and died. The sisters of William Bowers then took on the duty of administrators, and against them for carrying on the business the summons of the Pharmaceutical Society was issued.

The plea of the Society was that the death of the administrator terminated the legal right of unqualified persons to conduct the business, and that consequently the sisters of the deceased had infringed the law; they further pleaded that there should be a limit to the time in which the business could be carried on by trustees. It may have been necessary to the Society to get a legal decision on the question, as the death of the first administrator and the succession of others has not, we believe, ever been the subject of a legal decision. But the Act is plain reading, there is no limit of time put on the administrator of the business of a pharmaceutical chemist, though, as the magistrate pointed out, there is to the administrator of a publican's business. For the latter business there is a ready sale, but it is not so easy to dispose of the former. To confine the right of keeping open shop to the first administrator would in many instances cause grave injustice; an administrator might meet with an accidental death within twenty-four hours of his appointment, and the owners, as a rule near relatives of the deceased, be deprived of a valuable asset; this in the case of orphans might mean throwing them on the rates as paupers. All said and done, the object of the Act of 1875 is the protection of the public, the general good, not individual gain, and executors carrying on the business of a pharmaceutical chemist by pharmaceutical chemists give that protection that the Act was passed to secure. The ownership of such a business need not be exclusively in the hands of certificated pharmaceutical chemists—any limited liability company can carry on the business, as many of them do.

The Society must abide by the Act until it is changed, even though they think it needs alteration. We, however, believe that Parliament will not approve of making the meshes of the net finer. As the Act stands, it has been productive of good, and has ensured to the public a considerable measure of protection against accidental poisoning, and provided a number of trustworthy persons to compound prescriptions. But the clauses of the Act to which the Society take most exception are those which the framers of the Bill trusted to prevent the Act pressing harshly on many deserving persons without safeguarding the public by requiring that a trained and certified pharmaceutical chemist should conduct the business.

Death of a Hermit Doctor.

An inquest was recently held by Dr. G. Danford Thomas on the body of Francis Daniel Muller, *et. 73*,

who was found dead in his room one day last week. Dr. Robert Lee, a friend of the deceased, gave some interesting details concerning the eventful career of the deceased, who for some years had led the life of a recluse in rooms near Oakley Square, N.W. He was born in Germany, but fled the country in 1844 and studied medicine in Paris, subsequently going to America, where he joined the Confederate Army as surgeon. Later on he came to London, where, for a time, he mixed in good medical society, but for the last few years he shut himself up in his rooms, receiving neither visitors nor letters, until death at last surprised him.

A Lunatic in a Surgery.

DR. SMITH, a practitioner of Darwen, had a disagreeable experience a few days since. He was standing in his surgery when a man entered and at once seized him by the throat, and it was only after a violent struggle that the assailant was overpowered. He turns out to be *non compos*, but this explains, without excusing, the attack.

A Medical Motorist Fined.

MR. WILLIAM EMMOTT WILSON, M.R.C.S., L.R.C.P., of Westgate, Burnley, was fined £7 10s. and costs for driving a motor car without a light, with the result that he ran into a cab and caused much damage to the vehicle, the occupants fortunately escaping.

A Locum Tenens Arrested.

A PERSON giving the name of James Crean, *alias* William Waddell Moore, has been arrested at Bridlington on a charge of having stolen various articles of jewellery from Dr. Batchelor, of that town, for whom he had been acting as locum tenens. He claims to be fully qualified, but as there is some uncertainty as to the real name of the accused the point cannot be cleared up for the present. The prisoner was remanded.

Deaths under Chloroform.

AN inquest was held at the London Hospital last week on a man, *et. 45*, who died under chloroform, within three minutes of the commencement of anaesthetisation. No details are to hand concerning the method of administering the drug, and the usual verdict was returned.

A young man died last week from the effects of ninety minims of chloroform, "administered in the usual way," at the Southern Hospital, Liverpool, and no explanation was forthcoming of the cause of death, the organs, including the heart, being quite healthy. A verdict of "death by misadventure" was returned.

Report of the Board of Superintendence of Dublin Hospitals for 1901.

THE forty-fourth annual report of the Board of Superintendence of the Dublin Hospitals was laid on the table of the House of Commons on Wednesday last. The report begins by stating that in none of the hospitals did anything occur approaching culpable negligence or serious offence of any description. The work done during the year, we are told, was equalled, and in some instances exceeded in amount compared to former years. The quality of the work appeared to the visitors to be of a high order, and would bear favourable comparison with that of hospitals elsewhere. An opinion is expressed, however, that in some cases the pathological and bacteriological laboratories are still lacking in modern requirements. This, it is said, must impede physicians in arriving at a sure foundation for the diagnosis of certain diseases, and in procuring for their patients the full advantages of modern methods of treatment. With regard to the admission into general wards of cases of pulmonary phthisis, and as to the danger of contagion extending to other patients, the board expressed an opinion that it would be advisable to have in each hospital two suitable wards—one for each sex—allotted when practicable for the reception of such patients. It is then declared that although all the available accommodation in the city would be insufficient to cope with the prevalence of this disease, more might be accomplished than at present. The report then deals with the subject of the open-air treatment, and suggests that the public should be informed by authorities of the ways in which tuberculous diseases may

be disseminated and the means by which they may be obviated. The Board further adds that it would be advisable that strict sanitary legislation should be enforced in regard to public conveyances and buildings where large assemblies of people are gathered together. Analysing the statistics put at their disposal, the members of the board state that on April 1st, 1901, there remained 911 patients in the hospitals which are under their management. The number admitted during the year was 11,248, making the whole number under treatment 12,169, of whom 10,792 left the wards either cured or relieved, or were discharged for other causes, and 471 died. Eight hundred and ninety-six remained under treatment in these hospitals on March 31st, 1902. Exclusive of incurables, the mortality was 3.80 per cent. on those treated to a termination. The total daily average number of beds occupied in these hospitals throughout the year was 942.75. The time spent in hospital by each patient under treatment (omitting the patients in the Royal Hospital for Incurables) averaged 23.97 days.

West London Medico-Chirurgical Society.

THE annual conversazione was held at the Town Hall, Hammersmith, on Friday, June 20th, and attended by a large number of medical men. The Cavendish Lecture was delivered by Sir Frederick Treves on "Some Phases of Inflammation of the Vermiform Appendix." The chief clinical features of appendicitis were lucidly dealt with, and concise enlightening considerations regarding indications for operation were forcibly presented. A very instructive medical and surgical exhibition was arranged in the large hall, and with music, smoking, refreshments, and much conversation a delightful evening was spent.

Charing Cross Hospital.

THE Duke of Connaught, on Friday, June 20th, laid the foundation stone of the new buildings of Charing Cross Hospital, with full masonic ceremony, and expressed the wish that one of the new wards should be named the "Louise Ward," in compliment to his sister, the Duchess of Argyll, president of the hospital.

Child Study.

THE London School Board is to be congratulated on its admirable exhibition in the Medical Examination Hall on the Victoria Embankment, of the excellent samples of the work of its half-million of children in training for the battle of life. In spite of the widespread dissatisfaction and strong condemnation of much in our educational system, this exhibition certainly shows that even in the face of great difficulties much good work is being accomplished.

A Medical Semi-Millionaire.

THE late Dr. Thomas Kidley, of Sheffield, left property of the estimated value of over £500,000, and his will was contested on the ground that the testator was not at the time "of sound disposing mind." The Judge, however, decided in favour of the will. We may take it for granted that the deceased gentleman did not derive this large fortune from the practice of medicine, and this may account for the fact that he did not leave any of it to further the interests of the medical profession.

Royal Army Medical Corps.

THE list of examiners of candidates for commissions in the Royal Army Medical Corps under the new regulations is now complete. It is as follows:—

In Medicine.—Dr. Kingston Fowler (London), Dr. E. Markham Skerritt (Bristol), Dr. G. S. Middleton (Glasgow), Dr. James Craig (Dublin).

In Surgery.—Sir W. Thomson, C.B. (Dublin), Professor John Chiene, C.B. (Edinburgh), Mr. Herbert Page, M.C. Cantab., F.R.C.S. (London), Mr. Jonathan Hutchinson, jun., F.R.C.S. (London).

A Burglar Shot.

DR. JOHN OLDBERSHAW, of Wallasey, one evening in last December, detected a burglar in the act of escaping through a window of his house, and promptly lodged a revolver bullet in the body of the unauthorised intruder with such effect that it was only last week that he could be brought to judgment. The prisoner complained bitterly of having been shot, in spite of the fact that he

had offered no threats, but he was advised to reserve that argument for the jury, who will shortly have an opportunity of expressing an opinion on his conduct.

Belgrave Hospital for Children.

LORD WINDSOR on June 17th presided at the annual meeting of the above institution in its new buildings at Kennington. Over £30,000 have been subscribed towards the new hospital, but £20,000 are still required to complete the building. The hospital is intended to contain eighty beds, but at present it is being built block by block as funds will allow.

Death from Ruptured Heart.

DR. W. LLOYD, of Llandilo, died very suddenly a few days since, while on a visit to Swansea, and at the inquest it was stated that his heart was ruptured in two places, consequent upon advanced fatty degeneration. Dr. Lloyd held many public appointments, and was generally esteemed in the district for his professional and social qualities.

Cholera at Shanghai.

ACCORDING to a telegram from Shanghai, cholera is spreading there. There are now fifty deaths a day in the Chinese town. Up to the present there have been, in all, forty cases in the foreign settlements. Among those who have died of the disease is the Spanish Consul.

The Value of a Thumb.

THE defendant in an action brought in the Leeds County Court by Mr. J. J. Moran objected to the amount of the bill (£12) as unduly high for attendance involving amputation of the thumb for injury by a gun accident. The judge held that, in the absence of any evidence to the contrary, the charge was reasonable, and gave judgment for the amount claimed.

Garden Cities.

IN connection with the garden cities movement a public conference is to be held at Liverpool and Port Sunlight on July 25th and 26th, when Messrs. Lever will entertain about a thousand delegates from all parts of the country. Mr. George Cadbury has offered to subscribe £1,000 to the Garden City Pioneer Company on condition that the whole capital of £20,000 is raised. Much interest is being taken in this effort to return to the soil, and it is well that medical men and sanitarians generally should make themselves acquainted with the details of the scheme.

Pass Lists.

University of Dublin (Trinity College).

The following passed the Final Examination in Medicine, during Trinity Term, 1902, arranged in order of merit:—John S. Joly, John A. Valentine, Robert P. Beatty, Horace Townshend, M.D., Ernest B. Booth, Walter E. H. Smith, Charles M. Benson, James E. Johnston, Richard F. Steel, Wallace Benson, Harry F. Johns, John S. Wilson, George R. Harman, William A. G. Cluffe, George H. Keene.

M.B. Degree.—William H. Peile (M.R.C.S. Eng.), William Taylor (F.R.C.S.I.), Herbert L. Thurnell (M.R.C.S. Eng.).

Royal Navy Medical Service.

THE session of special instruction at the Royal Naval Hospital, Haslar, terminated on the 20th inst., when the following surgeons received appointments to H.M. ships:—Two prizes, viz., the gold medal and microscope, were awarded to Surgeon Oswald Mills, R.N., late of St. Thomas's Hospital, and one, viz., the silver medal and ten pounds' worth of books, to Surgeon Leslie M. Morris, R.N., late of St. Bartholomew's Hospital.

Surgeons in order of Seniority:—

Name.	Marks.	Name.	Marks.
Oswald Mills	5,532	William N. L. Cherry	3,863
Leslie M. Morris	5,185	John G. Peebles, M.B.	3,790
Alexander K. Smith-Shand, M.B.	4,321	Thomas W. Myles, B.A., M.B.	3,786
Norman H. Mummary	4,278	Elijah R. A. Thomas	3,444
John Fullarton, M.B.	4,245		

Notices to Correspondents, Short Letters, &c.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate, providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

BEDFORDIAN.—The symptom you describe is common to many persons whose environment leads to a constant wetting of the finger tips. In the case of public-house servants this eczematous inflammation of the skin round the base of the nail has been named "potboy's disease." At the same time it should be observed that there are possibly other irritants concerned, and it has been occasionally reported from the use of some of the strong cleansing soaps now so extensively advertised. In all cases, again, where the symptom is well developed, there is probably some obscure factor concerned in the constitution of the patient. If you fail to cure the patient within a reasonable time it will be advisable to consult a dermatologist.

MR. F. E. P.—The subject is not of sufficient interest to our readers to enable us to devote so much space as your communication demands.

CUTTING TEETH FILLED WITH GOLD!

OUR contemporary, the *Journal of the British Dental Association*, reports that among the rubbish going the round of the American Press is a report of a child who has cut some front teeth which have the appearance of being filled with gold. This phenomenon is supposed to have resulted from the fact that the mother when pregnant paid a visit to the dentist, and had two front teeth filled with gold. It will not surprise our readers to learn that "the matter is causing much discussion among Chicago doctors."

DR. DUKE.—We hope to have space for your communication in our next.

MEMO.—For phthisical patients chloroform is probably the safer anesthetic as compared with ether, on account of the irritating effects of the latter on the mucous membrane of the respiratory tract. It must be given cautiously, preferably by the aid of a regulating inhaler, bearing in mind that the resistance of the subject is below the normal, and that the oxygenisation of the blood is less perfectly accomplished than in a healthy individual.

DR. KOLISCH.—Your request will be borne in mind when the blocks come to hand. We are holding over the translation until sufficient time has elapsed for you to make the necessary arrangements.

M. B.—It is unusual to demand a certificate of health under the circumstances mentioned, but there need be no hesitation in giving one without entering into objectionable details.

D. B. J.—The man you mention is a registered dentist. He is described in the *Register* as having been "in practice before July 22nd, 1878."

INSOMNIA.—The unconsciousness produced by an anesthetic differs fundamentally from ordinary sleep, and unless the amount inhaled be sufficient to leave behind it a state of stupor, sleep does not follow. For this reason, chloroform is an utterly untrustworthy hypnotic, and it is objectionable from many other points of view. For prompt action, not unduly prolonged, trional or paraldehyde may be recommended. Insomnia, however, is not a disease, to be treated brutally by sleep-producing drugs, rather is it a symptom, to be relieved by ascertaining and removing the cause.

Appointments.

BLACKER, G. F., M.D. Lond., F.R.C.S. Eng., F.R.C.P. Lond., an Examiner in Midwifery to the Conjoint Board of the Royal College of Physicians of London and Royal College of Surgeons of England.

BLAMEY, JAMES, M.R.C.S., L.S.A., District Medical Officer for Pertinaworthal, by the Falmouth Board of Guardians.

CALWELL, W., M.D., M.Ch., Consulting Surgeon to the County Antrim Infirmary.

EASTERBROOK, C. C., M.A., M.D., M.R.C.P. Edin., Medical Superintendent to the Ayr District Asylum.

GABBUTT, RICHARD H. O., L.R.C.P., L.R.C.S. Edin., Certifying Factory Surgeon for the Tow Law and Stanhope Urban Districts and the Weardale Rural District, county Durham.

HAWES, I. H. S., M.B., B.Sc. Durh., Assistant House Surgeon at the Radcliffe Infirmary, Oxford.

MCCAUGHTON, J. G., M.D., M.R.C.P. Edin., has been appointed Pathologist to the Clinical Hospital, Manchester.

SCOTT, SACK NOY, M.R.C.S., L.R.C.P. Lond., Medical Officer of Health to the Plympton Rural District Council.

TWINING, VINCENT WING, M.B., C.M. Aberd., Honorary Physician in Charge of the X-ray Department at the Kingsbridge (Devon) Cottage Hospital.

WIGHAM, WILLIAM HARPER, M.B. Durh. M.R.C.S., Medical Officer of Health, by the South Molton (Devon) Town Council.

Vacancies.

Bristol City Lunatic Asylum.—Medical Assistant, Salary £140 per annum, with furnished apartments, board, and washing. Applications immediately to Edmund J. Taylor, The Council House, Bristol.

County Borough of Croydon, Croydon Borough Hospital.—Resident Medical Officer at the Croydon Borough Hospital for Infectious Diseases. Applications immediately to Dr. H. Meredith Richards, Town Hall, Croydon.

County of London.—Medical Superintendent of the Epileptic Colony Asylum, Horton, Surrey. Salary £500, rising to £600, with house, rates, taxes, and water free. Applications to E. W. Partridge, Esq., London Asylums Committee Office, 6, Waterloo Place, S.W. (See advt.)

East Riding Lunatic Asylum, Beverley.—Assistant Medical Officer. Salary £150, with board, lodging, and washing. Applications immediately to C. W. Hobson.

Fisherton Asylum.—Assistant Medical Officer. Salary £150 per annum, with board, lodging, and washing. Apply to Dr. Finch, Salisbury.

Glamorgan County Asylum, Bridgend.—Fifth Assistant Medical Officer. Salary £170, with board, lodging, and washing. Applications to the Medical Superintendent.

Grays Union.—Medical Officer. Salary £100 per annum; also a Medical Superintendent Officer of Health for the Rural District. Salary £20 per year. Immediate application to R. Creighton, Clerk of the Council and Union. (See advt.)

Hereford County and City Asylum.—Senior Assistant Medical Officer. Salary £150 per annum, with board, lodging, and washing. Also a Junior Assistant Medical Officer. Salary £100 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.

London County Asylum, Colney Hatch.—Junior Assistant Medical Officer. Salary £150 per annum, with board, lodging, and washing. Age not to exceed 30. For forms of application see advt.

Newcastle-upon-Tyne City Hospital for Infectious Diseases.—Resident Medical Officer. Salary £100 per annum, with board, lodging, &c. Applications to the Medical Officer of Health, Town Hall, Newcastle-upon-Tyne.

Queen's Colleges, Ireland.—Professorship in Natural History in the Queen's College, Belfast. Applications to the Under Secretary, Dublin Castle. (See advt.)

Somerset and Bath Asylum, Cotford, Taunton.—Assistant Medical Officer. Salary £150 per annum, with furnished apartments, board, fuel, lighting, and washing. Applications to the Medical Superintendent.

St. Andrew's Hospital for Mental Diseases, Northampton.—Additional Assistant Medical Officer for three months. Salary four guineas a week, with board, lodging, and washing. Applications to the Medical Superintendent.

Travelling Representatives.—Manufacturing Firm of Druggists require Travelling Representative for India, the Colonies, Continent and Home Districts. For full particulars as to Age, Salary, &c. (See advt.)

Walthamstow Urban District.—Resident Medical Officer at the Isolation Hospital at Chingford. Salary £120 per annum, with board and lodging. Applications to E. J. Gowen, Clerk of the Council, Town Hall, Walthamstow.

West Kent General Hospital, Maidstone.—House Surgeon. Salary £120, with board and residence. Applications to the Secretary.

Births.

PINKERTON.—On June 20th, at Trevanno, 15, South Norwood Hill, S.E., the wife of Robert L. Pinkerton, M.A., M.D., of a daughter.

WILSON.—On June 15th, at Trafford House, Liscard, Cheshire, the wife of A. Robertson Wilson, M.A., M.D. Ed., of a daughter.

Marriages.

CRONEEK—WINDSOR.—On June 12th, at the Parish Church, Jersey, Sydney Croneek, Surgeon H.M.S. "Albatross," to Violet Isabella, eldest daughter of the late Thomas Windsor, of Bangkok, Siam, and Haut Mont, Jersey.

GRANT—BLADON.—On June 17th, at the Parish Church, Lewisham, Lewis Grant, M.A., M.B., C.M., son of the late Alexander Grant, Inverness, to Edith, widow of Henry J. H. Bladon, Bushey, Herts, and second daughter of the late David Russell, M.D., Neston, Cheshire.

BEANEY—EDWARDS.—On June 19th, at All Saints' Church, Blackheath, Michael Foster Beane, M.B. Lond., of Wimbledon, younger son of the late Rev. Geo. Sale Beane, formerly Vicar of Christ Church, Greenwich, to Adela Susan, youngest daughter of G. M. Edwards (late Admiralty), of Blackheath.

WYNNE—HAMOND.—On June 17th, at Wells Parish Church, Norfolk, Wilfred Phillips Wynne, F.R.C.S., of Limsfield, son of the late Rev. E. E. Phillips Wynne, D.C.L., rector of Shobern, to Georgina Maria, daughter of the late Captain Philip Hamond, of Wells.

Deaths.

DUNCAN.—On June 19th, at 47, Mount Park Road, Ealing, suddenly, Brigade-Surgeon John Duncan, M.D., Indian Medical Service (retired), aged 68.

FISHER.—On June 21st, Alfred W. S. Fisher, M.R.C.P., M.B.C.S., eldest son of W. W. Fisher, of Oxford.

MACAULAY.—On June 15th, at 4, Wynnstey Gardens, Kensington, James Macaulay, M.A., M.D., son of the late Dr. Alex. Macaulay, of Edinburgh, aged 85.

WASHBURN.—On June 20th, at Tunbridge Wells, John Washburn, C.M.G., M.D., F.R.C.P., F.R.C.S., Physician to Guy's Hospital and to the London Fever Hospital, aged 38.

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